

## The Orders Of St. John Care Trust

# OSJCT Southfield House

### 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

OSJCT Southfield House is registered to provide accommodation and care for 32 older people and/or people who live with dementia. There were 29 people living in the service at the time of our inspection.

The service was run by a company that was the registered provider. At this inspection the company was represented by two of their area operations managers. There was a registered manager in post. 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. In this report when we speak about both the company (as represented by the area operations managers) and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 28 May 2015 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was unannounced and was carried out on 31 August 2017.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been helped to avoid preventable accidents and medicines were safely managed. There were enough care staff on duty and background checks had been completed before new care staff had been appointed.

Although some care staff had not received all of the training the registered persons said they needed, in practice they knew how to care for people in the right way. People enjoyed their meals and were helped to eat and drink enough. They had also been supported to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion, respect and courtesy. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted to receive and had been given all of the assistance they needed. As part of this care staff had promoted positive outcomes for people who lived with dementia. In addition, people had been supported to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed to ensure that people received safe care. Care staff were supported to speak out if they had any concerns

and good team work was promoted.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# OSJCT Southfield 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 was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 31 August 2017 and the inspection 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 this type of service.

During the inspection we spoke with 13 people who lived in the service and with six relatives. We also spoke with two senior care workers, two care workers, the activities coordinator, the chef and the head of housekeeping. In addition, we met with the registered manager and two of the company's area operations managers. We observed care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

## Is the service safe?

### Our findings

People told us that they felt safe living in the service. One of them said, "I'm very settled here now and it was the right decision for me to move into here". Another person who lived with dementia and who had special communication needs smiled appreciatively when we pointed towards a member of care staff who was nearby. Relatives were confident that their family members were safe. One of them remarked, "I consider this to be a very safe place indeed – I know my family member is as safe as they possibly can be."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that care staff followed robust and transparent systems when assisting people to manage their personal spending money.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. We also noted that suitable arrangements had been made to enable people to be assisted to quickly move to a safe place in the event of a fire or other emergency.

We found that there were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and senior care staff who administered medicines had received training. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection visit there had been four occasions when a medicine had not been administered in the correct way. The registered manager said that the people concerned had not suffered any direct harm as a result of the mistakes. In addition, we saw that in each case the registered manager had been taken action to help prevent the same oversight from happening again.

Records showed that a small number of care staff shifts had not been filled in the month preceding our inspection visit. However, we concluded that in practice there had been and were enough care staff on duty to provide people with the assistance they needed. This was because we were assured that the registered manager and other members of staff worked flexibly either to provide care themselves or to relieve care staff from having to undertake non-essential duties. In addition, during the course of our inspection visit we saw people promptly receiving all of the care they needed and wanted.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people all of the necessary checks had been completed. These had been done to establish the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service.

## Is the service effective?

### Our findings

People were confident that care staff had the knowledge and skills they needed. They also told us that care staff had their best interests at heart. One of them remarked, "I like the staff because they're gentle and kind and never mind when I ask them for help." Relatives were also confident about this matter. One of them said, "Although on some days they're rushed in general the staff work together well as a team and my family member gets all of the attention they need."

Records showed that new care staff had received introductory training before they provided people with care. Although some care staff had not then received all of the on-going refresher training the registered persons said they needed, we found that in practice care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

People told us that they enjoyed their meals with one of them remarking, "The food's okay here and certainly we get more than enough." We were present at lunch and we noted that the meal time was a relaxed and pleasant occasion. There was a choice of main dish and there was a very attractively presented sweet trolley that offered people a choice of seven options.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. Speaking about this a relative remarked, "I know if anything needs medical attention the staff are straight on the case and get the doctor involved."

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a person needed to have their bed lowered to the floor. This was in their best interests because previously the person had fallen when getting out of bed.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in

care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

## Is the service caring?

### Our findings

People were positive about the care they received. One of them commented, "I find the staff to be very kind and helpful." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I call to the service quite regularly and I've never seen anything other than people being treated with kindness." Another visitor told us, "My friend is happy enough, safe, and has put on weight. They are taking their medication now which was a worry. Everything has been marvellous for them since they came in – the staff have made them feel so welcome."

We saw that care staff were informal, friendly and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became upset because they could not decide in which lounge they wanted to sit. A member of care staff noticed them becoming anxious and quietly reminded them about where they usually preferred to sit and the reasons for their choice. Shortly afterwards we saw the person happily sitting in the usual armchair and waving to the passers-by they liked to see.

Care staff were considerate and we saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. We also noticed that care staff had sensitively asked people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was care staff consulting with people about how they wished to be checked at night. Speaking about this a person remarked, "I'm quite a light sleeper and so the staff know just to pop their head around the door and not to come in."

We noted care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

Documents showed that the registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, care staff assisted people to keep in touch with their relatives by post and telephone.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "I get all of the help I need and the staff are around all the time which is what I like to see." Relatives were also positive about the amount of help their family members received. One of them commented, "I think that the care is very good and I'd soon know if my family member wasn't getting the right assistance because they wouldn't be right in themselves."

Records showed that care staff had carefully consulted with each person about the assistance they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing wishes. Records also confirmed that each person was receiving the care they needed as described in their individual care plan. This included help with washing and dressing, promoting their continence and managing routine medical conditions.

We saw that care staff were able to provide reassurance for people who lived with dementia when they became distressed. We saw that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly remember one of their relative's occupation. A member of care staff gently pointed to photographs of their relative and recounted to them what they understood to have been the occupation in question. This helped the person to recall the information in question and to seek comfort in the memories of family life this brought back to mind.

Care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

There was an activities coordinator who spent 20 hours each week in the service. Records showed that they had carefully consulted with each person about the particular activities they wished to be supported to enjoy. People told us that there were enough activities for them to enjoy. One of them said, "There seems to be different things to do most days." Records showed that people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, gentle exercises and games such as carpet bowls. During the course of our inspection visit we saw a number of people laughing together as they were supported by the activities coordinator to participate in a game of softball.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received two complaints

from relatives. We saw that on each occasion the registered persons had correctly followed their procedure to quickly and fairly resolve the matters concerned.

## Is the service well-led?

### Our findings

People told us that they considered the service to be well run. One of them said, "All I can say is that the place seems to run as it should. The staff are here, we get our meals and things are okay." Relatives were also complimentary about the management of the service. One of them remarked, "Yes, I think it is a well led home. The manager used to be a care staff member here and has moved up the ranks and I think that works well – they know everyone very well and they're always welcoming and get things sorted. They're very approachable, as are all the staff."

Documents showed that people had been regularly invited to attend residents' meetings at which they had been supported to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. An example of this was the steps the registered manager had taken after some people had expressed concerns about delays in care staff responding to call bells. The measures included more regular checks being completed of the automatic record that was created each time a call bell was used. We also looked that these records and they confirmed the call bells were consistently being promptly answered.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having all of the help and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

The registered persons had told us about any significant events that had occurred in the service. In addition, they had correctly displayed the quality ratings we gave at our last inspection.

We found that care staff were provided with the leadership they needed to develop good team working practices. Records showed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, care staff told us there was an open and inclusive approach to running the service. Furthermore, care staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care.

We also noted that people who lived in the service had benefited from the activities coordinator acting upon good practice guidance. This included accessing guidance on health and social care professional websites to enable them to more effectively engage people in deciding what activities they would like to be offered.