The Orders Of St. John Care Trust

Towes Court

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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of OSJCT Towes Court on 11 May 2016.

OSJCT Towes Court is a new service registered with us on the 26 January 2015 and provides extra care housing for up to 40 older people. The office of the domiciliary care agency OSJCT Towes Court is based within the building. The agency provides care and support to people living within OSJCT Towes Court, who have been assessed as requiring extra care or support in their lives. On the day of our inspection 16 people were receiving a personal care service.

The service had a registered manager. 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.

Records relating to people's care were not always accurate or up to date. Although regular audits were conducted to monitor the quality of service. The system that the registered manager had in place to monitor the day to day running of the service was not always effective. Staff we spoke with gave a varied response about the management of the service.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People received their medicines as prescribed. Where risks to people had been identified robust risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

The service had effective recruitment procedures in place and conducted background checks to ensure staff were suitable for their role. There were sufficient staff to meet people's needs.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. Staff had access to effective supervision.

The service sought people's views and opinions and acted upon them. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support needed to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

Is the service caring?

Good

The service was caring. People benefitted from caring relationships with staff.

Staff were very kind and respectful and treated people with dignity and respect.

Staff had a caring approach to their work and clearly enjoyed supporting people.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Requires Improvement

The service was not always well - led.
The registered manager conducted regular audits to monitor the quality of service. However these were not always effective.

Records relating to people's care were not always accurate or up to date.

Accidents and incidents were recorded, investigated and action taken to improve the service

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

This inspection took place on the 11 May 2016. It was an unannounced inspection. This inspection was carried out by two adult social care inspectors.

We spoke with six people, four care staff, the team leader, the registered manager, the domiciliary care manager and the area housing and care manager. We looked at eight people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking. This captures the experiences of a sample of people by following a person's route through the service and getting their views on their care.

In addition we contacted commissioners of services and a social worker to obtain their views on the service.

Good

Is the service safe?

Our findings

Some staff told us that there were not sufficient numbers of full time staff. Comments included "Staffing levels are enough, but there are (permanent) staff shortages" and "We need more permanent staff, people prefer permanent staff". We spoke with the registered manager about this and he was aware of this and demonstrated that steps to recruit to full time positions were in place. During our inspection we saw evidence and people confirmed that the service had taken the necessary steps to ensure that there were sufficient numbers of staff to meet peoples care needs. Where people required two staff to support them we saw two staff were consistently deployed for each visit. Staff rotas also confirmed planned staffing levels were consistently maintained.

People told us they felt safe comments included "I do feel safe living here", "I feel safe", "The staff are friendly I am safe here" and "The staff look after me". One person told us that if they needed support they would use their personal pendant alarm and that "Staff always respond promptly". Relatives told us that people were safe. Comments included "We are more than happy we have no concerns about safety" and "Other people and the staff keep an eye out for mum".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the registered manager. Comments included "I would report it to my team leader and go higher if needed", "I would go to my team leader or [registered manager] if I had to. Then I would complete an incident report" and "I would report any concerns straight to the team leader". Staff were also aware they could report issues externally if needed. Staff told us "I would report my concerns to the safeguarding team", "I would report it to social services" and "I would report it to you the CQC (Care Quality Commission)".

Risks to people were managed and reviewed. Where people had been identified as being at risk, assessments were in place and action had been taken to manage the risks. For example one person who was at high risk of pressure damage had accurate and up to date 'Tissue viability care plan' in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment.

Another person who was at risk of falls had a 'mobility care plan' that included guidance and action for staff to take to mitigate the risk of falls. This included giving the person time to regain their breath during transfers. Staff were aware of this guidance and told us they followed it. People's risk assessments were regularly reviewed and updated.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role.

People received their medicine as prescribed. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked.

Good

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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 were supported by staff who had been trained in the MCA and applied its principles in their work. All staff we spoke with had a good understanding of the Act. Comments included: "It's about a person's best interests", "If I thought a person lacks capacity, I would do a two stage test" and "It's about what they want".

We discussed the MCA with the registered manager who was knowledgeable of the act. However care records did not always contain clear information relating to peoples capacity to consent to care. For example one person's records highlighted that their medication needed to be kept in a locked cupboard and the key should be kept in the office. There was no capacity assessment in this persons care records to demonstrate how this decision had been made within the persons best interests. We spoke with the registered manager and the domiciliary care manager about this who took immediate action to put the missing information into place. The day after our inspection we received a copy of a capacity assessment that had been completed for this person concerning their medication.

The registered manager told us they continually assessed people in relation to people's rights and was aware applications must be made to the Court of Protection. They were also aware the court of protection was the decision maker relating to the deprivation of a person living in the community.

People told us staff knew their needs and supported them appropriately. Comments included; "They mainly have the right skills and knowledge", "I like the staff they seem to know what they're doing" and "They get me up in the morning and make me my breakfast, that's good enough for me". Relatives us "We are more than happy with the staff" and "They have the right skills and experience".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they had started working at the service. This training included moving and handling, infection control, safeguarding and fire safety. Staff told us "We get loads of training", "The trainings alright, there seems to be a lot of it at the minute" and "The trainings O.K., most of its e-learning". Records showed staff had been trained by the district nurse team to support people with particular conditions

Staff told us, and records confirmed they were provided with effective support. Staff received regular supervision (one to one meetings with their manager). Staff told us they felt supported. Comments included; "I was made to feel welcomed and supported when I started" and "We really support each other as well". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national certificates in care. One member of staff told us "I have not started

my diploma yet, but I am on the list".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP and district nurses. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and staff followed these recommendations. One visiting healthcare professional told us "They have always done what we have asked" and "They really know [person] well here".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Staff are so understanding and have a good sense of humour. They treat me like a friend which is lovely", "The carers are alright", "They will do anything I ask. But I like to do things myself", "The staff are brilliant" and "The staff are caring". One relative told us "The staff are kind, helpful and cheerful".

Staff told us they enjoyed caring for people. Comments included "I love my job", "Everybody here cares and will go the extra mile", "I am very passionate about my job" and "Everybody here has a genuine caring nature".

People's dignity and privacy were respected. We saw staff knocked on doors before entering people's flats. When they were providing personal care people's doors were closed and curtains drawn. This promoted people's dignity. We heard how staff speaking to people with respect using the person's preferred name.

When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was appropriate. People told us that staff took time to ensure people understood what was going to happen and explained what they were doing whenever they provided them with support. One member of staff told us "You always need to ask before you do something, it's about seeking consent and giving choice. You must remember that you are in their space".

Staff we spoke with were able to explain how they ensured that peoples dignity and respect was promoted within their practice. Comments included "It's about what they want, not what we want", "You need to keep checking in with people, you don't just treat them like objects", "You always make sure that doors and curtains are shut" and "You should treat people the way you want to be treated".

Care records demonstrated that the service promoted peoples independence. For example one person's care records detailed the importance of ensuring that the person was involved in every aspect of their care as this had been noted as having a positive outcome on supporting their independence. Another person's care records gave details of how staff could support them to maintain their independence. Staff we spoke with were aware of this guidance and we observed them following this guidance.

People told us they were involved in their care. One person told us "Yes I am involved". Records confirmed that people were involved in reviews of their care and changes to peoples care needs were documented. One relative we spoke with told "Oh my word yes we are involved and included in the care". People told us that the service informed them about who was visiting and at what time. One relative told us, "Yes we receive a timetable".

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs.

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example one person's care records gave staff guidance on the person's bedtime routine and how that liked things to be done".

One person care records detailed the importance of promoting the persons wellbeing and gave guidance for staff on how to encourage the person to socialise. This meant that the service recognised the importance of promoting this persons quality of life.

People's care records contained detailed information about their health and social care needs. They reflected the way each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person who needed support with their mobility had a detailed support plan that included step by step procedures for staff to support the person that included the direction in which the person preferred to be turned and guidance on the positioning of the sling. The care record stated 'Ensure sling is positioned correctly, where the top is two to three inches above [persons] shoulder'. Another person's care records gave specific guidance on how to support the person with their mobility. Staff we spoke with were aware of this guidance and followed it.

People received personalised care and staff we spoke with were knowledgeable about the people they supported. For example, we spoke with one member of staff who was able to tell us about a person's previous occupation, their favourite board game, their favourite music and what types of books they enjoyed reading. The information shared with us by the staff member matched the information in the person's care records.

People's changing needs were responded to. For example one person's personal care needs had increased so the service had increased the length of their visit to ensure the person received the support they needed. The service had also introduced a 'pain care plan' for a person whose care needs had changed as their pain had intensified. One relative described how the staff had acted on a medical concern by calling the persons G.P and arranging an urgent visit. The staff member also told us of how the staff member had waited with them until the surgery rang back to confirm an appointment.

During our inspection we observed on one occasion how the registered manager took the time to explain a person's changing needs in relation to their nutrition to the person's relatives. Throughout this interaction the registered manager was supportive and detailed the next steps that the service would take in relation to involving other healthcare professionals. One relative told us, "They will contact the G.P for [person] and are very quick at noticing her changing needs".

By the time of our inspection the service had not yet started their yearly satisfaction survey for people and their relatives. However, we saw evidence that the service did seek people's opinions and views through a 'Quality care visit'. This included the registered manager visiting people in person to obtain their views and act on any improvements people would like to make to their care. For example one person had stated that they would like the carer to bring a newspaper to the visit and read it to them. The service had made arrangements for the visit to be extended in time so this allowed the carer time to get a newspaper and read it to the person.

People knew how to make a complaint. Comments included "I haven't made a complaint, but I think I would be sure how to". There had been one complaint since our last inspection and this had been logged and responded to in line with the organisations policy.

Requires Improvement

Is the service well-led?

Our findings

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans and assessments, risks and training. Information was analysed and action plans created to allow the registered manager to improve the service. However the system that the registered manager had in place to monitor the day to day running of the service was not always effective. For example records relating to the administration of medicines did not always include staff signatures that should be used to demonstrate that people have received their medicines. This had not been identified by the registered manager. We spoke with people, relatives and staff and we were confident that people were receiving their medication as prescribed and that this concern related to incomplete records.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. However these records were sometimes incomplete and did not always evidence that people had received their care visits. We spoke with people and their relatives and we were satisfied that people were receiving their care visits in line with their support plans and that this concern related to incomplete records.

This had not been highlighted through the registered manager's internal quality assurance process. We spoke with the registered manager and the providers domiciliary care manager about this and they took immediate action to ensure the monitoring systems were updated. They also decided to adopt a more robust approach to their auditing of daily records. The system had also failed to highlight the concerns surrounding information in a person's care records in relation to the MCA that we identified during our inspection. However the service took the appropriate action to ensure that this was addressed immediately. This included carrying out a mental capacity assessment for this person.

Staff gave a varied response about the day to day management of the service. There were a number of positive comments that included "I can always go to [registered manager] if I need anything" and "[Registered manager] is very supportive". However there was also a number of negative comments which included, "Staff morale is low because of the lack of management", "Staff morale is a problem", "We are not supported by the management", "Sometimes the place feels like it's in a complete muddle". One person told us "Staff morale is low". A relative said "There is clearly an issue at the moment with staff morale, I do question if they are receiving the right support". One staff member we spoke with told us "The managers approachable, when you can get hold of him. We don't see him much".

The registered manager was responsible for two additional locations providing support to people in their own homes. One person told us "You don't see him about much". A member of staff told us, "We don't really see that much of [registered manager]". However there was a team leader in post to support the registered manager at Towes Court.

The registered manager described what the visions and values of the were by saying "I want this to be a place where staff want to come and work and not just see it as a job". They also expressed their own view

on their role: "I want (staff) to see I am not just sat behind a desk, it's about leading by example".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff we spoke with told us "I would not have a problem raising a concern". Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example following a concern with a staff member the registered manager took the appropriate disciplinary action. The registered manager then shared learning from this incident with the team to avoid future incidents.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and district nurses.