The Orders Of St. John Care Trust

OSJCT Skirbeck Court

Inspection report

55a Spilsby Road
Boston
Lincolnshire
PE21 9NU

Tel: 01205361444
Website: www.osjct.co.uk

Date of inspection visit:
26 September 2019

Date of publication:
30 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 Skirbeck Court is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. OSJCT Skirbeck Court can accommodate up to 39 people in one adapted building.

People's experience of using this service and what we found
The provider had systems in place to assess how many staff were needed to meet people's needs. They had followed safe recruitment practices and provided training so that staff had the skills needed to care for people safely. Medicines were safely managed and administered in line with good practice guidelines. Staff knew how to keep people safe from the risk of infection.

Staff were kind and caring to people and supported their privacy and dignity. They knew people's characters and were able to identify when people were not well. They encouraged people to be as independent as possible and supported them to make choices about their everyday lives.

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.

People's needs were assessed and care plans were developed in conjunction with people and their relatives. Risks to people were assessed using best practice guidelines and care was planned to minimise the risks to people. Any incidents were investigated and changes made in care to keep people safe.

People's ability to eat safely and maintain a healthy weight was assessed and where needed people were referred to healthcare professionals for advice and support. People were offered a choice of meals and these were tailored to people's individual needs. Where people chose to follow a particular diet, this was respected.

People were supported to live a fulfilled life with opportunities offered to them to access the community. In addition, volunteers were used within the home to support people's well-being and activity levels.

People's needs and wishes at the end of their life were recorded and respected. People's families were supported at this difficult time. Staff worked with healthcare professionals to ensure people were kept pain free at the end of their lives.

The home did not have a registered manager at the time of inspection, the provider had kept us up to date on their recruitment process and had put in an interim manager to oversee the home. Following the inspection, a new manager was appointed and applied to be registered with us.

The environment was well maintained and there were effective systems in place to monitor the quality of care people received. While people knew how to complain no one had felt the need to raise any concerns. People's views of the care they received had been gathered and used to improve the care provided.

Rating at last inspection
The last rating for this service was Good (published 9 March 2017).

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

OSJCT Skirbeck Court

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
An inspector and an assistant inspector completed the inspection.

Service and service type
OSJCT Skirbeck Court 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission, the home was being managed by an interim manager in this report. A new manager had been appointed and there was a planned start date for the person. The registered manager 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the area operations manager for the home and the interim manager. We also spoke with a senior care worker, two care workers, a member of the kitchen staff and a housekeeper. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff had received training in how to keep people safe from abuse. The training was repeated annually so that the provider could be certain staff had up to date knowledge.
• Staff were knowledgeable about the different types of abuse and knew what signs might indicate that a person was being abused. They knew how to raise concerns both within the organisation and with external agencies.
• The provider had worked with the local authority to investigate any concerns raised and had ensured action was taken to keep people safe.

Assessing risk, safety monitoring and management
• Risks to people had been identified and assessed. Care was planned to ensure that people were as safe as possible. For example, we saw one person's care plan noted that staff needed to use equipment to support the person to move. The care plan clearly identified all the equipment needed and the number of staff to keep the person safe.
• Records showed that professional advice had been sought if staff were worried about their ability to meet people's needs.
• Risk assessments were in place to support the emergencies services in the event of an incident, these included information on the safest way to move people quickly.

Staffing and recruitment
• Some people we spoke with told us that staff had not always been able to support them when needed. One person said, "Soon, can be a bit too long." The last audit of staff response times to all bells showed that in the mornings people had to wait a little while for care.
• We discussed this with the interim manager who explained that they monitored the needs of people living at the home on a monthly basis. However, they could see that people's needs had been increasing and so had recently increased the number of staff on shift at busy times of the day. For example, when people were getting up in the morning.
• The interim manager also explained that they had been short of staff recently and had been using agency staff. However, they had now recruited to the vacant positions and so people should once again receive care from a consistent group of staff who knew their needs. Staff told us that since the interim manager had been at the home they had seen an improvement in the staff available to support people.
• The provider had safe recruitment processes in place and had ensured that people working at the home were safe to work with the vulnerable people living there.

Using medicines safely

• Medicines were stored and administered safely. The medicines trolley was well organised and people's medicines were easy to identify reducing the risk of a medicines error.
• The member of staff administering medicines spoke discreetly to the person they were supporting to ensure the person's privacy. People were asked if they needed any medicines that had been prescribed to be taken as required. The member of staff ensured that people had taken their medicine before leaving them.
• Medicine administration records had been fully completed and accurately reflect the medicines people had taken. Where people had been prescribed 'as required' medicines protocols were in place to support their administration. This helped staff to administer medicines consistently if people were unable to make a decision.
• Records showed that where two people had been consistently refusing their medicines appropriate action had been taken. For example, for one person this had been discussed with their GP, some medicines had been stopped and others provided in a liquid form so that it was easier for the person to take.

Preventing and controlling infection
• All the staff had received training in reducing the risk of cross infection. They were able to tell us how they worked to keep people safe. This included washing hands and using equipment such as gloves and aprons.
• Action was taken to continually review and improve the infection control processes in the home. Following two infection outbreaks the home was inspected by the local authority and the provider's own infection control teams. Minor issues identified had been addressed. For example, the boxes for people's laundry were changed to have closed sides and a lid to reduce the risk of cross infection.
• The interim manager had allocated one person the role of infection control lead. They would be attending the local authority infection control meetings to keep up to date with any changes in best practice.

Learning lessons when things go wrong
• Staff we spoke with were on how to record any accidents and incidents in the home.
• Following an incident action was taken to keep the person safe from future occurrences of the same situation. For example, records showed one person had been falling regularly. Their care needs had been reviewed with their family and their social worker and a falls prevention care plan was put in place. This included a pressure mat at the side of their bed so that staff were alerted if they tried to get up in the night.
• The interim manager reviewed accidents and incidents to see if there were any trends that could be looked at to keep people safe.

Good

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 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 all received an assessment before they moved into the home. This allowed staff to assess if their needs could be met at the home or if staff needed any additional training before they were able to support the person safely.
• The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies. Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.
• The provider employed a number of Admiral nurses, these are nurses who have specialised in supporting people with dementia. They were able to visit people at the homes, review their needs and provide advice to staff on how to support the person so that they were settled and happy.

Staff support: induction, training, skills and experience
• Staff new to the home received an induction. This included training in key subjects to ensure staff had the skills to support people safely. Additionally, new staff spent time shadowing an experienced member of staff, so they had the opportunity to observe how care should be given and get to know people's needs. Staff who had not worked in care before care were required to complete the Care Certificate. This is a set of national standards which support staff to provide safe care.
• Staff were also required to completed refreshed training at regular intervals. The provider had a systems in place which monitored staff training and would prompt staff when their training needed renewing. Records showed that staff had completed their training as required.
• The provider supported staff with supervisions. These can be group or individual meetings with the interim manager or other senior member of staff to discuss progress, any change in best practice or if the provider had concerns regarding a member of staff's performance. Staff told us that they were receiving regular supervision and found these to be helpful.

Supporting people to eat and drink enough to maintain a balanced diet
• People's ability to eat safely was assessed. Where there were any concerns people were referred to a healthcare specialist for support and advice. Records showed this advice was followed. For example, some people needed their food to be cut small or mashable with a fork, while others needed a pureed diet. Where people were unable to maintain a healthy weight, they had been referred to a GP or dietitian for advice.
• We saw that people's dietary needs were supported. Some people living at the home required a specialised diet to support a long-term condition, for example, for people living with diabetes. Other people had made a lifestyle choice about their diet.
• People were offered a choice of food at mealtimes. We saw that people's preferences were supported and

staff monitored people offering support and encouragement where needed. People were offered a choice of drink with lunch and hot and cold drinks were offered to people throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff were kind to people and took action when they raised concerns about their health. For example, one person had told staff that they though they may have a water infection. Staff had immediately tested the person's urine. The person requested a jug of cranberry juice as this is supportive of urinary health and this was provided for them.
• Records showed that people had been supported to access healthcare whenever needed.

Adapting service, design, decoration to meet people's needs
• The environment was pleasant with lots of storage. The home was clean and tidy and there was a maintenance plan in place. Plans were in place to decorate the conservatory and people living at the home had chosen the colours. In addition, a bathroom was scheduled for refurbishment and a bedroom was being painted.
• There was plenty of outside space for people and each space was secure for people's safety. One outside space had a vegetable plot and people were encouraged to take part in gardening activities. There were also outside activities such as a giant chess board, a large connect four game and a throwing game. In another garden there was a pleasantly decorated summer house for people to use.
• There was one main lounge in the home for people to spend time in, additionally throughout the home there were smaller lounge areas if people wanted to be in quieter areas.

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 (DoLS). 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.
• People's ability to make a decision about where they lived had been assessed. Where people were unable to make the decision an application for a DoLS had been submitted. No one with a DoLS in place had any conditions applied.
• Where people lacked the ability to make decisions about their care, decisions were made in their best interest. Relatives, healthcare professionals and staff had all been involved in the decision-making process.
• Staff had received training in the MCA and understood how to support people to make their own decisions as much as possible. For example, they explained that some people may be better at making decisions at certain times of the day or would feel more confident if supported by a particular person. This enabled people to be involved in their care as much as possible.

Good

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 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
• Staff were kind, caring and knew people's needs well. We saw there were good interactions between staff and people living at the home. This included a lot of cheerful joking at mealtimes and reminiscing about times gone by. One member of staff said the best part of their job was, "Being with the residents and having the time to spend with them."
• Staff supported people with gentle touches to gain their attention when offering support and guidance. They discreetly approached people to ask if they needed to go to the toilet, maintaining people's dignity.
• Staff were patience with people when they required support. For example, they understood that some people would need a lot of assurance and this may lead them to shout for attention. We saw that staff always responded in a quiet calm way providing the reassurance people needed.

Supporting people to express their views and be involved in making decisions about their care
• People told us that they were able to make choices about how they spent their time. For example, they were able to get up and go to bed when they liked. They were also able to choose where they spent times during the day and if they wanted to go to the dining room for lunch.
• Staff offered people choices to support them to make decisions. For example, if a person refused care they would ask them again a little later or see if a different member of staff would encourage them to receive care. In addition, staff offered people choices in what to wear, what they wanted to eat and any activities they wanted to undertake.

Respecting and promoting people's privacy, dignity and independence
• Staff had received training in supporting people's privacy and dignity. They explained that they did this by ensuring doors and curtains were closed before giving care, using towels to preserve people's dignity while providing care and encouraging people to do as much as possible for themselves.
• Staff monitored people to ensure that they maintained a standard of appearance that was important to them. We saw that one person had spilt some of their lunch on their clothes. We noticed that after dinner staff had supported them to change their clothes, so they remained smart.
• People's spiritual needs were recorded and supported. Information on religious services held in the home was on display. Care plans also recorded people's spiritual needs and the support they would need. For example, one person spent most of the time in their bedroom and so would not always see the notices about services. Their care plan noted that their faith was very important to them and so they needed to be informed when the service would take place.
• Some people living at the home had been supported to access an advocate to help them make decisions.

An advocate is an independent person who is able to speak for the person and represent their view to ensure that decisions are made in the person's best interest best interest.

Good

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 Good. At this inspection this key question has remained the same. 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

• People told us that they were happy with the care they received. People and their families had been involved in planning their care both when they moved into the home and at regular reviews or when people's needs change unexpectedly.

• Care plans were well laid out with an index, this meant that it was easy to find information within the care plan. Each care plan had a one-page profile which highlighted people's likes and dislikes so that staff could personalise care.

• The provider's Admiral nurse visited the home whenever needed to review the dementia related needs of individuals. They provided staff with advice and guidance on how best to meet people's needs and improve their experience of care. For example, when a person was distressed about being hoisted they provided guidance on how to distract the person and keep them calm while being in the hoist. This allowed the care to be given safely and increased the person's ability to move around the home.

• Staff told us they were happy with the quality of information recorded in the care plans. In addition, they were kept up to date with changes in people's needs at the start of each shift. This ensured that the care reflected people's current needs.

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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other health and social care professionals.

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

• The provider had activities in place to support people's well-being.

• Some activities were small weekly events which provided people with things to look forwards to. For example, the provider had arranged for an ice cream van to visit weekly. It visited the day we inspected and people were excited to see it and discussing what they wanted. People were also able to listen to music or to go out into the garden.

• Other activities supported people to access the local and wider community. For example, a number of

people from the home had been on holiday to for a week to Norfolk. This opportunity was offered to people living at the home and they could choose whether they wanted to take part. Another recent outing had been to a greyhound racing track. Photographs showed people had enjoyed themselves. A visit to a harvest festival was also planned.
• The home had a number of volunteers who visited the home to spend time with people on an individual basis. This time was used to do individual and group activities and to provide people with some company.

End of life care and support
• Staff had received training in supporting people at the end of their lives and understood that good care at this time was about supporting the person's wishes and respecting any advanced decisions they had made. Advanced decisions could be about not being admitted to hospital or not wanting to be resuscitated. In addition, staff reflected on the care they had provided when people had passed away to see if there was anything they could have done better.
• Staff had liaised with other agencies to ensure that all medical care was available. This included anticipatory medicines which may be needed to keep the person pain free and comfortable at the end of their life.
• People's end of life wishes were recorded in their care plan. Care plans also contained information on any funeral arrangements the person may have already made to ensure their wishes at the end of their lives were followed.
• Staff ensured that they provided care and support to people's family members at this difficult time. For example, they had provided an empty room for a family to say in so that they could remain close by. They had also provided the family access to a kitchenette, so they could make drinks as needed. Meals were also provided so that they could stay close by.

Improving care quality in response to complaints or concerns
• Information on how to make a complaint was on display in the home and people told us that they knew how to complain. No one we spoke with had felt the need to raise any concerns.
• The interim manager confirmed that they had received no complaints in the last 12 months.

Good

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People we spoke with were positive about the care they and their relatives received. One relative told us, "It's a very supportive organisation. My husband has been ill and I have received lots of personal support."
• Everyone we spoke with was complimentary about the interim manager. They felt they had been good for the home. The interim manager had been open and accessible to people living at the home and their relatives.
• Staff told us that the interim manager was approachable and that they had driven improvements in the care provided and the morale or the staff team. One member of staff told us, "I love the staff I work with."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was not a registered manager for the home when we inspected. The last registered manager left the service in February 2019. The provider had recruited and appointed a new manager who had a planned start date. They kept us updated about the situation and put interim manager in the home. Following our inspection, the new manager started work at the home and applied to become registered with us.
• The provider and interim manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home. The provider had notified us about events which happened in the home.
• The interim manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.
• There were effective audits in the home, this allowed the interim manager and provider to monitor the quality of care provided and to make improvements when needed. For example, care plans had been audited and action identified such as the need to rewrite the plan for clarity following multiple updates.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider gathered the views of people living at the home and their relatives. This was done through resident and relatives' meetings and surveys. We saw that the results from the last survey were displayed in the home to inform people of the actions taken from their feedback.
• Staff were also given the opportunity to comment on the care they provided to people. This was through

team meetings and supervision sessions. Staff told us that they felt that the interim manager and provider valued their feedback and listened to what they had to say.
• One member of staff was designated as an Ambassador. This was a role which enabled them to speak for any member of staff who did not feel comfortable raising concerns directly with the interim manager.

Continuous learning and improving care
• The provider had head office staff which supported the interim manager, for example by highlighting change in best practice or legislation. In addition, the provider had Admiral nurses to ensure staff worked in line with best practice for dementia care. The interim manager also met with the providers other registered manager to share best practice or ideas which had worked well.
• The interim manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others
• The interim manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.
• The provider supported the students at the local college studying health and social care by offering work experience.