

The Orders Of St. John Care Trust

OSJCT Isis 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?	Outstanding ☆

Summary of findings

Overall summary

We undertook an announced inspection of OSJCT Isis Court on 1 February 2018.

OSJCT Isis Court provides extra care housing for up to 20 older people. The office of the domiciliary care agency OSJCT Isis Court is based within the building. The agency provides 24 hour person centred care and support to people living within OSJCT Isis Court, who have been assessed as requiring extra care or support in their lives. On the day of our inspection 17 people were receiving a personal care service.

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

The service was exceptionally well led by a highly motivated registered manager who promoted a service that put people at the forefront of all the service did. There was a very positive culture that valued people, relatives and staff and promoted a caring ethos. The registered manager led by example and displayed a detailed knowledge of people that enabled them to create an environment where people's condition and well-being were a key to the delivery of a service that benefitted people's lives.

The registered manager monitored the quality of the service and strived for continuous improvement. There was a very clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering. This achieved excellent outcomes for people and contributed to their improved quality of life. Staff felt empowered and inspired by the registered manager and shared his vision for a "Family environment" at the service. The registered manager was robustly supported by the domiciliary care trust manager and provider.

People remained safe living in the service. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose. People received their medicines safely.

People continued to receive extremely effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice.

People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly and their views were sought and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has improved to Outstanding</p> <p>The registered manager motivated and inspired staff to ensure positive outcomes for people had been achieved.</p> <p>The registered manager led his team by example and put people first. Staff treated people and their relatives in the same kind and compassionate way as the registered manager.</p> <p>The registered manager empowered staff through lead roles and created a positive culture that strived for continuous improvement, which enhanced people's care experience.</p> <p>The service had effective systems in place to monitor the quality of service and maintain the high standards they had achieved.</p> <p>People knew the management structure of the service and spoke with the registered manager with confidence.</p>	<p>Outstanding ☆</p>

OSJCT Isis 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 2 February 2018. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

This inspection was carried out by one 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with three people, three relatives, one visitor, three care staff, the domiciliary care trust manager and the registered manager. We also spoke with a visiting healthcare professional. We looked at four people's care records, three staff files 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, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "Yes, I feel safe and I always have the alarm button on my wrist", "Yes, I certainly feel safer here than where I was before" and "Yes I am fine here, it works really well". A relative said, "I know now that she [person] is safe here; I can relax now".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd speak to my manager, safeguarding and CQC (Care Quality Commission)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes there is enough staff, I am under no pressure to do extra shifts". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified and recorded in their care plans. People were able to move freely about the building and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of falling, measures were in place to manage the risk. Where two staff were required to support a person, staff were consistently deployed to provide the required support.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. One staff member said, "My competency to administer medicines is regularly assessed. It's routine".

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. The provider circulated 'serious incident briefings' to all services within the group to share learning from incidents. This evidenced the service learnt from incidents and errors.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The building was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "I've been trained and read our policy. There's no shortage of equipment or PPE (personal protective equipment)".

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager, spot checks and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and communication needs. For example, one person had difficulty communicating and could only speak very quietly. Staff we spoke with were knowledgeable about this person's communication methods and the person's care plan provided staff with information and guidance relating to their communication needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "The Act protects client's rights to make decisions. We work in their best interests". We saw staff routinely sought people's consent.

Most people did not need support with eating and drinking. However, some people required assistance with preparing meals and these needs were met. People either bought their own food or families went shopping for them. Some people attended lunch in the dining room when the food was provided by the service. Staff supported people appropriately where required and encouraged people to eat and drink. The lunchtime meal was an enjoyable social event. One staff member said, "No one needs full support with eating, we do cut up one or two people's meals for them but that's about it". No one at the service had complex nutritional needs.

We asked one person if their nutritional needs were being met. They said, "Yes they get my breakfast ready for me". Another person added, "I enjoy lunch here".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from meaningful relationships with the staff. People's comments included; "The carers here are lovely and look after me", "The girl's carers are all lovely. In here it's home from home" and ""The carers are very good".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "Oh yes I empathise with my clients, I know them so well. They're like family", "Yeah, I get on with them [people] well. I celebrate client's birthdays and we set up parties for them" and "Oh we care, it's like a family here". This meant staff demonstrated and promoted a caring approach.

People were involved in their care and kept informed. Daily visits schedules and details of support provided were held in people's care plans. For example, one person's schedule stated the evening support visit would 'assist with night clothes and help to bed'. Details of other specialist support relating to a specific condition were also listed. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.

People's independence was promoted. Care plans guided staff to support people to remain independent. One person said, "Independent living allows me to do anything I wish and I am totally independent". We spoke with staff about promoting people's independence. Staff comments included; "I encourage their [people's] independence. I'll assist them where needed but I let them do what they can" and "I never take away what they can do, it's important they stay independent". This practice promoted people's independence.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. One person told how their well-being had improved since moving to Isis Court. They said, "I am happy, I was a bit down when I came here but its lovely". Care plans highlighted emotional support needs and staff told us how they provided this support. One staff member said, "I support clients when they feel low". Another said, "One of my clients is feeling low after a stay in hospital so I spend a little extra time to comfort and reassure them".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff at a team meeting.

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person preferred to leave their front door to their flat open. The care plan highlighted this person's individual preference and gave staff guidance on how they wanted staff to enter their flat. Staff were guided to 'knock and enter' and asked to 'please introduce yourself when entering'. We were able to observe staff following this guidance on a number of occasions during our inspection.

People's diverse needs were respected. One person told us how their visit times were matched to their individual needs. They said, "Yes I have three daily visits and that is just right enough. The visits are at ideal times for me". Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "Diversity covers people's choices so we document them and do things their way. We treat them as individuals". Another member of staff said, "We have discussed diversity at meetings. We wouldn't discriminate against anybody".

People had access to information in a way that was accessible to them. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. We asked staff how people accessed information about their care and support. One staff member said, "Client have care plans in their rooms so they can read them, but I always explain things to keep my clients informed and up to date".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and their support needs had reduced. The person was progressively becoming more independent and the care plan and staff guidance reflected this progress.

The service had systems in place to record, investigate and resolve complaints. No complaints were recorded for 2017/18 and historical complaints had been dealt with compassionately in line with the policy. The complaints policy was displayed in the reception area. People knew how to complain and were confident they would be taken seriously. Comments included; "No complaints at all, I'd know what to do", "No moans, it is lovely" and "If anyone complains here I would call them a liar".

At the time of our inspection, no one was receiving end of life care. People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and their preferred funeral arrangements. Staff told us people's wishes were always respected. This included where people had expressed a wish not to be resuscitated.

Is the service well-led?

Our findings

The service was exceptionally well led. 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.

The registered manager promoted a very caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner. Staff at all levels followed this example and it was clear this compassionate, person centred approach was embedded within the culture of the service. The registered managers commitment to diversity ensured people and staff were treated as individuals, and people's needs, choices and preferences were the focus of all the service strived to accomplish.

People knew the registered manager well. The registered manager was present throughout the inspection and interacted with people in a very friendly and familiar way. It was clear positive relationships had been formed between people and the registered manager. People were extremely positive about the registered manager. One person said, "I like [registered manager], he is the boss". Another said, "I think [registered manager] is marvellous".

The registered manager was extremely knowledgeable about people's backgrounds, support needs and wishes. For example, one person's condition was deteriorating and their GP felt they would soon have to move to a residential care home as their support needs were increasing. The registered manager was aware this was not the person's desired outcome and became personally involved to ensure the person's choice was respected. Following discussions with the person and the local authority the registered manager altered staff rota's and increased the support visits. This enabled the staff to meet this person's needs so they could stay at Isis Court. The registered manager also arranged for two staff to support this person to regularly leave their flat for events, such as coffee mornings, to ensure the person would not become socially isolated. This person told us, "The girls [staff] encourage me to be mobile and come downstairs with us. Come with us, you'll be fine they say, so I do". These actions significantly contributed to this person's improved quality of life and having their wishes of staying in their own home respected.

The registered manager actively promoted people's emotional and physical well-being. For example, one person had been admitted to Isis Court with complex physical and mental health needs. This person was feeling very low, could not swallow and had to take food and medicine through an external tube. The registered manager provided additional specific training for staff so they were able to meet this person's needs. They then closely monitored progress and supported staff to meet both the physical and emotional needs of the person. Records confirmed the person had made considerable progress. They were beginning to swallow small amounts of liquid and could manage their external tube with minimal supervision from staff. The person was also supported to leave their room and attend events which helped to promote their emotional well-being. One staff member said, "The manager's support was instrumental in this client's

recovery".

Another person was anxious, they experienced loneliness and would repeatedly call the emergency services for companionship. The registered manager came up with the innovative idea how to manage this behaviour. They contacted the emergency services and it was agreed if they received a call from this person they would check with staff first before responding. The registered manager also negotiated extra visits for this person and regularly brought them down to the office where they could sit and chat with the registered manager for periods of time. These actions vastly reduced the incidents of false emergency calls and promoted this person's well-being. This person's relative said, "When mother first moved to Isis she was still nervous and phoned me 20 to 30 times a day, but now she is settled I only get three or four calls a week".

Staff told us they had full confidence in the service and felt it was very well managed. They also told us the registered manager motivated and inspired them to provide the best possible outcomes for people. Staff comments included; "He [registered manager] is very good. He is firm but you can still laugh with him. He really knows what he is doing and he motivates us to do the best we can. I think this service is very well run", "[Registered manager] involves us staff, he asks our views on many subjects and really listens. He is a very good listener" and "[Registered manager] is brilliant. I can always approach him as we have a great working relationship. He really cares and I think that inspires the staff". We saw an email from a former staff member who had just left the service, thanking the registered manager for their support. This staff member had said, "I can't begin to put into words how you believing in me has helped my confidence, you believed in me when I didn't believe in myself, you gave me the opportunity to prove myself, I appreciate that more than you will ever know. Thanks again you're a very special person".

The registered manager empowered staff. Staff had been appointed to various 'lead roles' within the service. These appointments made staff a reference point for people, relatives and other staff and were able to provide guidance and advice on their subject. They were also involved in the management of their given subject. For example, we spoke with a staff member who was appointed as a medicine lead. They said, "I am the medicine lead so I conduct audits of medicines, check the records and do stock checks. It is a big responsibility but I get lots of support from [registered manager] and it really, makes me feel involved. [Registered manager] has motivated me to exceed my own expectations". Another staff member told us, "I coordinate the visit schedules and I'm really very well supported to do this. [Registered manager] is a great motivator". This meant staff had opportunities to get involved in the running of the service which aided accountability and ownership.

The service had a very positive culture that was open and honest. Staff were valued and people treated as individuals. There was a high level of job satisfaction demonstrated by the team. Throughout our visit the registered manager and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I intend to stay here for the long term, to support my clients and their relatives to experience a safe and healthy life. We are like a family here and we all look out for each other". When staff spoke with us they echoed the registered manager's sentiments.

Learning from accidents and incidents was shared through a 'serious incident learning' notice circulated to all of the provider's services. A summary of incidents was highlighted and learning from the incident shared. For example, at another one of the provider's services it was discovered a packet of fluid thickener had been contaminated. The batch number for this particular thickener was circulated to all provider locations and

staff were guided to check stocks for the batch number and remove these sachets. Staff were also guided to check for any signs of contamination amongst other sachets. This had been reported to the supplier and manufacturer who were investigating.

The registered manager actively monitored the quality of service provided and looked for continuous improvement. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and were modelled on the five domains used in CQC inspections. This allowed the service to match the audit results against our inspection criteria to ensure people's needs were being met in a safe, caring and compassionate way. Audit results were analysed and resulted in identified actions to improve the service. For example, one audit identified gaps in the cleaning schedules where staff had failed to sign for completed cleaning. Action had been taken and all documents were accurately completed, signed and up to date. Another audit identified two long term staff members had not completed 'Care Certificate' training. This is a nationally recognised program for the care sector. We saw both staff were now signed up to the programme. The registered manager was supported by the domiciliary care trust manager and area manager who regularly visited the service to monitor progress with audit action plans.

The registered manager also obtained people's views through meetings and surveys to improve the service. When people made suggestions or comments, where practical, these were acted upon. For example, following successfully negotiating a refurbishment for the communal rooms in the building the registered manager sought people's views on how to decorate the rooms. People had stated their furniture and colour preferences which were incorporated into the refurbishment.

The registered manager worked in partnership with external agencies such as GPs, district nurses, social services and the local authority. They also attended contract and panel meetings with Oxfordshire County Council. One visiting local authority professional said, "I think this is a very responsive service, in fact it is a very good service. Communication with the registered manager is superb".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Details of how to whistle blow were displayed in staff areas and on notice boards around the building.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.