

## The Orders Of St. John Care Trust

# OSJCT St Wilfrid's Priory

### Inspection report

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### 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:

We carried out an unannounced comprehensive inspection of St Wilfrid's Priory on 2 and 3 April 2019. St Wilfrid's Priory is a 'care home' that provides care for a maximum of 24 older people, some of whom of living with dementia. At the time of the inspection 15 people were using the service.

### People's experience of using this service:

People were not all able to tell us verbally about their experience of living there. Therefore, we observed the interactions between people and the staff supporting them.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff knew about people's life history, and their communication needs.

Risks of abuse to people were minimised because staff demonstrated a good awareness of each person's safety needs and how to minimise risks of abuse for them. The environment was safe, and regular health and safety checks were carried out.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff promoted healthy active lifestyles. They worked in partnership with a range of healthcare professionals and followed their advice.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People gave us positive feedback about the quality of people's care. They said the management team and members of staff were approachable, listened and acted on feedback.

Rating at last inspection: Good. (last report published 18 October 2016). However, it was rated Requires Improvement in 'Responsive.' This had now improved to Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

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

For more details, please see full report which is on the CQC website at [www.org.uk](http://www.org.uk)

## 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 St Wilfrid's Priory

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people living with dementia.

**Service and service type:** St. Wilfrid's Priory is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. We also reviewed the Provider Information Return. Providers are required to complete this document with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with ten people who used the service, to ask about their experience of the care provided and eight visiting family members. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the

care received, we could determine whether or not they were comfortable with the support they were provided with. We looked at four people's care records and at their medicine records.

We spoke with the registered manager, Head of Care and five staff members. We also spoke to one relative. We looked at the staff members files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home and received a response from one of them.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. The provider had effective safeguarding systems in place which included a safeguarding policy and training.
- Staff knew about the different types of abuse and were confident any concerns they reported would be listened to and addressed.
- People said they felt safe living at St Wilfrid's Priory. Comments included; "Yes [I am safe], because the staff are good" and "Oh, yes. It's a good place to be."

Assessing risk, safety monitoring and management.

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- Staff understood what support people needed to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. Detailed records were kept of regular health and safety checks. Emergency plans were in place to ensure people were supported in the event of a fire.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the provider to identify any patterns or trends. For example, identify changes in a person's mood or behaviour which might signify a deterioration in their mental health.
- The provider used significant events, as an opportunity to learn and reduce the risk of recurrence. Staff always reviewed risk assessments and care plans following accidents or incidents to mitigate the risks of it occurring again.

Staffing and recruitment

- Staff knew people well and provided them with continuity of care. For example, they covered one another for days off and holidays. This meant people were always cared for by staff they knew and trusted.
- Staffing levels were sufficient to ensure people's needs could be met. A dependency tool was used to ensure staffing levels met people's changing needs.
- Staff were recruited safely. Systems were in place to ensure pre-employment checks would be carried out to ensure any new staff employed were safe to work in a care setting.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- People's medicines were safely received and stored. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff who administered medicines did so at the prescribed time and had received the necessary training to support their responsibilities in dispensing medicines.
- There were reporting systems for any incidents or errors, for example in the administration of creams. We saw that these were investigated, and actions put in place to try to prevent them happening again.

#### Preventing and controlling infection

- People were protected from cross infection. Staff understood importance of hand washing and good food hygiene practices. Staff followed infection control policies and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The service was clean and odour free, daily cleaning was carried out.

# 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

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's individual health needs were assessed before they came to live at the service. Assessments detailed people's individual care and support needs and were regularly reviewed and updated. This meant people's support was up to date to ensure they received the right care and support that was required.
- The service used evidence based assessment tools to identify people's care needs. For example, in relation to skin care, and nutritional needs.

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

- People had their healthcare needs met, and staff worked closely with local health professionals. A local GP visited monthly and people were supported to attend other health appointments regularly.
- Where a person experienced periods of anxiety or other changes of mood, staff knew how to respond effectively.
- Where people required support from external healthcare services this was arranged and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- The management team engaged with other organisations to help provide consistent care.

Staff support: induction, training, skills and experience

- People received effective care from experienced and knowledgeable staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- Staff felt well supported. Staff had ongoing support and supervision through daily handover meetings. These provided opportunities to discuss any concerns and identify further training needs.

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

- People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- If people were at risk of declining health due to poor food and drink intake staff closely monitored what they ate and drank and recorded this on food and fluid records.

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People told us meals were of a good standard and choices were offered every day. One person told us; "It's absolutely A1. You get soup, a main meal and dessert."
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.

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

- People were asked for their consent before they received any care and treatment. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Mental capacity assessments were completed appropriately.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had undertaken training in meeting the requirements of MCA and DoLS. Where people lacked capacity to make some decisions, assessments had been completed.
- Relatives, advocates and health and social care professionals were consulted and involved in making best interest decisions, as appropriate. For example, about health treatments.

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

- Peoples rooms were personalised with items of furniture or ornaments.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People with mobility difficulties had specialised equipment to help them move around independently. For example, a tilt chair that was easy to get in and out of, and a wheeled walking frame.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Care records reflected important information in relation to each person's dignity and privacy. It was clear from care records and the attitude of staff that there was a focus on providing individual and personalised support.
- Staff were kind and patient with people. They had time to sit with them and actively listen to them.
- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them. A staff member told us, "We have reminiscence session to learn about people's life history. It's really interesting!"
- Where people were unable to communicate their needs and choices, staff understood their individual ways of communicating. Staff observed body language, eye contact and simple language to interpret what people needed.
- People's personal choices, relationships with friends and families were valued and respected. A relative spoken with said their loved ones were well cared for.

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

- People's views were regularly sought through day to day interactions, and through individual care reviews. Staff spent time sitting chatting with people and supported them to make day to day decisions.
- Where possible people were involved in developing their personal care plans. Where it was not possible staff worked with family members to gather the information needed to inform decisions.
- Care staff were observed giving people time to think when staff asked a question, so they had time to process the information and form a reply.
- Where people needed independent support, staff signposted people and their relatives to sources of advice, including advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with respect and their privacy and dignity was protected. Staff knew which aspects of personal care people could manage independently and what they needed staff support with. People had their bedroom doors closed if they chose to and staff told us their relatives were offered private space to visit them.
- Staff promoted people to maintain and develop their independence and do as much for themselves as possible. For example, by contributing to household tasks, such as laying tables.
- People's personal beliefs were known and respected. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. When people became anxious staff were

discreet in supporting them, offering gentle reassurance without drawing unnecessary attention to the person.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At the previous inspection published in October 2016 we rated this area Requires Improvement. This was due to a limited range of activities available to people and people were unable to access the community easily unless supported by staff, relatives or friends.

We found things had improved and it was now rated as Good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff supported people to take part in a broad range of activities. People and staff confirmed outside entertainers visited the service. The service employed a full-time activities coordinator who arranged a wide section of activities. A singer was in attendance during our visit.
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted. For example; details around how a person preferred to spend their time and what their likes and dislikes were. People told us staff were supportive.
- People received personalised care responsive to their needs. Care records were informative and reflected people's individual needs across a range of areas. People's care records were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- People's rooms were personalised with things that were meaningful to them such as family photographs.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.

- Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People's concerns and complaints were listened and responded to. Complaints made were documented, listened to and acted upon. Adjustments were made to improve the service when needed. This showed complaints were taken seriously and used to identify further improvements.

End of life care and support

- The registered manager had spoken sensitively with people about their end of life wishes and supported people who had lost loved ones.
- Where people had expressed any advanced wishes about resuscitation, end of life care or preferred

funeral arrangements they were recorded in their care plan.

- Professionals commented that the service provided very good end of life care for people who required it.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a business plan in place to identify any improvements required because of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.
- People, staff and a relative expressed confidence in the leadership at the home.
- The registered manager, head of staff and all care staff had daily handover meetings, where they discussed how best to support people. Any incidents, accidents or concerns were also reviewed during this meeting.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- Staff and professionals spoke positively about the registered manager. They told us the registered manager was approachable and made themselves available. One staff member said; "The management are always available to help and support."
- The culture of the home was open. Staff were encouraged to raise any concerns in confidence. Where mistakes were made, the registered provider was open and honest with people and families and made improvements.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. Where any issues were identified, action plans were developed to ensure these issues were addressed and resolved.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered manager and staff member worked well together. Their comments included;
- The service had a range of quality monitoring systems in place. For example, health and safety and infection control checks, maintenance records, a communication book and daily checks.
- Staff were required to read policies and procedures, and they were discussed during meetings to ensure they understood what was expected of them.

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

- People were consulted and involved in day to day decisions about the running of the home and about their views of the service. The feedback provided had been used to continuously improve the service. Minutes of meetings showed people had been involved in making decision about proposed changes within the service including decisions about the service's menu and décor.
- Staff said they were encouraged to contribute ideas, raise issues, and reported actions were taken in response issues they had raised.
- The registered provider continually spoke with the staff team about operational issues and staff told us they felt able to discuss any changes and working practices and raise any suggestions.

Working in partnership with others; Continuous learning and improving care

- The provider kept up to date with developments in practice through working with local health and social care professionals.
- The Orders of St. John Care Trust set of policies and procedures designed to supported staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development. One professional commented that the service contacted them promptly for extra support when needed.