Orders of St John Care Trust

OSJCT Westgate House

Inspection report

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Ratings

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

Overall summary

We visited Westgate house on 25 February 2015. It was an unannounced inspection. We previously inspected the service on 26 August 2014. The service was meeting the requirements of the regulations at that time.

The service provides accommodation for up to 61 people and is divided into three units called Kingfisher, Skylark and Nightingale. Each unit is designed to meet the needs of people living with dementia, people who require nursing care and people who have personal care requirements.

Prior to this inspection we had received some concerns about how people's medicine was administered, the staffing levels on Kingfisher unit and the cleanliness of the home.

Medicines on Kingfisher unit were sometimes left with people without staff making sure they had been taken. This did not follow the homes policy on the safe administration of medicines.

Although people's needs were met on the Kingfisher unit, staff were busy and had their breaks interrupted to answer call bells. They were not always available in

Summary of findings

communal areas to support people. The manager had identified more staff were needed on this unit and had made a business case to the provider to increase staffing levels.

The home was clean and tidy and staff followed best practice in infection control but had not all attended update training in infection control.

There were plans to keep people safe in the event of an emergency. However, some staff had not attended fire extinguisher or fire evacuation refresher training in line with the providers training schedule.

People liked living at the home. They told us they felt safe and staff were kind and caring.

People were cared for in a respectful way. People were supported to maintain their health and were referred for specialist advice as required. People were involved in their care planning. They were provided with person-centred care which encouraged choice and independence. Staff knew people well, understood their individual preferences.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable. People who had lost weight had a plan in place to manage their weight loss and were referred for specialist advice.

People felt supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people and benefitted from regular supervision, team meetings and training in areas such as dementia awareness.

People told us they enjoyed the many and varied activities. People who were living with dementia benefitted from an interesting and stimulating environment.

The home had a registered manager in place. 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, relatives and staff were complimentary about the registered manager and the management team. The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns and these would be dealt with promptly.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Staff sometimes left medicines for people to take without checking they had done so. Some staff required update training in fire extinguisher, fire evacuation and infection control.

People told us they felt safe. Staff were knowledgeable about the procedures in place to recognise and respond to abuse.

Requires Improvement

Is the service effective?

The service was effective. Staff received the support they needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met

Good

Is the service caring?

The service was caring. People spoke highly of the staff. People were cared for in a kind, caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

People had expressed their end of life wishes and this had been recorded.

Good

Is the service responsive?

The service was responsive to people's needs. People were involved in the planning of their care. Care records contained detailed information about people's health and social care needs.

People were supported to lead active lives. There was a choice of activities and regular entertainment on offer.

Good

Is the service well-led?

People benefited from a service that was well led. There was a positive and open culture where people, relatives and staff felt able to raise any concerns they had. The registered manager sought people's views to improve the quality of the service.

The quality of the service was regularly reviewed. The manager took action to improve the service where shortfalls had been identified. Staff felt supported and motivated to improve the service they delivered to people.

Good

OSJCT Westgate House

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 checked whether the provider was 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 the 25 February 2015. It was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider sent us 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. We also reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We also received feedback from two health or social care professionals who regularly visit people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with 21 people and 11 of their relatives. 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 also spoke with the registered manager, the deputy manager, the activities coordinator, eight care staff, two ancillary staff, and the chef.

We looked at records, which included 11 people's care records, the topical cream administration charts for eight people, the medication administration records (MAR) for 39 people and seven staff files. We also looked at records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Before the inspection we had received concerns about the way people's medicine was administered. We observed the medicine administration round on all three units. On Kingfisher unit the homes policy on the administration of medicines was not always followed. The member of staff administering the medicines had left three peoples medicine with them but had signed the medicine administration record (MAR) to show the medicine had been taken. Another staff member told us they had "found a lady with two tablets" she had not taken during the morning of the inspection. They told us they had done medication training and encouraged the person to take the tablets. This was not a safe way ensure this person took their medicine.

On nightingale unit records in relation to the application of topical creams were not always signed to show people had received their topical creams. This meant staff could not demonstrate people were receiving their creams in line with their prescription.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

The service had plans in place to keep people safe during an emergency. A 'grab folder' was kept that contained important information about people and their mobility needs as well as an emergency evacuation plan for use in the event of a fire. However, 26 staff had not attended annual fire evacuation training and 50 staff had not attended annual fire extinguisher training in line with the providers schedule of training.

Before the inspection we had received concerns that there were not enough staff on Kingfisher unit. There were 18 people living on Kingfisher unit and we were told that six people required two staff to support them with their personal care. The staffing levels on Kingfisher unit were two care staff plus a care leader who 'floated' between Kingfisher and another residential care unit. The care leader was responsible for medicine administration and liaising with any visiting health professionals so was not always available to assist people with personal care. People on Kingfisher did not raise concerns about staffing levels. Although people's needs were attended to promptly, staff appeared busy and were not always available in communal areas to support people. A member of staff told us "It's very difficult when there are only two of you." Staff also told us that their morning break was interrupted because they needed to respond to people's call bells. We discussed this with the registered manager who told us they had recently completed a review of the dependency levels of people on this unit and had put a case to the provider for authorisation to increase staffing levels. There were enough staff to meet the needs of people on Nightingale and Skylark units.

Before the inspection we had received concerns about the cleanliness of the home. During this inspection we checked to make sure people were protected by the prevention and control of infection. According to the homes training matrix 46 staff had not received their 2 yearly update training in infection control, however staff demonstrated appropriate infection control practices. Effective measures were in place to ensure the home was clean. Communal areas were clean and tidy and there was a program in place to replace some of the carpets in people's rooms. Staff followed Department of Health guidance for storage and use of cleaning materials. The service had adequate stocks of personal protective equipment for staff to use to prevent the spread of infection and these were used in line with the services policy on infection control.

Equipment used to support people's care, for example, hoists, stand aids and specialised baths were clean, stored appropriately and had been properly maintained. The registered manager kept a range of records which demonstrated equipment was serviced and maintained in line with nationally recommended schedules.

People told us they felt safe. Comments included, "I'm never afraid here. I can ask for anything and they never say no and always help" and "If we ever need help they are always close by." A relative told us, "I feel confident that Mum is being cared for, and yes, I feel that Mum is safe here". People had call bells in reach and these were answered promptly. Some people were unable to use a call bell. Staff had identified the risks associated with not having a call bell, for each person, and there was a plan in place for managing those risks.

Care and ancillary staff had good knowledge of the provider's whistleblowing and safeguarding procedures and were also able to show us the local authority

Requires Improvement

Is the service safe?

safeguarding procedures that were displayed around the service. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

People had risk assessments in a range of areas such as bed rails, falls, pressure ulcers and moving and handling. Ways of reducing the risks to people had been documented. Where advice and guidance from other professionals had been sought this was incorporated in the care plan. Staff were aware of the risks to people and used the risk assessments to inform care delivery.

Good

Is the service effective?

Our findings

People were supported by staff that were knowledgeable about the care they required. People told us staff "know what they are doing". Staff were motivated to develop their skills further and spoke positively about the training available to them. One member of staff told us, "I've just completed some more dementia training. It really opens your eyes, and makes you think about the person, and what they were like before they had dementia".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they received an annual appraisal and had regular one to one supervision where they could discuss the needs of people in the home and any training and development they might wish to follow.

People had enough to eat and drink. People's opinion of the food served in the home was positive. Comments included, "the food is good" and "the food is a bit basic but very nice and the meat is always very tender". People were given a choice of what to eat and were shown a plated meal or picture to make their choice. Meals were attractively presented. Mealtimes were a sociable event and people who needed assistance to eat were supported in a respectful manner. People told us they were offered regular drinks and snacks. One person said "It seems like they are round every 10 minutes or so". Staff regularly visited people in their rooms and encouraged them to drink. Where some people had lost weight there was a plan in place to manage the weight loss, the people had been reviewed by the GP and referred for specialist advice if required.

People had regular access to other healthcare professionals such as, chiropodists, opticians and dentists.

People were referred for other specialist advice for example, from the speech and language therapist (SALT) if they were thought to be at risk of choking, or the district nurse for wound care. We saw evidence specialist advice was followed. Professionals told us they were notified of people's changing needs. Details of any professional visits were documented in each person's care record, with information on outcomes and changes to treatment if needed.

People who were living with dementia benefitted from an interesting and stimulating environment. People were able to walk freely around the home. There were several sitting rooms and themed areas, which gave people a choice of where to spend their time. There were familiar domestic and tactile objects throughout the communal areas and these were well used. We were told that people could access the garden from the Skylark unit however the door to the garden remained locked throughout the inspection.

Staff understood their responsibilities under the Mental Capacity Act 2005. Staff had followed good practice guidance by carrying out, and recording, best interest decision making processes. For example, Staff told us about one person who they had arranged a 'best Interest' meeting for when they had experienced challenges with providing care for this person. Advice, input and guidance was also sought from the local mental health team and specialist nurse in dementia care.

The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people we found these had been legally authorised and people were supported in the least restrictive way.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and living at the service. Comments from people included, “I just love it here”, “I have been here quite a while and it’s nice and cosy and they look after me very well”, “We are very comfortable and like it here. They are very good, I don’t think we could get a better place” and “Staff can’t do enough for you, they are beyond caring, they are excellent”. Comments from relatives included, “we have experienced some places for other relatives and this one is the tops” and “they have been very kind to her. We were so impressed to start with and we are still very impressed with the care”.

Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. There was a warm friendly atmosphere and staff knew people well. For example, one member of staff sat with one person whilst they were both having a hot drink. They were chatting about the person’s background, and where they used to live. Conversations were pitched appropriately for the individual and ranged from the more serious through to light- hearted banter. One person said, “we have a real laugh”. Where people found it difficult to communicate verbally staff used other methods such as body language and facial expressions to help people make choices about their care. A relative told us, “They have gone out of their way to learn her “signals” and to accommodate her needs”.

Staff followed good practice guidance when communicating with people who were living with dementia. For example, one person became anxious and asked repeatedly “What’s happening today?” Staff responded each time, used successful distraction techniques and reassured the person with a gentle touch and a smile. Staff were patient and gave people time to express their feelings and wishes.

People were supported in their daily routines at their own pace. People were encouraged to be independent and do as much for themselves as possible. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. Where needed people were assisted with personal care discretely and in ways which upheld and promoted their privacy and dignity.

People were supported to make choices and decisions about how they wished to be cared for. Staff were knowledgeable about how people preferred to be supported. For example, if people preferred a female or male member of staff to support them with personal care. A relative told us, “She reacts badly to men and so the Home doesn’t have any male carers look after her”. People had been involved in decisions about what information could be shared with relatives to ensure they were kept informed of any changes to people’s health. Relatives confirmed that they were told of any concerns promptly. People told us their relatives and friends were able to visit whenever they wanted and that staff were welcoming and friendly.

People were involved in decisions about their end of life care. Advanced care plans were in place and these informed staff of the person's preferred place of death. We met the relatives of two people who had recently passed away. They had returned to the home to thank the staff for the care they had given their relative. They told us, “Staff were so good, care was exemplary and we’ve had a lot of support from the staff” and “It was lovely. We couldn’t suggest any improvements. We are so thankful and grateful”.

Good

Is the service responsive?

Our findings

Before people came to live at the home their needs had been assessed to ensure that that they could be met. People and their families confirmed they were involved in the planning and review of their care. One relative spoken told us, “I’ve been invited to the care review”.

People's Care records contained detailed information about people’s health and social care needs. They reflected how each person wished to receive their care and support and gave guidance to staff on how best to support people. Care plans and risk assessments were regularly reviewed to respond to people’s changing needs. Other records that supported the delivery of care were maintained. For example, monitoring charts to record how people's position was being changed to reduce the risk of pressure ulcer development. These were up to date and there was a clear record of the staff input and care being carried out.

Some people had been involved in creating an ‘All about me’ document and this was displayed in their bedroom. This provided information to staff about people’s history, likes, dislikes, family and interests and enabled staff to plan and deliver personalised care.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. One person told us they “liked to go into town for clubs and groups”. People told us they had enjoyed shopping trips, outings to garden centres for afternoon tea and visits to the local pub. A relative told us their father had “loved the trips out and so always went on the outings”. The local Vicar and church choir visited monthly to conduct a service and visited people in their rooms if they were unable to attend the service. The church choir attended dressed in robes so there was both a sound and visual impact for people. Students from the local school sometimes visited to sit and read books, papers and Sunday magazines to residents who were cared for in bed. People told us they enjoyed the many other activities on offer such as one to one sessions with the activity coordinator, arts and crafts, baking sessions and board games.

People knew how to make a complaint and the provider had a complaints policy in place. Comments from people included, “I’m very happy with the way things are but if I do see anything I mention it to the manager and they take it on or explain what the situation is”, “If I was asked about complaints I would have to say none” and “I mentioned this [a concern] and it was sorted out straightaway.”. Any concerns received about the quality of care were investigated thoroughly and recorded. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring.

Comment cards were available throughout the home to encourage relatives and friends to provide feedback about the quality of the service. Feedback was sought from people about any proposed changes to service delivery. For example the provider had proposed a change in the main meal time from lunchtime to the evening. The majority of people had expressed a preference to keep the main lunchtime meal at lunchtime so the timings remained the same.

Is the service well-led?

Our findings

The service was well led by a registered manager and team of senior support workers and nurses. The registered manager and deputy manager had been in post for a number of years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

The registered manager ensured that staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. A daily meeting took place for unit leaders where important information such as safety alerts relating to medicines or equipment were discussed as well as any concerns or important information relating to people's care.

People and relatives were complimentary about the management team and told us the manager was frequently visible in the units and often stopped to chat with them and check all was well. Visiting health professionals told us they had a good relationship with registered manager and Head of Care. They felt the home provided a good quality service and communicated well with them.

Staff spoke positively about the team and the leadership. They described the registered manager and other senior staff as being supportive and approachable. Staff described a culture that was open with good communication systems in place. Staff were confident that the management team and organisation would support them if they used the whistleblowing policy. Appropriate action had been taken by the registered manager to deal with concerns raised about staff performance and where necessary disciplinary action had been taken.

There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. Where any shortfalls had been identified there was an action plan in place to address them. For example, an audit of the completion of food and fluid charts had identified that a person's target fluid intake had not been identified and recorded on the chart. Charts viewed on the day of the inspection showed a target fluid intake recorded.

During the inspection we had identified gaps in staff training. When we discussed this with the registered manager they told us they had identified the need for a more robust system for arranging training and alerting staff when their refresher training was due and so had identified a member of staff to take over the role of training coordinator. The training coordinator showed us evidence that training dates had been booked to ensure that staff were able to attend outstanding training by the end of April 2015.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked by the registered manager to identify any trends or what changes might be required to make improvements for people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. Care and welfare.** **The registered person did not take proper steps to ensure people always received their medicines in a safe way.**