

The Orders Of St. John Care Trust

OSJCT Seymour House

Inspection report

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Date of inspection visit:
20 November 2019
21 November 2019

Date of publication:
24 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

OSJCT Seymour House is a residential care home providing personal care without nursing for up to 42 older people. At the time of the inspection 39 people were living at the home. Some people had limited verbal communication, so we captured some of their experiences through observations.

People's experience of using this service and what we found

People told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff. People and relatives were positive about how safe their family members were. Medicines were administered and managed safely. Risks had been identified with ways to mitigate them in place.

Systems were in place to audit the service and when issues were identified they had been resolved. The management strove to be open and continually develop and improve the support people were receiving. They were aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported by enough staff to meet their needs. Although staff levels had not always been good, so the management were working hard to resolve this. Staff had received a range of training and good induction when they started.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals to meet the needs of people living at the home.

Staff were kind and caring and knew the people living at the home well. Staff respected privacy and dignity throughout the inspection. Although one practice observed at the beginning of meal times could be improved. Links had been developed within the wider community which had a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14 December 2018). There were multiple breaches of regulation in relation to medicine management, risk assessing, notifying the Care Quality Commission and quality assurance of the service. Concerns were also raised about how personalised care plans were.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

OSJCT Seymour House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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.

Service and service type

OSJCT Seymour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 13 people who used the service and six visitors which included relatives and a volunteer. We

spoke with the registered manager, interim peripatetic manager and a head of care from one of the provider's other homes. We also spoke with five members of care staff in detail and had conversations with other staff.

We observed care and support in communal areas. 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 looked at four people's care records in various detail. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, the provider had not ensured risks people faced were effectively assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks had been assessed and ways to mitigate them found. One relative said, "I feel [person] is safe here. The carers are nice, and they are quick to help. I feel [person] is well looked after, and I can go away and not worry."
- People's care plans had risk assessments in line with their current needs and details of how staff reduced the risks. This included for falls, pressure care, accessing the community and choking. Staff were aware of these things when we spoke to them.
- Systems were in place to monitor risks associated with specialist equipment such as air mattresses and hoists. This included specific instructions for staff to follow when using or checking the equipment.
- However, the current risk assessment used for pressure care did not always appear to match the risk of pressure ulcers people had. For example, one person was frail, had low mobility so needed repositioning regularly and was lying on a specialist mattress, which made them high risk. Their current risk assessment had assessed them as low risk. The registered manager and interim peripatetic manager told us the provider was already reviewing this.

Using medicines safely

At the last inspection, the provider had not ensured that people received the medicines they were prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were positive about support they received with their medicines. Comments from people included, "I am on a few medicines. The staff look after them and it goes along alright. I have not had any problems" and, "I get my medicines when I am supposed to, and I am glad I do not have to worry about them."

Relatives echoed what people told us. One relative said, "Medicines were always done as they should be following the rules."

- Medicines were managed safely and stored in line with current guidance. Staff did not rush people and wore 'do not disturb' tabards whilst administering medicines. Staff checked each other's medication administration records after the medicines round.
- Medicines which were prescribed to be taken 'when required' had protocols available which explained when it would be appropriate to administer these medicines for each resident.

Staffing and recruitment

- People were supported by enough staff to keep them safe and meet their basic needs. However, there was mixed opinions received during the inspection. The registered manager and interim peripatetic manager explained, and we saw, processes were in place at provider level to improve the staff levels.
- People said, "The staff usually come quickly, once in a while you have to wait a little bit, but it is nothing to worry about, if I want help, they make the time" and, "I usually get enough help, they did have a shortage of staff, but there are more now."
- Relatives agreed that staff levels were now getting better. In the past, they told us weekends were always when the staffing was its worst. Staff thought staff levels were getting better because new staff have been recruited. One staff member felt the skill mix on each shift could be better.
- During the inspection, call bells were answered promptly. However, it was clear staff were busy and prioritised care over spending time with people on a more social level.
- Systems were in place to ensure staff recruited were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were comfortable in the presence of staff. One person said, "I feel confident in them [staff]. I am safe, and I have got a warm bed."
- Relatives told us, "[Name's] safe here. The staff are very good, and they always contact me straightaway if there's anything different" and, "I think [person] was safe generally, as much as they could be."
- Staff knew how to keep people safe and recognise signs of potential abuse. They knew who they could report concerns internally and externally. All staff felt something would be done about their concerns.

Preventing and controlling infection

- People lived in a home which smelt pleasant throughout the inspection. All areas of the home were clearly being regularly cleaned. An external agency was currently being used by the provider.
- Staff had access to protective clothing such as gloves and aprons to prevent infections spreading when delivering intimate care. Specialist bags were available to transport soiled clothing around the home.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and this led to systems changing. Following the last inspection, improvements had been made in many areas after learning what was not going well.
- When incidents occurred in the home the situations were reflected with staff and people within debriefs. If it was identified something could be improved, then action was taken.
- There was a positive culture for reporting medicines incidents, we saw that the management team were acting to prevent incidents re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's needs. One person said, "The staff have got to know me well. They asked a lot of questions when I first came, and they understand what I need pretty well."
- People were fully involved in their care plan if they wanted to be. This made sure it reflected their wishes and preferences. This included assessing their oral care needs regularly.
- Staff received regular training which helped to ensure they were practicing in accordance with up to date guidance and legislation. Regular management meetings were held where senior staff could share information.

Staff support: induction, training, skills and experience

- Staff felt they had enough training to meet people's needs and records confirmed this. This included training on using and monitoring specialist equipment such as catheters and air mattresses.
- Staff understood the positive reasons for having regular refreshers on certain subjects. One staff member told us, "It is so good to update your knowledge."
- New staff had inductions and worked alongside more experienced staff until they were confident. Their induction was in line with current best practice for health and social care workers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy, balanced diet in line with their preferences and dietary requirements. Comments included, "Food is very good", "The food is alright. They are making chicken for me today as I cannot eat what is on the menu. They will always do me something else" and, "[Person] eats well across the board, and enjoys her food. The food is excellent."
- Specialist diets were known about by staff and they supported people to eat in line with these. One person with specific health needs which affected their food and drink described in detail how staff supported them in line with their requirements. The person said, "They [staff] are brilliant and I cannot fault them."
- People were able to choose where they ate. Many ate in the dining room whilst others chose to stay in their rooms. However, staff were busy at lunchtime and did not always check on people once their food had been given. One person's needs had changed slightly and needed reviewing. The registered manager told us they would organise this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals to promote good health and respond to acute illness. Comments included, "I go to see the doctor quite often. I can go to the surgery with my family, but the doctor will come here if you are not well" and, "I am really happy with the medical care, dental care and eyecare. It has all been very good. They have enrolled [person] with the doctor and dentist, and recently dealt with her glasses."
- Records showed people attended dental and optician appointments and GP visits when needed. During the inspection one person's health declined and the doctor was immediately contacted by staff.

Adapting service, design, decoration to meet people's needs

- People were actively involved in contributing ideas to improvements which were made in the home. Recently the cinema room had been refurbished with new seats to look more like a cinema.
- People's individual needs were accounted for to help them navigate their way round the home. Colours had been picked so those with sight difficulties and dementia could distinguish grab rails and doorways. The registered manager told us the colours were based on research which had been conducted by a university.
- Bedrooms had been personalised by people. One person said, "I have been able to have my own television and have had things brought from my house." Another person pointed at pictures of their family and told us about them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent from people prior to supporting them with their care. People who were able to tell us agreed they were consulted prior to staff supporting them.
- When people lacked capacity or staff were unsure the person had capacity for a specific decision, statutory guidance had been considered. Staff were aware to make decisions in the person's best interest.
- However, when capacity was fluctuating in a person records did not always reflect this. One person had a special mat to alert staff to reduce falls. At times their capacity fluctuated in relation to understanding this practice. Their records did not reflect this. The registered manager reviewed this during the inspection and put regular checks in place.
- Systems were in place to manage DoLS and applications were made when it was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and treated them with respect whilst valuing their individuality. Comments from people included, "The staff are brilliant. They are all very approachable and I get on well with all of them. We can have a laugh and a joke" and, "The staff are with you most of the time. They care about you, and if you were a bit down, they would spend a bit of time to stop and chat and cheer you up. They speak to me as I want to be spoken to."
- Staff spoke fondly about the people they supported. They were clear about their role and wanted to treat people all equally. One member of staff said, "People's preferences are listened to and they should not be discriminated against. All are treated the same."
- Compliments from people, relatives and other professionals reflected what we saw and were being told. Comments included, "Staff are friendly and helpful", "We have had a lovely time over the past few weeks. Thank you for making us feel so welcome" and, "Thank you so much for the care, compassion, companionship and comfort you have shown [person] during the time she has lived with you at Seymour House."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care and staff respected these. One person said, "The staff are all very nice. The staff respect me and my choices. I like to stay in my room and they understand. They check on me regularly, at night as well. So you feel they are caring about you."
- People were able to spend time where they liked during the day. They could choose where to eat at meal times. However, there was limited choice of drink in the dining room because only one type of squash was placed on each table. The registered manager told us they would review this and make sure people get a choice.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. Comments included, "They [staff] always knock on my door before they come in. You can be private in your room if you want to" and, "When I have my shower, it is the same person who helps me, and we have a nice chat, so it is alright, and it is just us. So quite a pleasant experience."
- All staff knew how to protect people's dignity when completing intimate care with them. They explained how they kept them covered and made sure curtains and doors were shut. Staff always promoted independence when supporting a person.
- However, prior to being served food at lunchtime all people had to have their hands wiped with wet wipes.

The staff did try and do it in as dignified a way as possible. The registered manager told us this was to ensure people had clean hands. They were willing to review the practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was now personalised to each person. Everyone had a care plan which gave information about their needs and their likes and dislikes. Consistent care was promoted because there was clear guidance for staff to follow.
- Comments from people included, "I do talk about my care, and if I need something different or altered, I can talk to one of them [staff] about it. We discuss it and decide what to do" and, "Sometimes we talk about care, and what is needed and whether you want this or that."
- People's care plans were regularly reviewed and updated in line with their needs. Any updates were shared with all staff. One person said, "I love it here, I have got used to it. I had a six-month review and they asked me if I was happy, and if I was getting the care I needed. I am happy in my own way, it is not like home, but I'm content, quietly content."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management were aware of their duties under the AIS and put things in place for people. Each person had a communication profile within their care plan. This listed how they preferred information to be shared with them.
- Specialist equipment was sometimes sourced so people could access support from staff. Some people had large red buttons they could press as a call bell instead of the usual size pendant.
- As well as information being adapted for people, the management extended it to meet differences with staff who worked at the home. This included sharing training in different ways.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain positive relationships with family and friends. One person said, "They [meaning staff] are very understanding, and let my sister bring her puppy in. They do not mind." Relatives were free to come and go at any time during the inspection.
- People and relatives had mixed views on activities on offer. Some people were very positive about the range of activities. Whilst others felt they were not always suitable for all people living at the home.
- All people and relatives acknowledged staffing was getting better and there was a new activity assistant.

They hoped this would mean staff had more time to support people socially and during activities.

- During the inspection we saw a range of activities on offer from musical bingo to a cinema afternoon. The staff tried to replicate the cinema experience as much as possible by having a full-size popcorn machine and ushers' trays to serve treats in. Other opportunities occurred such as trips out.
- People's cultural and religious needs were considered when activities were arranged. Regular church services were held, and these would reflect the different denominations of the church.

Improving care quality in response to complaints or concerns

- People knew how to complain although none had a reason to raise a complaint. No formal complaints had been raised since the last inspection. Comments included, "I really cannot fault them. I have got no complaints at all" and, "I have not had any complaints or major problems, but little niggling things. I tell [registered manager] and bang, it is done."
- Systems were in place to manage complaints. The registered manager told us they always try to be proactive about concerns to prevent them escalating.

End of life care and support

- No one at the time of inspection was receiving end of life care or support. People's end of life wishes were discussed with them and recorded to make sure they would be respected. End of life care plan information was personal and included what people wanted if they were very ill and what they wanted to happen after their death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to send notifications to the Care Quality Commission (CQC) in line with legislation. Neither did they have systems to monitor the safety and quality of care people received. These were breaches of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009 and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and regulation 17.

- CQC were now able to monitor the service because notifications were being sent in line with statutory guidance when notifiable events occurred since the current registered manager was in post. We will continue to monitor this.
- Systems were now in place to demonstrate the management had understanding about monitoring the quality and risks of the service people received. When they had identified improvements were required action was taken.
- The provider had representatives providing oversight and guidance for the management at the home. This helped to ensure people were receiving safe and quality care. For example, it had identified there had been a reduction in falls due to analysis and a change in staff shifts by the management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were positive about the registered manager. Comments received from people, relatives and staff included, "I get on really well. She is really friendly", "It is easy to see [registered manager]. Her door is always open. She is a good manager" and, "I feel very supported by [registered manager]. She has been absolutely amazing."
- The registered manager had a clear vision and ethos for the home and was working hard with people, staff and volunteers to make this possible. They had been making the home as dementia friendly as possible. The registered manager always wanted to promote that they were working in people's home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The management had a good understanding of the importance to be open and honest so acting in line with the duty of candour. Examples of this were seen when staff were transparent about any medicine errors they made. The openness was also reflected in recent staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in a variety of ways to hear their views. Resident meetings were held regularly where people could express their views. The minutes were always circulated to all people including in different formats. An exotic-themed tiki bar in the garden was a result of collecting views from people.
- Feedback cards were always available for people and visitors to leave their views. If suggestions were made through these then they were always considered.
- Staff had regular staff meetings, and these would reflect their different roles in the home. All staff were clear of the staffing structure. Staff told us they felt listened to and their suggestions would be valued.

Continuous learning and improving care

- The registered manager and provider strongly believed in continuous learning to improve the care and support people received. When significant incidents had occurred, they had reflected and put things in place. One relative said, "Since it was taken over by [provider] it has improved immensely."
- The provider valued managers learning from each other and held regular events and meetings so this could continue. As well as this, a peripatetic manager went and supported managers to drive improvement.

Working in partnership with others

- Links had been developed with the local community. This had provided a range of opportunities for people. A local craft group had created dementia friendly fiddle objects which were situated round the home. Volunteers came in regularly to socialise and support people with activities.
- Local businesses were aware of the home and this had resulted in donations of weekly flowers and Christmas meals for the people.
- People were encouraged to participate in local competitions so they could raise their profile in the local community. Recently, they had won some runner up awards for their gardening. At a harvest festival they had won eight out of the ten top prizes.