Orders of St John Care Trust

OSJCT Langford View

Inspection report

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Ratings

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

Overall summary

We inspected Langford View Care Centre on 11 December 2014. The inspection was unannounced. The home was last inspected on 17 October 2013.

Langford View Care Centre is a nursing home run by The Order 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. At the time of our inspection there were 58 people living at the home.

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.

People's medicines were not always administered and recorded safely. Staff administering medication did not always follow the provider's policy.

Some people's care records were left outside their room which meant their personal information was not kept confidential.

Summary of findings

Quality assurance systems were not always effective as some care records contained information that was not up to date. Some audits had identified issues and action plans showed how these would be managed. Accidents and incidents were audited by the registered manager to identify trends and patterns.

There were sufficient numbers of staff to meet people's needs and people were positive about the staff supporting them. Staff understood their responsibilities regarding safeguarding adults and felt confident to raise any concerns.

Throughout our visit the atmosphere was pleasant and relaxed. People were supported in a friendly, respectful manner. People were positive about living in the home and complementary about the staff. People were not rushed and staff took to time to sit and talk with them.

People were able to join in activities of their choice. People who preferred to spend time in their rooms had regular visits from staff. Staff knew people well and were able to talk to them about things that interested them.

People were supported by staff who were knowledgeable about their needs. Staff had access to training and development to ensure they had skills necessary to support the people living in the home. Staff felt well supported by the management in the home and told us morale in the home was good.

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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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. People's medicines were not always managed safely.

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 meet people's needs.

People enjoyed the food provided. Food and drink was sufficient to meet people's needs.

Staff understood their responsibilities related to the Mental

Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement

The service was not always caring. Some people's care files were left in communal areas. Their confidential information was not always treated with respect and kept confidential.

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

People were given choices about where they spent their time and choices were respected.

Is the service responsive?

Good

People felt involved and 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?

Requires Improvement

People did not always receive a service that was well-led. Quality assurance systems in place to monitor the quality of the service were not always effective.

People felt the registered manager was approachable and supportive.

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 11 December and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

Before the visit 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. We also contacted health professionals who visit the home to ask for their feedback about the quality of the service provided by the home and their opinion of the management of the home. We last inspected the home on 17 October 2013 where the home was meeting all the standards inspected.

During the inspection we spent time with people who lived in the home and observed the quality of care people received. 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 people and four people's relatives. We spoke with the registered manager, the head of care, a nurse, a care leader, nine care workers and the chef.

We looked at records which included the care records for eight people, medicines administration records and four staff files. We also looked feedback received by the provider and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always administered and recorded safely. Medicines records showed three occasions where there was no record of whether a person's medicines had been administered. This meant people may not have received their prescribed medicines. On three occasions records were not completed where checks of people's blood pressure was required before the administration of certain medicines. The member of staff we spoke to was unable to confirm whether these checks had been carried out.

We observed a member of staff administering medicines. The member of staff signed the medication administration record before medicines were administered; this meant that if people did not take their medicines records would not be accurate. We spoke to the registered manager who told us this was not in line with organisational policy.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

People told us they felt safe living in the home. One person said, "You know you're in a safe place with the carers". One relative was asked if they felt their relative was safe, they told us, "Yes, very much so".

Staff we spoke with had received safeguarding adults training and understood their responsibilities to report any concerns. Staff were aware of the signs of different types of abuse. Senior staff told us what action they would take if concerns were reported to them; this included notifying the local authority safeguarding team and the Care Quality Commission (CQC). Staff were aware of the provider's whistleblowing policy and felt confident to use it.

Assessments were carried out to identify any risks to people. Care records included risk assessments relating to nutrition, pressure damage and falls. Where risk was identified risk assessments were completed. For example one person's care record included a risk assessment in relation to their risk of falls. The care plan stated that a sensor mat and sensor beam were to be used when the person was sitting alone in their room. This enabled staff to respond to the alarm when the person stood up and support them to walk. We saw that both pieces of equipment were in place and staff we spoke with knew how to support this person.

Most people told us that there were enough staff. However one person felt there were not always enough staff. People told us their call bells were answered promptly during the day but could take longer at night. One relative said they felt there was enough staff and "I can always find someone". During our visit the atmosphere was calm, staff were not rushing and had time to spend sitting and talking with people. We observed that call bells were answered promptly. Staff told us there were enough staff and that staffing numbers "worked". The registered manager used a dependency tool to determine the number of staff needed to safely meet people's needs. We looked at the rotas for a two week period and saw that the required number of staff had been on duty for eleven of the fourteen days.

The registered manager told us that registered nurses from an agency were being used due to nurse vacancies. On the day of our visit there was an agency nurse working. To ensure consistent and safe care the head of care worked on the same unit to provide support for the agency member of staff.

Recruitment records showed that all relevant checks were carried out before staff began work at the home. Checks included a disclosure and barring certificate (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had also obtained references.

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 always willing to help. One person said, "Staff are very good". Another said, "I'm perfectly happy living here". Relatives said staff were able to meet people's needs. One relative told us, "They are doing their absolute best to keep her happy and comfortable", and "[Relative] looks so much better since being here".

Staff had a good knowledge of people's needs. Staff understood how to support people with specific needs. One care worker explained how they supported a person who had dementia and could become upset. They told us they approached the person in a calm manner and used distraction to diffuse the situation. We observed staff supporting this person during an incident. Staff were positive in their approach and distracted the person by accompanying them to a different area of the room and spent time with them until they were calm.

One nurse explained how they supported care staff to understand the needs for people who required nursing care. Staff understood how to support people at risk of pressure damage and those with special dietary requirements. One person had been assessed by the speech and language therapist (SALT) and required their food cut up in to small piece to reduce the risk of choking. Staff knew the person's nutrition care plan. We saw staff supporting the person in line with the care plan.

Staff told us they had completed an induction programme when they started working at the home. Records and staff feedback showed staff received training relevant to their role. One care worker told us they had attended training in dementia awareness and end of life care. Staff were positive about the training they received. One care worker said, "We have loads of training", another told us, "Our training is excellent ". Some care workers we spoke with had obtained national vocational qualifications in social and health care, others were working towards their qualifications.

Staff told us they were well supported by the manager and received regular supervisions. Supervision gives a member of staff and their manager the opportunity to discuss any issues either may have relating to their work. Records showed staff received supervisions. One member of staff said, "The manager's door is always open." Staff felt able to go to the nurse in charge if they had any issues. We observed a nurse being supportive and encouraging to staff who approached them.

Whilst no-one living at the home was currently subject to a Deprivation of Liberty Safeguard (DoLS), the manager understood when an application should be made and how to submit one. DoLS are safeguards that protect the rights of people by ensuring any restrictions to their liberty and freedom have been authorised by the local authority as being required to protect the person from harm. Staff we spoke with had received training on The Mental Capacity Act 2005. Staff understood the importance of promoting decision making for people who lacked capacity.

People's care records included a mental capacity assessment where it was considered that people lacked capacity to make decisions relating to their care. The registered manager understood the principles of The Mental Capacity Act and ensured best interest processes were followed. One person's care plan included a risk assessment relating to bed rails. The records showed that family members and health professionals had been consulted to ensure the decision made was in the person's best interest.

People enjoyed the food and drink provided. People had access to food and drink that met their needs. One person told us, "The food is definitely good". Another person said, "It is all cooked well". People had a choice of meals and were able to ask for alternatives if they didn't like the choices available. We saw people were provided with snacks and drinks throughout the day. One relative told us, "She [relative] always says she enjoys the food". One care worker told us, "I always try to give choice; we have pictures of food to help people choose what they would like to eat".

People were referred to health professionals to ensure they received appropriate care and treatment. Care plans included information relating to contact with GPs, psychiatrist, speech and language therapist and the Care Home Support Service. Staff had liaised with the local hospital to make arrangements for two people who needed cataract operations. One staff member was positive about the help and support provided by the specialist dementia 'Admiral' nurse.

Requires Improvement

Is the service caring?

Our findings

People's personal information was not always kept confidential. When we arrived at the home several people's care plans were left outside their rooms. We asked staff where care plans were kept. They told us they were kept in people's rooms, but were left outside the rooms during the night to prevent disturbing people's sleep. However several care plans were left outside people's rooms throughout the morning. There were visitors moving freely through the home who could have accessed people's information.

People told us staff were caring and kind. One person said, "I can't think of one who isn't". People said staff were helpful and patient and had time to listen to what they had to say. Relatives were positive about the care people received. One relative told us, "All the staff are lovely and very kind to her".

People told us staff were caring and kind. One person said, "I can't think of one who isn't". People said staff were helpful and patient and had time to listen to what they had to say. Relatives were positive about the care people received. One relative told us, "All the staff are lovely and very kind to her". People were supported in a kind and compassionate manner. The atmosphere throughout the home was calm, staff responded pleasantly to requests for assistance. Interactions between people and staff were positive and staff showed understanding of people's individual needs. One care worker was laughing and joking with a person who remained in bed, talking to them about pictures they had on their wall. During a number of interactions staff used gentle and supportive non-verbal communication to encourage people. One person requested help to leave the lounge; the care worker placed a reassuring arm around the person's back.

Throughout the day staff were patient when supporting people to make choices. Staff took time to explain to people what was happening. Staff made sure people understood what support they were being offered and were happy before support was given.

People could make decisions about their care. One person told us they had been involved in developing their care plan. They had been asked if they would prefer a male or female care worker and their choice had been respected. Some relatives told us they were involved in their relative's care. One relative said they attended an annual review of their relative's care needs. They told us they were always kept informed and updated of any changes.

One person told us they had not been happy living in another area of the home as they had found it too noisy. They had been supported to move to a different part of the home and said they were much happier.

People said they were treated with dignity and respect. Staff knocked on doors and waited before entering. Staff were respectful to people, addressing them by name and allowing time for them to respond. Staff described how they would respect a person's dignity when providing personal care by keeping them covered and ensuring doors were closed.

Relatives were able to visit at any time and were able to meet in the privacy of the person's room. Staff were respectful to visitors and to each other, promoting a culture of respecting dignity and privacy.

Good

Is the service responsive?

Our findings

People felt included in their care and support. People told us care workers listened to them and their views were respected and acted upon.

People's needs were assessed before moving into the home to ensure their needs could be met. Care plans reflected people's assessed needs. Care plans were personalised and included a 'My life story' document. The 'My Life Story' explained people's life history, their likes and dislikes and what was important to them, which enabled staff to get to know people who were unable to tell staff about themselves. One person liked animals. The person had animal pictures on their wall, where they could be seen easily. We heard a care worker talking to the person about the pictures.

Where people were assessed as at risk of weight loss their food and fluid intake was monitored to ensure they received adequate nutrition. Where people were assessed as at risk of pressure damage care plans reflected how the risk would be managed. For example people were on specialist equipment and were regularly repositioned in line with their care plans to reduce the risk of pressure ulcers developing.

People were involved in decisions about risks relating to their care and support. One person had requested bedrails were fitted to their bed as it helped them feel safe and secure. An appropriate risk assessment was in place and had been regularly reviewed. This ensured the risk was minimised and the person was safe

People were able to attend various activities, these included; bingo, quizzes and trips out. One person told us they loved flower arranging and had provided a demonstration for other people. People told us they had the opportunity to attend church services and visitors from the local church would come and see them on an individual basis if they asked. The activity co-ordinator was new in post and was spending time getting to know people in order to develop activities that people were interested in.

People were referred for specialist equipment when it was required. One person chose to spend much of their time in bed in their room. The person's care record included an assessment for a specialised wheelchair. We spoke to a nurse who advised us the person had told staff they would like to get up to attend some of the entertainment in the home and a referral had been made for a wheelchair assessment. The nurse told us the person had requested to attend the musical entertainment the previous evening and had been supported to do so. We spoke to the person who had clearly enjoyed themselves.

Some people chose to spend much of the day in their rooms. One person told us that staff visited regularly to make sure they were alright. Staff were aware of the risk of social isolation and made sure they spent time with them. We saw that staff regularly visited people in their rooms. One staff member told us, "I go in whenever I'm passing. I can always find five minutes for someone".

Staff responded promptly to any concerns raised. One relative asked a care worker a question about equipment in their relative's room. The care worker went immediately to the room with the relative to explain the equipment to the relative. People told us they were confident to raise concerns or complaints. One person told us they had raised a concern with the registered manager and it was being dealt with. One relative told us they usually take any issues to the staff on duty. Another relative told us, "I haven't been told of any procedure", but added they would be happy to raise concerns and felt they would be listened to.

Regular residents meeting were held and minutes displayed on noticeboards in shared areas of the home. People we spoke with had attended meetings and told us they were given the opportunity to discuss any issues. Minutes showed people had made requests for additional food items to be offered and we saw that this had been actioned.

Requires Improvement

Is the service well-led?

Our findings

Not all areas of the service were well-led. There were systems in place to audit the quality of care and to identify risks. These included audits of medicines, care plans, falls, risk assessments and infection control. Systems in place to monitor the accuracy of care plans were not always effective. Most care plans contained consistent information. However we found two care plans that had been reviewed contained conflicting information.

Where audits had identified issues, action plans had been developed to address them. For example a falls audit had identified a pattern to some falls and an action plan was developed. Minutes of senior staff meetings showed that the action plan had been discussed and implemented

People knew who the registered manager was. One person told us, “She came and saw me this morning”. Most relatives felt the registered manager was approachable and supportive. One relative told us the registered manager had been very helpful and had asked the relative what support the registered manager could offer to them when their relative was settling into the home. One relative told us they had not received information from the registered manager when they requested it but added, “I suppose she is approachable”.

The registered manager was proactive in finding innovative ways to support people living with dementia. The registered manager had contacted an organisation to enable people to participate in an art therapy project. The report produced at the end of the trial included the outcome of individual quality of life assessments which showed the positive impact of people participating in the project. The registered manager advised that they were now arranging for this to form part of the homes regular activity programme.

Staff told us they felt well supported by the management team in the home and that the registered manager was approachable. Staff said the manager spent time in the home and was actively involved in the day to day running of the home. One care worker said, “Managers value us and I’ve never had any problems, we know they are there”. There was a positive culture in the home and staff felt confident to speak out if they had any issues. They were confident concerns would be taken seriously. Staff we spoke with were aware of the whistleblowing policy and its purpose.

There were clear procedures for reporting and recording accidents and incidents. All accidents and incidents were documented on a standardised form and actions recorded. All forms were audited to identify learning that could be used to make improvements to the service.

People and their relatives were encouraged to provide feedback through an annual satisfaction survey. The Order 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 regulations 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met. People who use services and others were not protected against the risks associated with the unsafe use and management of medicines. Regulation 13