The Orders Of St. John Care Trust

OSJCT Langford View

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Langford View Care Centre on 22 October 2015. The inspection was unannounced.

Langford View Care Centre is a nursing home run by The Orders of St John Care Trust. The home provides support and nursing care for up to 60 older adults. This includes support for people living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in December 2014 we found medicines were not always administered and recorded safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in October 2015 we

Summary of findings

found the provider had taken action to ensure medicines were administered safely. However, we have asked the service to continue making improvements to the recording of medicines. This was because an accurate record of people's medicines and the administration of those medicines were not always kept.

People felt safe and supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people and benefitted from regular supervision and training in areas such as dementia awareness.

People were cared for in a caring and respectful way. People were supported to maintain their health and were referred for specialist advice as required. People were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences. Risks to people's health were identified and plans were in place to minimise the risks. Visiting professionals were complimentary about the level of care provided at the service.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable. People who had lost weight had a plan in place to manage their weight loss. People were supported with specialist diets and nutritional supplements as prescribed.

People told us they enjoyed the many and varied activities. People who were living with dementia benefitted from an interesting and stimulating environment.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

People, relatives, staff and visiting professionals were complimentary about the registered manager and the management team. The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns and these would be dealt with promptly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe because an accurate record of people's medicines and the administration of those medicines was not always kept.

People we spoke with told us they felt safe. Care staff were aware of their responsibilities to report concerns and knew how to do so.

There were sufficient staff on duty to meet people's needs. Safe recruitment processes were in place.

Is the service effective?

Good

The service was effective.

Staff had access to training and support that gave them the skills and knowledge to support people's needs.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Staff understood their responsibilities relating to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and treated them with dignity and respect.

People were given choices about their care and their wishes were respected.

Is the service responsive?

Good

The service was responsive to people's needs.

People were involved and felt listened to when making decisions about their care.

People were supported to participate in activities that interested them.

People were confident to raise concerns and had opportunity to comment on the service.

Is the service well-led?

Good

People benefited from a service that was well led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had.

Effective systems were in place to monitor the quality of the service.

Summary of findings

Staff were well supported and enjoyed working in the home. They could go to the manager with any concerns and knew they would be listened to.

OSJCT Langford View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2015. This was an unannounced inspection. The inspection team consisted of three inspectors.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 13 people who were living at the service and two relatives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 staff which included nursing, care, activity, housekeeping and catering staff. We also spoke with the registered manager and area manager. We looked around the home and observed the way staff interacted with people.

We looked at records which included the care records for eight people, medication administration records for all people living at the service and four staff files. We also looked at records of feedback received by the service and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

At our last inspection in December 2014 we found medicines were not always administered and recorded safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in October 2015 we found the provider had taken action to ensure medicines were administered safely. However, we have asked the service to continue making improvements to the recording of medicines.

An accurate record of people's medicines and the administration of those medicines were not always kept. For example, one person's medicine administration record (MAR) had an incorrect room number and unit name documented. This could put people at risk of receiving another person's medicine. Balances of people's medicines were not always kept and there were a number of gaps on MAR charts where staff had not signed to say they had administered the medicine. This meant staff could not always evidence that medicine had been given to people as required in line with their prescription. For example, one person had a weekly medicine but this had not been given on the day it was due. No code had been used on the medicine administration record to show why the medicine had not been given. The nurse told us this was because the person was not feeling well. We saw the medicine had been given the following day however there was no record of the reason why the medicine was not administered when it was due recorded on the MAR or in the person's care record. Another person had two tablets that had not been taken on the two dates they were due. The nurse told us the person had refused to take these tablets. This was not recorded on the MAR or in the persons care record. On one occasion the medicine was signed for on the MAR as taken. On the other occasion there was a gap on the MAR; no code had been used to identify why the medicine had not been taken.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered safely. We observed staff administering medicines; staff knocked on peoples doors and asked them if they would like their medicines before dispensing them. One person was getting dressed so the staff member left them until later in the drug round and returned to give them their medicine. Staff observed people taking their medicines. Any allergies people had were recorded on their MAR . People had individual protocols for medicines prescribed to be taken as required (PRN) which provided guidance to staff on when to administer the medication. People received their topical creams as prescribed.

Medicines were stored safely in locked trolleys and clinical rooms. Medicines were stored at the correct temperature as recommended by manufacturers to ensure they worked in the way they were intended.

Audits were in place to enable staff to monitor and account for medicines. These checks helped ensure safe practice as they were identifying any issues. Issues with the recording of medicines had been identified and discussed with staff during meetings and individual supervisions to help improve safe administration. We discussed with the manager how the audit could be improved to address areas of improvement in a timelier manner. They informed us that following our inspection they would implement a daily audit of the medicine administration records.

People told us they felt safe and supported by staff. One person said, "Yes I am safe because they (staff) care about you, they never walk away and leave you". One relative was asked if they felt their relative was safe, they told us, "Yes, definitely very safe".

People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding people and had good knowledge of the provider's whistleblowing and safeguarding procedures. Both people and staff told us there was a culture of openness within the Home and they would have no hesitation in raising concerns with the manager or provider. Staff also knew how to protect people in the event of a suspicion or allegation of abuse, which included notifying the local authority and Care Quality Commission (CQC).

People had risk assessments in a range of areas such as falls, pressure area care and moving and handling. Ways of reducing the risks to people had been documented. Where advice and guidance from other professionals had been sought this was incorporated in people's care plans. Staff were aware of the risks to people and used the risk

Requires improvement

Is the service safe?

assessments to inform care delivery. For example, one person had a risk assessment in relation to their risk of falling out of bed. A risk assessment for the use of bedrails was completed but concluded using bedrails would put the person at further risk. Advice had been sought from professionals and a best interest decision had been made to keep the bed on the lowest setting and to have a mattress on the floor by the bed at night. We saw evidence that regular checks had been made on this person throughout the night. Staff were able to describe how this person should be supported and the person had not sustained any injuries due to falling out of bed since this plan of care had been put into place.

People felt most of the time there were enough staff to meet their needs but told us staff were "busy". One person said "I like it here, but staff don't always have time, they are rushing about, saying that they are too busy". The provider calculated staffing levels according to people's dependency. Target levels of staff were mostly met. Staff told us when the target numbers of staff were met this provided staff with quality time with the residents. There were occasions where last minute sickness had meant finding cover was difficult. Staff told us they managed during these times but this meant they were more task centred

Equipment used to support people's care, for example, hoists were clean and had been serviced in line with national recommendations. People's rooms, bathrooms, equipment and communal areas were clean. The service had adequate stocks of personal protective equipment and staff used them as appropriate to prevent the spread of infection.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

There were arrangements in place to keep people safe in an emergency. We saw there were information packs completed for emergency use. These contained details of people's mobility needs. Staff understood where the packs were kept and their purpose.

Good

Is the service effective?

Our findings

People told us staff understood their needs and were knowledgeable and well trained. One person told us, "The staff are excellent, very knowledgeable". Another person said, "Staff are very good". Relatives told us staff were able to meet people's needs.

Staff we spoke with during the inspection had a good knowledge of people's needs and showed understanding of supporting people with specific conditions. A health professional told us "The staff seem to have a very good understanding of the individual needs of the residents and always work in a professional maner". Staff had completed the provider's initial and refresher mandatory training in areas such as, manual handling and infection control. One staff member told us there was "Lots of training" and they were supported to attend other training courses to ensure they were skilled in caring for people. For example, training in dementia care and end of life care. One member of staff told us how the training they had attended in relation to caring for people who were living with dementia had helped them to provide better care for the person because of their greater understanding of the disease. They said, "The training has changed how I work with people. Everybody is different and I now have a better understanding of how it is for them".

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed nationally recognised standards and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently.

Staff were supported to improve the quality of care they delivered to people through the supervision and annual appraisal process. Regular supervision gave staff the opportunity to discuss areas of practice. Any issues were discussed and actions were set and followed up at subsequent supervisions. Staff were also given the opportunity to discuss areas of development and identify training needs.

People had regular access to other healthcare professionals such as, chiropodists, opticians and dentists. People were referred for other specialist advice for example, from the Speech and Language Therapist (SALT) if they were thought to be at risk of choking or the Care Home Support Service for issues with mobility. Professionals told us they were made aware of peoples changing needs promptly and their advice and guidance was followed.

People could move around freely in the communal areas of the building and gardens. There were several sitting rooms and themed garden areas, which gave people a choice of where to spend their time. Areas of the service where people were living with dementia were decorated in a way that followed good practice guidance for helping people to be stimulated and orientated.

People told us they enjoyed the food. Comments included, "I love the food", "The food is good" and "The food is great". Meals were attractively presented. There were picture menu cards so that people could see what was on offer before they made their choice. People told us there was a good choice of food on offer. People told us, "I can chose anything on the menu", "We can always have something else if we don't like what's on the menu" and "If I don't like the meal, I can get a different one". People could have drinks and snacks when they wanted them. Bowls containing snacks and drinks were available throughout the service. Staff ensured they offered regular snacks and drinks to those people who may not have been able to get their own.

People's specific dietary needs were met. For example, people having softened foods or thickened fluids where choking was a risk. Where some people had lost weight there was a plan in place to manage weight loss, people had been reviewed by the GP and referred for specialist advice if required. Staff ensured people took their dietary supplements as prescribed".

Staff understood their responsibilities under the Mental Capacity Act 2005. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being on their behalf by those that were legally authorised to do so and were in a person's best interests.

The provider understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their

Good

Is the service effective?

liberty for their own safety. The provider had a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff. Comments from people included, "The staff are lovely", "They (staff) are really kind", "Staff always ask how you are and give you a cuddle if you need one" and "They (staff) always help and hold my hand". A relative said, "The carers are always kind pleasant and patient".

The atmosphere at the service was calm and pleasant. One person told us, "It's a happy place and I like it here". The interaction between staff and people was warm, friendly and mutually respectful. There were many caring interactions observed between staff and the people they supported. For example, one person appeared to become worried. A staff member noticed this and promptly went to the person and reassured them by speaking in a calm way. The person took the staff member's hand. The staff member spent time with the person to find out if they needed anything and engaged them in conversation. The person appeared to enjoy the interaction and began smiling. A staff member told us, "I like the fact that we can build up relationships with residents and their families and enjoy trust and interaction". Visiting professionals were complimentary about the care provided at the service. One professional told us, "Langford view is a very friendly home where carers and families work very well together for the wellbeing of the residents".

Staff were aware of people's unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, one person's care record said that staff should ask simple questions, ensure they were at eye level and maintain eye contact. We observed staff communicating with the person in this way.

People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. Staff knocked on people's doors, waited to be invited in before entering and addressed people with their preferred name. Staff described how they would respect a person's dignity when providing personal care by keeping them covered and ensuring doors were closed. People were clean, well kempt and dressed appropriately for the weather.

People's preferences were recorded in their care records and people told us these were respected. For example, people could choose what time they preferred to eat their meals. One person told us, "I'm not a very morning person so I can come for breakfast any time I want". Another person said "It's almost 10:30 and I can still have any breakfast I like". One person preferred to wear their slippers instead of shoes when they went out. Staff did not want this person to miss out on an organised boating trip so they completed a risk assessment so any risks in relation to the person wearing their slippers could be managed and minimised.

People were given a sense of worth and made to feel like they mattered. For example, one person had been a domestic assistant in their past and now helped with the cleaning at the service. We spoke with this person who told us "I like doing my little cleaning job. I've been given a uniform and everything". Other people participated in the running of the service, For example, folding napkins and helping to set the tables.

People were supported to be independent and were encouraged to do as much for themselves as possible. For example, one person told us their health and mobility had improved since moving into the home and staff were now supporting them to walk. Care records noted what people were able to do for themselves and areas where they wished staff to support them. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, walking frames and specialist cups and plates at mealtimes

People told us their friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. Visitors told us they were always made very welcome. One relative said, "We always get a warm welcome".

Good

Is the service responsive?

Our findings

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People and their relatives told us they had been involved in developing care plans and reviewing care. People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records gave guidance to staff on how to care for people and reflected how each person wished to receive their care. For example, whether people preferred a bath or a shower. People told us staff treated them as individuals, listened to them and their views were respected and acted upon.

Care plans and risk assessments were reviewed and updated promptly to reflect people's changing needs. For example, one person had become confused and their mobility had deteriorated. Monitoring charts around the person's mood and mobility had been commenced and staff had completed these. The persons care records had been frequently updated to reflect any incidents or changes in the person's condition. Other professionals had been contacted to review the person. There was clear recording of any professionals involvement and care plans were updated to reflect any changes to the persons care and treatment. This meant there was a clear and up to date record of the person's needs as well as the care being provided.

Peoples care records included detailed information about their life histories. The activities coordinator told us they spoke with people about their lives so that activities people might have enjoyed before coming to live at the service could be arranged. This also gave other people the opportunity to try something new for example pottery and art classes.

The activities coordinator organised a wide range of individual and group activities both within the home and in the wider community. For example, bingo, quizzes and trips out. A monthly food tasting session had been arranged and people had chosen to try deep fried chocolate bars and dishes from the local Indian and Chinese restaurants. People told us they enjoyed the many activities that were on offer. Comments included, "The activities are good, there's usually something to do" and "There is lots of choice for things to do. I like joining in the activities but sometimes just sit and knit if I don't fancy it". One person told us they did not want to join in all of the activities but was able to attend but leave part way through if they were not enjoying the activity. All staff saw it as part of their role to ensure people were not socially isolated and spent time engaging with people who did not attend the main activity.

Regular residents meetings were held and minutes displayed on noticeboards in communal areas. People we spoke with had attended meetings and told us they were given the opportunity to discuss any issues.

People knew how to make a complaint and the provider had a complaints policy in place. People and their relatives were very complimentary about the service and told us they had no reason to complain. If they had any comments or suggestions these were taken on board and immediately actioned. Staff were clear about their responsibility and the action they would take if people made a complaint. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

People, their relatives, staff and visiting professionals told us they thought the service was well-led. A registered manager was in post and was being supported by the area manager and senior care and nursing staff. People told us that the registered manager was visible around the service and had a good relationship with them. The management team was approachable and open and showed a good level of care and understanding for the people within the service. They were open to any suggestions to improve the service, and had a clear plan for further changes and improvements to improve the quality of service people received. A visiting professional told us, "If I have any concerns or instructions that need to be followed up by senior staff and management this has always been dealt with in a very efficient way".

Staff told us they were well supported by the manager and felt confident action would be taken to address any concerns they raised. One member of staff said, "I have raised a few little things, they were sorted really quickly". Another member of staff said, "the manager is on the unit a lot, she also always has an open door if we need to talk to her". Staff also felt able to go to the nurse in charge if they had any issues. Throughout the inspection we observed the nurse was supportive and encouraging to staff who approached them. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff told us they enjoyed working at the service. They were supported and encouraged to suggest ideas to improve the quality of care for people living at the service. The staff teams worked well together and there was a real feeling of teamwork.

The services offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. Action was taken to address any areas for improvement and these were reviewed by the area manager to ensure they had been completed. The area manager also completed a monthly quality assurance audit. Results of audits were discussed at provider level as well as in staff meetings and individual areas for improvement were addressed with staff during their supervisions.

The quality monitoring systems in place had ensured the registered manager was aware of the shortfalls in the recording of medicines. There was an improvement plan in place and we were assured that the registered manager would continue to address the issues identified in this report.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to keep people safe and to make improvements for people who use the service.

The provider and registered manager sought feedback from people and their relatives about the quality of the service through meetings, quality assurance questionnaires and comment cards. The management team analysed any feedback to identify any trends and wider areas for improvement. Individual concerns were responded to promptly and followed up to check people were happy with any action that had been taken.

People and their relatives were encouraged to provide feedback through an annual satisfaction survey. The Orders of St John Care Trust used the results of the surveys to compare the quality of service across all homes. The management team reviewed the results of the comparison and used them to maintain and improve the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not maintained an accurate record of people's medicines or the administration of those medicines.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.