The Orders Of St. John Care Trust

OSJCT Digby Court

Inspection report

Christopher's Lane
Bourne
Lincolnshire
PE10 9AZ

Tel: 01778422035
Website: www.osjct.co.uk

Date of inspection visit:
11 July 2017
12 July 2017

Date of publication:
17 October 2017

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 12 July 2017 and was unannounced.

The home provides residential care for up to 36 people some of whom may be living with dementia.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At the last inspection the home was rated as good.
At this inspection the home is still rated as requires improvement.

The provider had calculated the staffing levels needed to provide safe care to people. However, staff sickness meant that occasionally people did not receive their care in a timely fashion. The provider had systems in place to check if the staff they employed were safe to work at the home. They were in the process of improving these systems to ensure they collected a full work history when people applied to work at the home. Staff received appropriate training but assessments of skills were not always completed in a timely fashion. In addition, supervision meetings with staff had not been held on a regular basis.

Risks to people were identified and care was planned to keep people safe. However, incomplete admission assessments meant that people could not always be sure that all risks were immediately identified. People's ability to eat safely was assessed and when needed modified textured food and supportive equipment was available. Medicines were safely stored and administered and accurate records were kept.

Audits were in place to monitor the quality of care provided and they were effective at identifying concerns. However, the improvements needed were not sustained and so similar concerns were reoccurring.

People's ability to make decisions were evaluated and where needed people had been appropriately referred to have a Deprivation of Liberty Safeguards assessment. People were supported to make choices about their everyday lives and were offered choices with their meals and drinks.

Staff knew how to support people's dignity and their independence was encouraged. Where people had special communication needs these were identified and staff knew how to maximise their communication abilities.

Care plans accurately reflected people's needs and staff knew how to support people in line with the information supported in their care plan. However, care was not always recorded in people's daily records or their monitoring charts. People were supported to access healthcare professionals when needed.

People had their views of the home gathered and the registered manager used this to improve the quality of care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had identified the staffing levels needed to provide safe care. However, at times staffing fell below these levels due to sickness which impacted on the care people received.

Most risks to people were identified and care was planned to keep people safe. However, incomplete admission assessments meant risks were not always identified in a timely fashion.

Medicines were safely stored and administered.

Staff had received training in how to keep people safe from abuse.

Is the service effective?

Good

The service was not consistently effective.

Staff had received appropriate training.

People's abilities to make decisions about their care and where they lived were assessed.

People were supported to receive support from healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

People's privacy and dignity were respected.

People's individual communication needs were supported and the care provided supported people's independence.

Is the service responsive?

Good

The service was responsive.

The care provided met people's needs and was accurately reflected in their care plans.

Activities were provided which supported people to remain active and engaged in their community.

Complaints were investigated in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were audits in place to monitor the quality of care provided. However, actions taken to resolve issues were not always effective.

People's views on the home were gathered and used to improve the quality of care they received.

OSJCT Digby Court

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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 11and 12 July 2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with seven people who lived at the home and three relatives and spent time observing care. We spoke with a senior care worker, a care worker, the activities coordinator, the registered manager and the area manager.

We looked at four care plans and other records which recorded the care people received. In addition, we examined records relating to how the home was run including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

Staffing levels were set by the provider for the home dependant on the number of people living at the home and the average care needs of the people. In addition, the registered manager had a staffing tool in place which included information on the actual amount of support people needed to calculate how many staff were needed. The registered manager explained that they had some ability to flex the staffing levels to support people's needs.

Most people we spoke with were happy with response times to call bells realising that sometimes they may have to wait as staff were busy assisting other people. However, on the day of our inspection the home had been one member of staff short due to sickness and this had affected their ability to get everyone up. Staff were late in assisting some people to get up. We saw one person was assisted to the dining room for breakfast at 10:55 and another person at 11:10am. A member of staff told us that they prioritised those people who were unable to manage their care independently. Staff also told us while they tried to cover absences it was not always possible and there was no use of agency staff within the home.

The provider had systems in place to ensure they checked if staff had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. However, we saw that people's previous employment had not been fully investigated. The area manager told us that this had been identified as an issue within the organisation and action was taking place to resolve the issue. The disclosure and baring checks which identify if people have any criminal convictions had been completed to ensure that staff were safe to work with people who live at the home.

Most risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate pressure reliving equipment was in place to reduce the risk of ulcers. The equipment people needed to be supported to move safely around the home was recorded in their care plan. For example, one person needed a hoist to be moved and their care plans identified which type and size of sling they would be safe using.

However, one person's preadmission assessment had not been fully completed when they first moved into the home. This meant that the person's needs were not fully assessed and that staff could not be sure that all of the risks to their health had been identified. Records showed that the health of the skin on their pressure areas declined in the month from their admission. Once the risk to this person had been identified appropriate equipment was ordered and regular repositioning put in place to keep them safe from further pressure damage.

In addition staff had not consistently recorded care. An example of this was one person who was meant to be repositioned every two hours to prevent them getting pressure ulcers. Their turn chart showed that there were 20 occasions in the last month when there were periods of four hours or more between repositioning. Most of these occurred in the evening. The registered manager reassured us that the person would have

been repositioned as they would have moved from their chair in the lounge to the dining table and then assisted to their bedroom.

Accidents and incidents were recorded and appropriate action had been taken. For example, where people had fallen their needs were reviewed and any equipment needed to keep them safe was organised.

We saw that staff supported people to take their medicines in a calm and gentle manner. The member of staff stayed with people while they took their medicines and encouraged people to have a drink and swallow their medicines. People told us that medicines were given on time. One person told us, "I get my tablets on time. I'm never rushed to take them." A relative said, "They make sure that tablets are taken properly." Although no one at the home was supported to manage their own medicines at the time of our inspection this option was discussed with people on admission.

Medicines were stored and administered safely. Medicine administration record (MAR) charts had people's pictures to assist in the safe administration of medicines and people's allergies were also recorded. Where people had medicines prescribed to be taken as required such as pain killers, there was information available to staff about how and when these medicines should be administered. MAR charts had been fully completed to show when people took their medicines. Most of the MAR had been printed by the organisation which dispensed the medicines. However, for some medicines such as such as short courses of antibiotics the entry was handwritten. These had not been double signed to show that the entry had been checked and there were no mistakes made in transcribing the information.

People told us they felt safe living at the home. One person told us, "I'm safe and looked after. I've no complaints with any of them." A relative told us, "She is looked after well and is safe." The entrance to the home was secured and entrance or exit was not possible without the knowledge of a member of staff. The enclosed rear garden was accessed via alarmed doors so staff were aware of when people were using the garden.

Staff had received training in keeping people safe from abuse. They understood the different types of abuse and that people may respond in a variety of ways. They told us that they would raise concerns with the registered manager. In addition, staff knew they could raise concerns directly with the head office or with the local safeguarding authority. There was a whistle blowing policy in place. This was a policy which tells staff how they can raise concerns with the provider and be confident that they will not be discriminated against for raising concerns.

Good

Is the service effective?

Our findings

New staff received a structured induction to the home. This took place over four days and consisted of computer based training around the knowledge needed to provide safe care and some practical training regarding the use of equipment in the home. Following the four days new staff shadowed a more experienced staff for a least six shifts to learn about people's care. If needed they were able to complete more shadow shifts until they felt competent to provide safe care. All new staff were supported to complete the care certificate. This is a set of national standards which cover the skill staff need to provide safe care.

Staff also received regular refresher training. There was a training matrix in place which recorded when people had last received training in each subject and when their next training was due. Staff were sent reminders of the training and if they failed to attend the training after two reminders had been sent out they were removed from the rota until the training had been completed.

The registered manager told us that the organisation had reviewed the way they supported staff to improve the level of care provided. However, records showed that supervision meetings had not been held every other month with staff in line with the provider's policy. The registered manager told us they were aware that supervisions were behind and plans were in place to ensure staff received more regular support.

People told us they were happy with the food offered. One person told us, "I've no complaints, the food is very good." Another person said, "The food is freshly prepared, they look after us." A relative who was able to take meals at the home with their family member commented, "It's always good and tasty." Care plans accurately recorded people's needs around their food. This included the support they needed and any modification to their diet such as mashable or pureed food.

Where people needed support to eat staff did this in a gentle manner and did not rush the person. Staff always checked if the person was happy with the food and if they had enough to eat. People were given the adaptive equipment they needed at mealtimes in order to eat independently. For example, one person was given a plate guard to enable them to eat their lunch independently.

Care plans recorded where people may be at risk of being unable to maintain a healthy weight along with actions the staff needed to take. In addition, they identified the risks when people were unable to maintain a healthy weight. For example, one person's care plan recorded that they would say that they did not want any food, but that if you left a plate with them they would often eat some of it. Their care plans noted that they needed to be encouraged to follow a healthy diet as they were at risk of pressure sores and this would help their skin to stay healthy. The registered manager monitored people's weights on a monthly basis and took action when people were unable to maintain a healthy weight.

People were offered hot and cold drinks at regular intervals during the day and drinks were also available for people to help themselves to if they wanted. Where concerns were identified that people may not be drinking enough to stay well a fluid chart was kept to monitor their fluid intake. If needed changes in their care were made to provide more support around drinking.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had identified that four people living at the home may not have been able to make the decision about where they lived. The registered manager had completed applications for them to be assessed under the DoLS.

Where people were able to make decisions we saw they had been supported to do so and their decisions had been respected. Where people may not have been able to make certain decisions we saw that their ability to understand the information was assessed. If people were not able to make a decision family, staff and healthcare professionals had been involved in making a decision in their best interest. Where care was needed that may place a restraint on people's ability to move freely around the home their consent had been obtained for this care. For example, where people needed bed rails in place to keep them safe.

People were supported to access healthcare professionals when needed. One person told us, "If I need a doctor they arrange one for me without any delay." Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Good

Is the service caring?

Our findings

All the people living at the home and their visiting friends and relatives were consistent with their good opinions of Digby Court. They considered the home to be safe, caring and a good place to be. Staff addressed people by their first names and there was an atmosphere of calmness about the home. It was clear that there was a good rapport between people living at the home, relatives and staff. One person told us, "It's like a family." Another person said, "They really are very caring." A third person commented, "They take me into town when I want."

People's privacy and dignity were respected. We saw that staff respected people's privacy and knocked on doors and waited for a response before entering. Where one person had continence issues their room had been fitted with laminate flooring this helped staff to manage infection control and odour issues and supported the person to maintain their dignity. At mealtimes tables were set nicely with condiments and serviettes and there was a gravy boat on the tables for people to help themselves.

People were supported to make choices about their everyday lives. For example, at lunch time both meals options were plated up and shown to people so that they could make a choice about what they wanted to eat. This supported people with memory problems to make an informed choice as they may not have been able to understand a verbal description of the food. Where people chose to take their meals in their room, staff visited them during the morning to offer them the daily dining option.

People were supported to retain their independence. We saw that one person had a straw in their drink. This enabled them to have a drink without relying on a member of staff to support them. In addition, a relative told us how staff arranged for a person to have a two handled mug so that they could carry on drinking independently.

People's ability to communicate their needs was recorded. For example, one care plan recorded that the person was able to use their call bell. Where people had limits to their communication such as poor eyesight or hearing this was recorded. One person was deaf and used a sign language to communicate. We saw that the administrator of the home was able to sign with this person and we saw that this made them happy as they were smiling at the administrator. Their care plan recorded that the person could lip read and we saw that other staff got their attention and stood in front of them when they offered care and support, so that the person could clearly see their lips.

Some people who were living with dementia had an all about me document completed. This was a form which records their life history and would useful to help staff provide appropriate activities or to understand people's behaviours.

Information about people's care needs were safely stored in the staff office. This included the daily records kept about the care people received. People could be confident that their personal information was kept confidential and was only accessible to people who needed to see it.

Good

Is the service responsive?

Our findings

People living at the home all told us that they were happy there. One person told us, "I absolutely love it here." Another person said, "I couldn't wish for a better place." A relative told us, "I can't fault anything, the staff are so friendly."

People's needs were assessed before they moved in to the home. This allowed the registered manager and other staff to review their care needs and make a decision about if those needs were able to be met at OSJCT Digby Court. However, we found one person whose assessment had not been completed and we raised this with the registered manager.The home had four beds which were used by the local NHS. These were for people when they needed extra support for a short period do that they could then continue to live independently in their own homes. Information for these people was faxed through and NHS staff visited them at the home on most days. The home had a strict 7pm cut off for new admissions to the home. This was because they were unable to allocate staff to support new admission to the home after this period without impacting on the care people at the home received.

People's care plans accurately reflected their care needs. Staff were able to tell us about the care they provided to people and this reflected the care recorded in the care plans. Following the initial assessment people were supported with reviews of their care on an annual basis or earlier if needed. If people wanted their family members were included in these reviews. This ensured people were fully involved in planning their care.

The provider had an admiral nurse who visited the homes to support staff and the registered manager when needed. An admiral nurse specialises in providing care for people living with dementia. We saw that the admiral nurse contacted the GP if they had concerns about people's medicines and that the GP was responsive to these concerns. As a result people's medicines were changed and this supported people to maintain their wellbeing. People's emotional health was also considered and any support needed was recorded in their care plan. For example, one person's record showed that they were depressed and needed lots of support to take part in activities which they would enjoy.

Daily notes of people's care had not been consistently completed. In all the care plans we looked at there were gaps in the records of the care that people received. For example, for one person there was no record in the daily notes for 2 and 3 July 2017. The registered manager told us they would address the need to consistently record the care given with staff.

People told us they were supported with activities. One person told us, "I enjoy activities when I want." The activities co-ordinator worked from 10 am until 3pm Monday to Friday and also did some evening activities. There was a planned four week rota for activities advertised on the notice board. However, if people did not choose to join in the planned activity then alternatives were offered. For example, on the day we visited the weather prevented the afternoon's gardening session so a fun quiz was arranged in its place. It was clear from the amount of laughter that people were having a good time.

We saw that the environment supported people to be active. There was a secure garden at the home which could be accessed through the dining room and living room. There was also a proper hairdressing room so that people who had their hair done in the home could enjoy the experience and pampering like they would if they visited a separate beauty salon.

In addition to the weekly plan, there were events that encouraged the local community to visit the home such as coffee mornings, an open day and summer fete. There were also external entertainers bought in for singing and exercise sessions. People were also supported to attend family occasions. One person was looking forward to going to a family wedding. The registered manager told us how they were accompanying this person so that their care needs were supported throughout the day. This meant that they and their family would be able to relax and enjoy the occasion.

The home had a cat which belonged to one of the people living at the home. We saw that lots of the other people enjoyed the company and attention of the cat and it supported their wellbeing. In addition, there was also a budgerigar which the home inherited from a person. We saw one person spend their time sitting near the bird. The registered manager explained how this person had birds when they were younger and helped to look after the one in the home.

The information given to people when they first moved into the home and the statement of purpose included advice on how to complain. We saw there was a notice telling people how to complain in the main entrance. However, people we spoke with were happy with the care they received. One person told us, "I've never needed to complain about anything." The registered manager told us that their door was always open and that people were welcome to raise formal and informal complaints at any time. Records showed that complaints had been dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

The home had a nice calm feeling and the registered manager was visible and accessible with an office just off the main reception area. People living at the home and their relatives all knew the registered manager and told us that they were approachable.

There were a number of quality audits in the home which were pulled together into a weekly report. For example, accident and incident were all logged on to computer systems. The weekly report allowed the registered manager and the area manager to monitor the quality of care in the home and to compare with other homes in the group. This allowed the provider to identify homes which needed extra support and to share areas of best practice. Records showed that safeguarding concerns had been properly investigated and that learning was identified so that action could be taken to stop similar incidents in the future.

Staff told us and records showed that meetings were in place with staff to support the management of the home. Records showed the registered manager had discussed issues such as attendance levels and uniform policy and other concerns where action was needed. This meant staff should have been clear on what was expected of them in their role.

However, we found that action to rectify concerns was not sustained and some of the learning in relation to record keeping had not been embedded in the care people received. For example, one safeguarding case had found that there had been gaps in the recording of repositioning people to prevent pressure sores and we found gaps in these records. We also found that handwritten medicine administration records had not been double signed and this had already been identified as an issue and addressed with the staff. In addition, there were gaps in the daily records which had also previously been identified as an issue and raised with the staff.

Some staff told us that they were not confident that the registered manager would take action if they raised concerns. Prior to the inspection we had some concerns raised about the performance of a member of staff and the registered manager apparent lack of action around the issue. We discussed these concerns with the area manager who told us that there had been some concerns but they had been dealt with appropriately and that the member of staff was currently performing well in their role. The area manager told us they were confident that the registered manager took appropriate action whenever necessary.

There were residents' meetings every six months. The minutes for the latest meeting were pinned to the activity board and we saw that people had felt confident to raise concerns such as the drinks trolley not being available on some evenings. We saw action had been taken over concerns raised at the resident's meetings. For example, one person raised a concern about the choice of diabetic food offered and this was raised with the chef. The registered manager told us that in the future they were looking at increasing the frequency of these meetings to drive improvements in care.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the care they received. We saw that the results were displayed on the notice board for people living

at the home, relatives and visitors to see. The registered manger told us they were working on an action plan.