The Orders Of St. John Care Trust

OSJCT Watersmead

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

Watersmead care home provides accommodation and personal care for up to 50 older people. At the time of our inspection, 44 people were living in the home. The home was last inspected in February 2015 and was found to be requiring improvements in the effective and responsive domains. At this inspection we found the service had made the required improvements.

This inspection took place on 15 May 2017 and was unannounced. We returned on 16 May 2017 to complete the inspection.

There was a registered manager in post at the service. 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 who use the service and their relatives were positive about the care they received and praised the quality of the staff and management.

People told us they felt safe living in the home. People received their medicines on time and the management of medicines was safe. There were systems in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. People's needs were set out in care plans which they had been involved in developing and people were involved in reviewing their support. Staff followed people's care plans, which helped to ensure people received care in the way they preferred.

Staff were appropriately trained and had the right skills to provide the care people needed. Staff had a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People's views about their care and support was listened to and acted upon. There was an effective complaints procedure in place.

The provider regularly assessed and monitored the quality of care provided at Watersmead. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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.

People told us they felt safe living in the home and relatives agreed.

Medicines were managed safely and people told us they received their medicine on time.

There were sufficient staff available to support people in a timely manner.

Is the service effective?

Good

The service was effective.

People said they enjoyed the variety of food on offer and there was always plenty to eat.

Staff were supported through a process of supervision and training was completed to ensure they were skilled in their role.

There were systems in place to ensure that care and treatment was delivered in line with the Mental Capacity Act 2005.

People told us they felt staff were well trained and good at their job.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring.

We observed positive interactions between people and staff and people spoke highly of staff.

Staff were respectful towards people and ensured that people had privacy when carrying out personal care.

People were supported to practice their faith if they wished to.

Is the service responsive?

Good

The service was responsive.

People received care and support which was individualised and in line with their personal preferences.

People were involved in the planning and review of their care and support.

There was a range of activities people could take part in if they wished.

There was a complaints policy in place and people knew how to raise any concerns they may have.

Is the service well-led?

Good

The service was well led.

There were a range of audits which took place to monitor the quality of the service people received.

People were asked for their opinion about the service, especially for improvements and the registered manager acted upon this.

People told us the home was well run.

The staff felt supported and valued by the provider and the management team.

OSJCT Watersmead

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 15 May 2017 and we completed the inspection on 16 May 2017. The visit undertaken on the 15 May was unannounced and the registered manager was aware of the second visit which took place on the 16 May 2017.

The inspection team consisted of two inspectors and an expert by experience on the first day. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services. The inspection was completed by one inspector on the second day.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with 15 people who use the service and six visitors. In addition we spoke with the registered manager, the deputy manager, regional manager, care staff, housekeeping, the activities co-ordinator and the chef. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for seven people. We also looked at records about the management of the service. We received feedback from a health professional who was involved in people's care.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and relatives agreed. One person told us "I think I am looked after very well really, they are there for me when I need them and I feel very safe here" and "I am safe here, I am very comfortable and I sleep easy." A relative commented "We have no concerns over safety. He is encouraged to use his walking frame and does not go out unattended so is having less falls."

There were systems in place to safeguard people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance.

Medicines were managed and administered safely and people received their medicines on time. People told us they received their medicines when they should do and knew what their medicines were for. Staff had recorded how people should be supported to take their medicines and were in the process of updating their records to include where people preferred to take them. Medicines were stored safely and securely so that only those authorised to do so were able to access them.

A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. Stock levels were checked when new supplies were delivered from the pharmacy and recorded on people's individual MAR charts. Between these times, senior staff checked the stock levels to ensure people received their medicines in line with the GP instructions. Good information was available for staff about the effects of people's medicines and what they were for. This ensured staff could safely manage any changes in people's health that may be linked to a change in their medicines.

During our inspection sufficient numbers of staff were on duty to safely meet the needs of people living in the home. People and staff told us they felt there were enough staff to be able to offer timely support. Staff used a pager system to communicate with each other and to call upon help if required. One person told us "I have my call bell and they usually come quite quickly, never had to wait any longer than ten minutes." The service used a dependency tool to calculate the number of staff hours required and we saw this was updated on a monthly basis and when people's needs changed.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Risks to people's safety were assessed before they came into the service. The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included risk of trips and falls, specialised dietary needs and specific issues around mental health.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager and the regional quality assurance team audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

The communal walkways of the home were free from trip hazards with hand rails to support people if required. Furniture in the home had been sited to enable people ample space to move around and to use any equipment safely, for example a wheelchair or walking frame. Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. The handyman ensured the equipment people used was checked for wear and tear and fit for purpose, this included checks on hoists, wheelchairs and bath hoists. The environment and the premises were safe and had been well maintained.

Good

Is the service effective?

Our findings

At the last comprehensive inspection in February 2015 we identified a lack of understanding around the use of the Mental Capacity Act 2005 (MCA) code of practice in terms of adhering to the code and quality of recording. During this inspection we found that the provider had taken action to improve staff knowledge and how the MCA was implemented. Processes were in place to ensure that where people lacked the capacity to make specific decisions, a capacity assessment alongside the best interest process was followed and where applicable, applications made to the local authority where a deprivation of liberty was necessary. For example, where people were not able to consent to moving into the home, freedom of movement and the use of equipment such as 'sensor mats'.

We found that continued monitoring was required around ensuring that records were consistently completed, for example the best interest decisions in the documentation for two people and the use of a movement sensor and sensor mat were completed by the head of care. These records were comprehensive and evidenced based. However, the sensor mat used for another person did not have a best interest decision to authorise its use and in another care record there was a lack of detail around the rationale for the decision being made. The head of care told us they would ensure the records were checked and updated.

Staff demonstrated a good awareness of Principle Five of the MCA (using the least restrictive option) and this was evident in considerations of less restrictive care practices. For example, free access to the garden and communal areas, going out with family 'at any time', promotion of, along with respect for people's choices. In addition, the use of medicine prescribed to be taken 'as and when' was being given only when necessary and after other less restrictive interventions had been tried without success. Least restrictive interventions included returning at a later time to offer personal care, trying a different carer and checking whether pain affected the person's behaviour.

With regard to treatment and escalation plans, the registered manager told us they were working with the GP practice to ensure the relevant decision maker undertook the capacity assessment and best interest decision for treatment and escalation plans. (Previously known as a 'Do Not Resuscitate' order).

People received a nutritious and balanced diet. The chef was knowledgeable about people's dietary needs including special diets such as those suitable for diabetics, fortified diets and pureed diets including the use of thickeners. The chef liaised with the care team about people's changing dietary needs including where people's weight had changed. Assessments completed by the speech and language team were shared to ensure the chef had the necessary guidance around people's dietary requirements. The chef was in the process of developing the summer menu where seasonal produce was used. On a monthly basis the chef spoke with people about their preferences for the menu and was able to describe to us people's likes and dislikes. In addition, staff would pass on any feedback from people to the chef, for example one person said they 'fancied a prawn cocktail' and this was added to the menu.

People told us they enjoyed the variety of food on offer and stated there was always plenty to eat. The chef

worked with and encouraged people to grow their own vegetables and herbs in the garden. The produce was then used for meals. We saw that meal times were a sociable event and in the evening, staff joined people for the evening meal. Dining tables were laid with tablecloths and napkins, flowers, condiments and a choice of squash or water in bottles for people to help themselves if they wished.

On the dining room wall there was a pictorial menu board with the current day's menu and a written menu on each table. Lunch was a light meal with the main meal being served in the evening. Lunch was sausage and beans with bread and butter or cheese and onion flan with sauté potatoes followed by a choice of desserts from the sweet trolley which included cake, yoghurt and fresh fruit. Families were welcomed to join their loved one for a meal. The family of one person had joined them for lunch which included grandchildren and great grandchildren.

Meal times were protected which meant all other activities stopped and all staff would support during this time. The lunch service started promptly with people sat at tables of four. People who were in their wheelchair were asked if they would like to sit in a dining chair. People were given a visual choice to select their preference and when people had finished their meal, staff asked if they would like any more. Where required, staff supported people to eat their meal and described the food as they assisted. Adaptive cutlery and crockery was used to aid people to eat independently, such as lipped plates to help keep food on the plate and heated plates to keep the food warm which enabled the person to eat at their own pace.

People could choose an alternative if they did not wish to eat what was on the menu for the day, for example one person requested scrambled eggs rather than the menu options for lunch. Snacks and sandwiches were available at any time of the day including a snack tray of chocolate, crisps, cakes and biscuits. Fruit bowls were dotted around the home with ample supplies of drinks such as water and squash. One person told us "The staff are very good. Nothing is too much trouble for them. They will fetch a coffee even if it's not coffee time." A recent addition had been the introduction of a breakfast bar where everything was laid out for people to help themselves when they wanted. The registered manager told us this had been well received.

Staff received the relevant training and support to be able to carry out their role competently and effectively. Staff told us the training they received was good and they were advised when mandatory training needed to be updated. Staff completed training in subjects such as manual handling, infection control, emergency first aid and safeguarding people from abuse. Specialised training was also completed including pressure ulceration care, diabetes and mentor training. Care staff were qualified to level two and three in health and social care and new staff completed the care certificate. Other staff were qualified in their respective areas.

The provider had recently introduced a new system of staff support called 'Trust in Conversations'. This consisted of two six monthly performance development meetings per year with regular one to one conversations with a line manager in between. Each staff member in consultation with their line manager set objectives and expectations for the year. Staff told us they were encouraged to develop professionally and felt the provider was open to supporting staff through promotion opportunities. In the last staff survey, eighty three percent of staff said they would recommend the home as a good place to work.

People felt the staff were well trained and good at their job with one comment of "All of the staff work very well and hard. They are also very helpful and good mannered."

Good

Is the service caring?

Our findings

Written compliments were received by the service. Comments were positive and included "we wish to thank you from the bottom of our hearts for the excellent care you gave to our mum", "thank you for the care and kindness you showed to X, you gave them wonderful care", "you have helped us through a difficult time with your professional and friendly manner" and "thank you for your dedicated care and help and for making us so welcome when we visited".

People told us the staff were kind and caring and visitors were always made welcome. A relative told us "Mum is very happy here. She would tell us if she wasn't as she has the capacity to know and say what she thinks."

The staff we spoke with were respectful in their attitude towards people who used the service and demonstrated that their wellbeing and safety was paramount to them. We observed only caring, attentive, timely and kind responses by all staff towards people. A member of staff told us "I love to talk to people, help make someone's day and every day is different. The staff are all passionate about caring for people". This was a sentiment expressed by other staff.

During our inspection we observed staff maintaining and respecting people's privacy and dignity. Staff knocked on people's doors before entering and gained their consent to enter and consent to undertake their personal care. Staff told us when they supported people with personal care they always made sure the curtains were drawn to ensure the person's privacy and dignity. Staff referred to people by their name and acknowledged people when they entered a room. When communicating with people, staff ensured they were at the same level as the person, for example sitting down to gain eye contact and were mindful to listen and have a conversation at the person's pace.

The recording of the care and support people received was person centred and respectful. It was not only based upon the tasks completed but also about the person, their mood, behaviours and feelings. We saw that if people became upset that staff were quick to sit with them and offer a kind word and emotional support.

We observed that people were talking to and patting a dog. The dog's name was Bailey and he came into work every day with its owner. We saw that people were delighted with Bailey's antics as he trotted along the hallway welcoming pats of affection. People told us Bailey made them smile because of his personality and he lifted everyone's mood.

In November 2016 the home set up the Pyjama Project. This meant that instead of wearing a uniform, the night staff wore night clothes during their shift. Prior to this, staff had started to notice that people were having trouble sleeping and were also having difficulty getting back to sleep, with some experiencing distressful reactions. The project was trialled and people and staff were asked for their opinion about its success. People commented "It helps us know it's night" and "more fun, a uniform is boring." Staff said it made them feel less authoritative, it helped people to feel at home and people liked all the different styled

pyjamas staff wore. The evaluation of this project showed there were fewer reports of people being distressed at night. People were sleeping better and went back to bed if they woke up during the night and the staff team seemed more relaxed.

People looked well cared for and content. People's independence was promoted and it was clear in the care plans, the aspects of their care routine they were able to manage for themselves. People were encouraged to take part in meaningful occupation. For example there were facilities in the kitchenette for people to bake cakes which they did for the coffee mornings. People were free to cook their own meal if they wished and four people planned a menu of chops with fresh vegetables and cooked the meal in the kitchenette. They invited the chef to dine with them. The feedback from the chef was that it was a delicious meal and it had given them a better insight into understanding the different pace which some older people eat at.

One person helped in the dining room laying the tables and did the washing up in the kitchenette. They also enjoyed feeding the dog called Bailey and preferred to do their own laundry using the facilities in the kitchenette. The registered manager told us this person liked to keep busy and they had set up a rota which the person appreciated as it gave their day structure. The registered manager told us they really appreciated this person's contribution and recently presented them with a bouquet of flowers as part of the staff awards.

People's emotional and spiritual needs were met and faith services were held at the home. Some people preferred to go to the church of their choice. Each person had expressed their wishes for their end of life which included the service they would like, if they wished to stay at the home or in hospital and the important people they would like with them. One person told us they had recently lost someone close and the staff had been very sensitive and kind.

The service provided people and families with information about different health conditions, advocacy support and other guidance. In January 2017, a support group for families had been set up. The meeting gave families an opportunity to find out information about their loved ones health condition or for staff to offer support in any other areas. Meetings were held monthly and took place after the coffee morning. The registered manager told us they were monitoring the uptake of this project. Another initiative had been the introduction of the 'Dementia Friends' sessions for volunteers, people and families wishing to take part. Dementia Friends is about learning more about dementia and the ways you can help support people living with dementia, both in the home and in the community.

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. People and their relatives we spoke with confirmed this. In the foyer of the home was a telephone which people could use and there was a steady flow of visitors.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in February 2015 we identified that care records lacked sufficient information and were ambiguous between the assessed needs of people and the delivery of care. During this inspection we found that the standard of the care records had significantly improved. Records were complete, detailed in the care and support required and people received care according to their personal preference.

We reviewed seven care plans and corresponding records. Each care record contained plans on mobility, communication, eating and drinking, continence care, personal care, emotional well-being, tissue viability, activities, resting and sleeping, spiritual and religious beliefs. Care plans had been reviewed monthly and staff encouraged people to take part in the review. All files contained an assessment along with the necessary risk assessments and risk management plans. For example, falls risk assessments, nutritional assessments and tissue viability assessments. Where required, people's care and support was monitored through the use of charts such as, food and fluid intake or ensuring the person was being repositioned regularly to prevent pressure ulceration.

The care plans were detailed and person centred. All contained information on the person's history, important people in their life along with their likes and dislikes. People told us they were offered choices in their daily living, staff knew them well and offered support according to their wishes. For example, their taste and style of clothing, how they liked to spend their time and likes and dislikes around food choices. People told us "Staff are very attentive. I can choose what I wear and if I don't like it I can choose something else" and "I decide the time I get up and the time I go to bed and what I have for breakfast." A relative commented "Mum always looks clean and well dressed and she can choose what she wears, she always looks nice."

The daily notes of the care people had received were detailed and holistic in content. As well as recording the care interventions provided and the person's care needs, they described the person's mood and behaviours which enabled staff to monitor people's emotional well-being. Care plans evidenced a spirit of enquiry and a willingness to understand the person's condition. For example, in the care documentation for one person there was a document to guide staff on how to act effectively when the person had a 'distress reaction'.

People had access to various health provisions such as GP consultations, dental care, podiatry, visits to the optician and support to attend hospital appointments. The care plans showed that advice had been sought from other agencies where necessary. For example, speech and language team involvement jointly working with the safeguarding and community nursing teams. A health care professional told us that staff always followed any guidance or advise they had given and felt people were well looked after.

A range of activities were on offer seven days a week. There were two activities co-ordinators and the service was in the process of recruiting more volunteers to support with activities. Some volunteers were family members of people who live in the home. The activity co-ordinator told us they would spend time with new people who moved into the home getting to know the person and their interests. Where they were able to,

they would source resources and materials for people to maintain a hobby or take up a new one, for example stamp collecting and gardening.

One person who enjoyed completing jigsaws told us "we have two folders for jigsaws so they can be put away in between working on them. This is the bigger one, but I take the jigsaw box back to my room in between so nothing gets lost from it". There was also a choice of board games people could play which we saw during the visit people were enjoying.

On a daily basis, the activity co-ordinator and care staff visited people in their room and asked if they would like to take part in the activities for that day. The activity boards in the hallways displayed various posters of proposed activities with signatures of individuals who would like to attend. The most popular were Wincanton Races, Clarkes shopping village at Street and the Garden centres. In the planning stages was a trip on a canal barge, a visit to the local steam railway and a visit to the seaside by train.

The activities co-ordinator told us if there was a lot of interest in a particular event they would arrange additional days to accommodate this. However, they had to be mindful of how long the trips were and the safety of the environment. An assessment of risk was always carried out prior to people going out on a trip. For example they were looking at a trip to the Somerset Railway and would be visiting it to carry out a risk assessment. They told us they tried to find different types of activities people may be interested in, such as wheelchair ice-skating which some people had already signed up for, Ten-pin bowling and a day out to watch the horse racing. There were different groups people could attend such as the men's group, the ladies get together and music therapy. One person was attending a local Bridge group and was going to help to set up a group in the home as people and staff had expressed an interest in playing or in learning Bridge.

On a regular basis music groups were invited into the home, for example 'The Land Girls' who sing music from earlier era's and perform pantomime. The activity co-ordinator told us "people like live music; particularly the older style and we are looking to arrange a tea dance which I know people will love".

At the time of our visit there were 15 people who choose to stay in their room. A relative told us "Mum comes out for meals and has it with the others, but otherwise she chooses to stay in her own room". People told us they were happy to watch their television, listen to the radio, have visitors or read. They were informed of any events and activities and were asked if they wished to participate. The activity co-ordinators visited people in their room to chat, to read or take part in a one to one activity, however the timetable only allowed a weekly visit and this was why there was a recruitment drive for more volunteers. The registered manager was mindful of people becoming socially isolated and risk assessments were in place. In addition, staff visited people on an hourly basis for a comfort check and to monitor their well-being.

A complaints policy and procedure was available and a copy was displayed in the foyer of the home. Where a complaint it was dealt with in line with the policy. One person said they had raised a concern and this had been dealt with to their satisfaction. People told us they raised any issues with staff or the registered manager who was always available to listen.

Good

Is the service well-led?

Our findings

The service was well managed. People and relatives told us all of the staff were approachable and felt the service was open, transparent and the registered manager's door was always open. People were asked for their views about the service and in the last resident survey of December 2016, people commented about the caring nature of the staff with one person stating "I don't think the home can make it much better." During our conversation with people they expressed their satisfaction with living in the home and the way the home was run.

People were asked for their views individually and through a 'Resident's meeting'. For example about the activities, menu's and other suggestions for improvement. One person had stated they wanted to be able to go outside when the weather was warmer but wanted more shade. In response, the registered manager had purchased a large gazebo for people to sit in the shade. People had chosen the colour of new furniture for one of the communal lounges. The colour chosen was orange to reflect the colour of the fish in the pond which people looked out onto.

Likewise, the staff praised the management team for the support they were given and their experience of working in the home. Comments included "I enjoy my work; I wouldn't be here if I didn't. I get a great sense of achievement and purpose from my work", "the manager is very supportive, they listen and we are always thanked for our contribution we make to the home", "this is a really good team, we all support each other" and "the home are good at progressing and developing staff, you never get thrown in at the deep end, there is always support."

Staff said they felt valued by people and the management team and told us "the manager appreciates what we do, always tells us we are doing a good job" and "we get thanked at the end of our shift. If we need to talk to the manager, anything we say is kept confidential". The registered manager had put forward the chef for the provider regional awards and had won the 'Chef of the year Great Britain Care award for the South West'.

There were distinct lines of accountability in the leadership of the home and staff were clear about their role and responsibilities. During staff meetings information and guidance was shared and as well as best practice. Handover meetings took place between staff shifts and demonstrated an individualised approach to people's care and support needs. For example at each handover, staff read through a care plan and staff were encouraged to add any information or note changes in the care that was required.

There was a system of quality assurance in place through a process of auditing. An overview of the audits completed either weekly, monthly or quarterly were in place and the outcome of the audits were monitored by the provider quality assurance team. Audits were in place to review the standards for infection control, medicines management, recording within care plans and for care such as maintaining a healthy weight, falls and pressure ulceration. Staff training and personal development was also monitored to ensure compliance with the provider expectations. A recent compliance visit by the quality assurance team rated the home as reaching 94 percent towards the expected targets. Where shortfalls had been identified such as in medicines

during 2016, an action plan was in place to address these.

Future plans for the home included supporting people to undertake some of the audits carried out in the home. To work towards the Gold Framework for End of Life Care. To develop a children's play area in the outside space for people's families when visiting. In addition, to engage further with local community groups to increase opportunities for community participation and to further develop the garden courtyard area with people.

The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. The information we held on our systems confirmed the manager submitted notifications for significant events as required.