

The Orders Of St. John Care Trust

OSJCT Beckside

Inspection report

Middle Street
North Hykeham
Lincoln
Lincolnshire
LN6 9QX

Tel: 01522693461
Website: www.osjct.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

OSJCT Becksid is a residential and nursing care home, providing personal and nursing care to 56 people at the time of the inspection. The service can support up to 58 people.

People's experience of using this service and what we found

People received their medicines in their preferred and prescribed way, by trained and competent staff. Staff were recruited safely and had sufficient training to enable them to fulfil their role and meet people's needs. Records showed adequate staffing was in place to meet people's needs.

People were safe at the service as staff understood their roles in managing any possible safeguarding issues. The risks to people's safety were assessed and measures were in place to mitigate risks and keep people safe. Staff employed safe practices to control the risks of infection at the service and there were processes in place to learn from incidents and accidents to reduce the risk of reoccurrence.

People's nutritional and health needs were well managed and the environment they lived in was well maintained. The service had a number of communal areas for people to use, both inside and outside the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had the opportunity to voice their opinions on their care. People were supported to maintain relationships with their families, follow their hobbies and be involved in social activities.

People received care in a personalised way, care and support needs were planned with people to meet their specific needs, staff we spoke with showed a good understanding of people's needs. Information in the care plans supported this.

People's end of life care was delivered with dignity and respect ensuring any advanced care decisions were met. The provider and staff demonstrated compassion and empathy for people to ensure a comfortable and dignified death. Staff also supported families during end of life care with respect and understanding.

People and staff told us the registered manager were approachable. The registered manager worked to provide an open person-centred approach to people's care and worked with other health care professionals to achieve this.

Systems and processes in place ensured quality assurance was effective and supported staff to keep people safe. Quality assurance audits and checks were completed by the registered manager and provider, to identify areas of improvement and monitor key aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 09 April 2020).

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT Beckside on our website at www.cqc.org.uk

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

OSJCT Beckside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two 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.

Service and service type

OSJCT Beckside is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with five people who used the service and 30 relatives about their experience of the care provided. We spoke with eleven members of staff including the operations manager, registered manager, head of care, senior care workers, care workers, the head cook and professionals who work with the service. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to safeguard people. Records showed staff completed training on safeguarding.
- Staff demonstrated knowledge and understanding of how and who to report any concerns internally within the care home and externally to professional agencies. One staff member told us, "I would go to the senior, then go up [to management] if no joy and if necessary, ring safeguarding." Staff consistently told us they were given opportunities to highlight any concerns.
- We found a safeguarding policy in place. Safeguarding issues were identified and reported in line with the providers legal responsibility.
- Relatives told us they felt their loved ones received safe care. One relative told us, "I can relax knowing [family member's] being safely looked after."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified, and assessed, with measures in place to mitigate the risks and ensure people's needs were met. For example, one person's care plan identified how to support them safely as they were at high risk of falls and what equipment they needed to use.
- People who had specific medical conditions were supported by clinically trained staff. For example, one person had diabetes, there were guidelines on how staff should support the person and what medical intervention was required.
- Record showed a range of checks were in place to monitor the safety of the environment. These included gas and electrical safety tests, fire evacuation plans and health and safety in the home. We saw the provider took action when it had been identified these were out of date or needed to be reviewed.
- There were effective systems in place to document accidents and incidents. For example, any falls that had occurred were documented, all action had been taken with medical professionals and equipment installed. Evidence showed how the information was used to learn from events to prevent reoccurrence.

Staffing and recruitment

- Records showed there were safe recruitment processes in place to ensure people were supported by suitable staff. A number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions.
- Staffing levels met the needs of people, in line with the providers staffing tool. People told us there was enough staff and they responded when they required assistance. One person told us, "They [staff] come when I ring the bell, they [staff] look after you."
- Relatives told us they were happy with staff levels and skills. One relative told us, "Whenever I was there

and [family member] rung the bell they came quickly and when I visited before lockdown there was enough staff." Another relative told us, "There's always qualified staff on and people are caring."

Using medicines safely

- People received their medicines as prescribed and in their preferred way. Staff kept accurate records and ensured medicines were disposed of correctly. Medicines were stored safely and securely with access for trained staff only.
- Staff were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.
- There were protocols in place for medicines that were taken on an 'as required' basis. Records showed when people had changes to their medicines this was clearly documented and changes implemented, in line with newly prescribed methods.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's individual needs. People, their relatives and staff were involved during the assessment process and the information was used to develop care plans and risk assessments. One relative told us, "I feel I get supported by them as a relative and I do feel involved in my mother's care; I was involved in a meeting with them about a month ago about her care plan."
- OSJCT Becksid also supported and received referrals from the hospital and community teams for palliative care ranging from one night to several. A healthcare professional told us, "The [staff] team are in constant touch with the clinical team regarding referrals, and whether they can meet an individual's needs."
- The provider accessed a variety of information from professional sources, this ensured staff at all levels were aware of any changes to government guidelines and legislative requirements. The registered manager told us, "We have serious incident learning documents which we print out for all staff and ensure they are updated with the most recent guidelines." For example, in July 2021 a new protocol was issued for the use of fans due to excessive heat.

Staff support: induction, training, skills and experience

- Records showed staff completed a range of training to ensure they could meet the needs of people they support. This included safeguarding, positive behaviour support, dementia, the Mental Capacity Act 2005 (MCA) and equality, diversity and human rights.
- We received positive feedback from staff regarding the training. For example, one staff member told us, "The training is really good, the external training provider gives us a full range of clinical courses to ensure we keep our skills updated alongside in-house training." They also told us care staff had identified they wanted additional training for specific conditions, this was supported by the management and additional training was being put into place for staff.
- The registered manager monitored staff learning and development to make sure they completed or refreshed their training when required. Where gaps were identified in training, plans were in place to ensure all training was completed in a timely manner.

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

- People's specific support needs to maintain a balanced diet were detailed in their care plan. For example, care plans had clear guidelines on how people should be supported with their diet. Staff demonstrated good understanding and knowledge of people's dietary requirements and liaised with kitchen staff to ensure these were met.
- Likes and dislikes were clearly detailed in care plans alongside dietary requirements. For example, people

would be given two choices each day of meals and if they requested anything else this was also facilitated by kitchen staff.

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

- The registered manager and staff had established links and worked effectively with healthcare professionals to ensure effective care and support was in place.
- The service had become a chosen provider by hospital and community teams for palliative care. Daily contact with external health teams ensured an efficient and effective service for people. Feedback from healthcare professional resonated the positive and open culture of the service. One healthcare professional told us, "They are very easy to work with, respond to emails in a timely manner when we send referrals and are very helpful."

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

- We found people had access to large communal areas, to engage and interact with activities and people, or had the option of a smaller quieter communal areas if they chose this. The home also had many outdoor communal areas for people to access and utilise as they wished.
- The home also had the added feature of a hairdressing room. People were supported with their preferences and it was a hive of activity with many people going in for their hair to be done, demonstrating a positive impact on people's well-being

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed peoples capacity had been assessed and care plan put in place to support this. We also saw where people were deprived of their liberty the legal authorisation had been sought
- Staff had completed training on the MCA. Staff we spoke with were familiar with people's authorised deprivations of liberty and explained how they supported people in their best interests. For example, documentations showed a thorough assessment of capacity and best interest for a person, keeping them fully involved with aspects of their care. Further steps had been taken to support the person with decisions in their best interest decisions and detailed care plans put in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well supported with their care needs. One person told us, "[Staff] look after you, I can't complain they are good here and have done very well." Another person also told us, "The staff are friendly, when you need help, they come, and I get all my medicines."
- Relatives spoke highly about the registered manager and staff being caring, kind and compassionate towards them. One relative told us, "The [staff] are delightful. I feel they like [family member] very much and they go the extra mile for her." Another relative told us, "The staff are lovely; you've only got to ask, and they'll do what they can for you. "Everybody's very helpful there."

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

- Residents meetings had been held giving people to opportunity to express their views and discuss what is important to them. For example, one person wanted to celebrate Burns night, so it was agreed by residents a themed day would go ahead with snacks, music and decorations in association with this poet.
- Records showed residents' meetings were open and inclusive with areas focusing on residents' concerns, what they are happy with, what they would like to see and how this would be achieved. For example, a request was made for a knitting and sewing club. It was agreed knitting and sewing equipment would be purchased.

Respecting and promoting people's privacy, dignity and independence

- People told us how they were supported with their individual wishes and preferences to benefit their emotional well-being. For example, one person was supported to paint as they got enjoyment out of this and was a previous hobby, but due to their physical condition needed support. The person told us, "That's my painting on the wall." A passing member of staff also commented, "He is our resident Van Gough, his paintings are amazing."
- Documents showed how staff supported people to maintain their independence for as long as possible. For example, one person's care plan detailed their physio plan and was encouraged to get up and mobilise as part of their rehabilitation plan and increase independence.
- Staff had all received equality and diversity training and were able to demonstrate how they supported people in ways that respected their dignity and promoted their independence. Relatives we spoke to and feedback from compliments showed staff went above and beyond for their loved ones, showing the upmost respect at all times. For example, one relative said, "There's a genuine individual care for my Mum. They know what she likes and they're really thoughtful and supportive. They've kept lines of communication open and done everything they can to help us keep in touch. They're kind and sing with her."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's personalised care plans gave an individual account of the person in a document known as 'all about me'. This was developed with the provider and the person or their relative to maintain routines that were important to the person. For example, one staff member told us, "It's really important from the get-go to build up a relationship [with the person]." The staff member also told us if they found out the person enjoyed a particular hobby; they would then facilitate this. For example, purchasing knitting needles and wool for a person.
- Records also showed people's individual needs and wishes were detailed in a person-centred way in their care plans. For example, one person's plan stated they didn't like to wear their dentures, no concerns, and they could eat well without dentures in. The provider reviewed each person's care plan regularly or whenever there was a change in a person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records showed the provider had assessed people communication needs and how to meet these needs. Peoples care plans clearly set out what was their preferred communication method and the level of support needed and any equipment, for example glasses.
- One person's care plan described how they had impaired vision and staff at times use a white board to relay messages to the person and aide clear communication. Further adaptations had been made with large print documents and easy read signs to support the person to be involved in their care plans and aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us staff had supported people to engage in activities and one relative told us, "They have a very good activities programme; they get them involved. [Family member] loves the singing and they sing with her. On her birthday they made banners and arranged an Abba sing along." Another relative said, "She wasn't happy when she first moved in, but they've persisted with her and now she'll participate in the all the activities."
- Management and staff supported people to develop and maintain relationships that mattered to them. Visiting procedures had been put in place to support contact with loved ones whilst maintaining COVID-19

safety.

Improving care quality in response to complaints or concerns

- The provider had a policies, procedures and a system in place to record complaints when they were received, and action taken.
- People and their relatives told us they were highly satisfied with the care they received. Compliments received by the provider also showed people were happy with their care. For example, one person wrote, "Your kindness, friendship and compassion are much appreciated by us all." Another relative wrote, "I would like to thank all the staff for the kindness shown to [family member]. It gave us such peace of mind to know that he was being so well looked after."
- Relatives and staff consistently told us they felt they could raise any concerns with the management. One relative told us, "I've no concerns about his care. If I had a concern, I would go to head of care first; if I had a complaint I would go to the [registered] manager. She's very approachable and I'd be confident she'd sort it out." A staff member told us, "I can tell them [management] anything, I feel well supported."

End of life care and support

- Staff showed throughout the inspection their motivation to support people with end of life care with the upmost respect and dignity. Staff demonstrated their philosophy of how they care for people with sensitivity and compassion. One staff member told us, "It's the little things, if a person has no family a member of staff will sit with them to the end, so they are not alone."
- Further examples of compassion and empathy for the people staff supported, and relatives were demonstrated. A staff member said, "It's important for the persons journey during their time with us to make them feel comfortable." Relatives went on to tell us about the high standards of care and the holistic approach for end of life care from the registered manager and staff. One relative told us, "From the day [family member] moved in, to the day of their passing, we much appreciated the very accommodating approach and very sensitive support given to us."
- When people required specialist medical support during their end of life care, they were supported by caring, compassionate and trained staff. There were robust protocols to guide staff on how they should support the person and what medical intervention was required. This ensured a timely response and a comfortable death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives consistently told us how highly they thought of the service and they felt it was well managed. For example, one relative told us, "All the [staff] and management have a genuine concern and care for residents. I feel they're exceptional and that they go above and beyond. It feels like a proper home and I would completely recommend it to my friends." Another relative said, "I think it's well organised; very friendly and welcoming. It feels very comfortable."
- The registered manager had developed an open culture, promoting person centred values. One member of staff told us, "We work good as a team, and provide really good care to people." Another staff member said, "Due to COVID-19 restrictions and isolation at times for people, we stepped up as a family unit."
- Further adding to the caring, open approach and positive culture demonstrated by the provider, staff also told us they were happy to work for the provider and enjoyed their job. One staff member told us, "It's [the care home] got so much heart, staff are there because they love the place." Another staff member said, "We have a wonderful [registered] manager, she listens, she always comes to say hello and says thank you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager held regular meetings where all departments of the care home had the opportunity to discuss the service, plus senior management meetings to share progress and update on relevant guidance.
- Systems were in place to monitor and record accidents and incidents in the service. Where events had occurred, actions had been taken to prevent reoccurrence.
- The registered manager understood their responsibilities to act in an open and honest way if something went wrong. They were aware of their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager was involved in all aspects of the running of the service and maintained regular contact with people and their families. For example, one relative told us, "I can't fault them; they're first class. [Family member's] a lot happier now she's there. The staff are good as gold, and everyone is approachable; Head of care is really excellent. During the pandemic we've been very well informed and

looked after as family members. Everything seems to run efficiently."

- There were a wide range of effective audits in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues, any ongoing actions had plans in place to address these.
- The registered manager had established good working partnerships with a wide range of healthcare professionals, to encourage positive outcomes for people. These included liaising with nurse practitioners during weekly rounds. One staff member told us, "We are a team, we want to achieve good outcomes."