The Orders Of St. John Care Trust

# OSJCT Mayott 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

We undertook an announced inspection of OSJCT Mayott House on 21 November 2018. 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 and support service. At the time of our inspection there were 22 people receiving support with personal care.

There was a not 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. However, the manager had applied to CQC to register as the registered manager.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People continued to benefit from a safe service that ensured risks were identified and managed. Staff understood their responsibilities to identify and report concerns relating to risks of harm and abuse.

Medicines were managed safely and ensured people received their medicines as prescribed. There were sufficient staff deployed who had the skills and knowledge to ensure people's needs were met.

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 maintain good health.

People benefited from caring staff who showed kindness and compassion. Staff treated people with dignity and respect. People were involved in their care and supported to remain independent.

The service continued to be responsive. Staff supported people in a way that ensured their needs were met and recognised them as unique individuals. People's changing needs were responded to appropriately.

The service continued to be well led. There was an open culture that ensured people could approach the management team if they had any concerns. The manager, area operations manager and team leader

continually monitored the quality of the service to ensure continuous improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remained Good. | **Good** |
| **Is the service effective?**<br>The service remained Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# OSJCT Mayott 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 checked 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 21 November 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications we received from the service. Notifications are specific events providers need to notify the commission about by law.

We spoke with commissioners of the service and the local safeguarding team.

During the inspection we spoke with 10 people, two relatives and two visitors. We spoke with the area operations manager, the scheme manager, the team leader and three care staff. We observed some interactions in communal areas people were able to access.

We looked at three people's care records, medicine administration records, three staff files and other records relating to the management of the service.

Good

# Is the service safe?

## Our findings

At our inspection on 25 May 2016 the service was rated Good in safe. At our inspection on 20 November 2018 we found people continued to be supported by a safe service.

People told us they felt safe. One person said, "Yes I feel safe and comfortable living here, I have to have a tablet four times a day, they are kept in my cupboards, I do use my buzzer too, there it is by my chair".

Care plans included risk assessments and where risks were identified there were plans in place to mitigate risks. For example, one person was assessed as at risk of falls. The care plan guided staff to remind the person to use their walking aid. We saw the person used their aid.

Medicines were managed safely. Care plans detailed the support people required to enable them to receive their medicines as prescribed. Medicine administration records were completed by staff when they administered medicines. Medicines audits showed that where any issues were identified action was taken to address issues. For example, where staff did not sign the MAR staff were supported to complete a reflective workbook to ensure they were competent to administer medicines.

People told us they received their care visits at a time that suited them and no one we spoke with had experienced a missed visit. One person said, "I certainly haven't experienced any missed calls and I can't fault the carers".

People told us there were many agency staff, however the manager and team leader worked closely with the staffing agencies to try and maintain consistency of staff. The provider, with the management team were actively recruiting staff and looking for ways to improve staff recruitment and retention.

People were supported by staff who understood their responsibilities to identify and report concerns relating to people being at risk of harm and abuse. One member of staff told us, "I would report it to team leader or manager. I'd be happy to report". There were contact details of the local authority safeguarding team displayed in the entrance of the building.

There were safe recruitment and selection processes in place. These included completing checks that enabled the provider to make safer recruitment decisions. Checks included references and disclosure and barring service checks (DBS).

People were protected from the risk of infection. There were policies and procedures in place and staff used personal protective equipment to minimise the risk of cross infection.

Accidents and incidents were recorded and investigated. The manager looked for themes and patterns and used the analysis to improve the service.

Good

# Is the service effective?

## Our findings

The service continued to be rated Good in effective. People were supported by staff who had the skills and knowledge to meet their needs. Staff we spoke with knew people well and had accessed training to enable them to understand how to support people in relation to diagnosed conditions. For example, one person had completed dementia training which had helped them to support people who were living with dementia.

Staff were supported through regular conversations with their line manager and found they were useful to discuss any concerns and development needs. One member of staff said, "I have been listened to and have made lots of suggestions".

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 completed training in MCA and understood how to support people in line with the Act. One member of staff told us, "If they can't consent then we must consider their best interests".

People were assessed before accessing the service. Assessments were used to develop care plans that ensured people's needs were met in line with good practice guidance and legislation. For example, the service had introduced an Accessible Information Standard (AIS) assessment to ensure people's individual communication needs were identified and met. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Where people required support with eating and drinking care plans detailed the person's support needs. Staff were knowledgeable about people's nutritional needs. For example, one person was encouraged to eat a nutritional diet to aid their health and improve skin integrity. Staff we spoke with were aware of this and tried to encourage the person to eat in line with their care plan.

People were supported to access healthcare support to enable them to live healthier lives. Records showed that staff supported people to contact health professionals that included their G.P, district nurses and speech and language therapists (SALT). One health professional told us, "They (staff) are very good at phoning us if they've got any concerns".

Good

# Is the service caring?

## Our findings

People continued to be supported by a service that was caring. People and relatives were complimentary about the caring nature of staff. One person said, "Yes, I call them by their Christian names and I get on with the regular ones". A relative told us, "The carers are very good. Very supportive. It's the happiest [person] has ever been since living at home".

Staff spoke with genuine affection about people and clearly enjoyed their role. One member of staff said, "I love being a carer. I have built trusting relationships with the clients I support". Another member of staff told us, "I really enjoy it. I enjoy chatting to them. They have great stories".

Staff showed empathy and compassion. One health professional told us, "They are compassionate about the care they give".

Staff understood the importance of supporting people's emotional needs. One member of staff told us how they supported a person who was reluctant to accept support and how it was important to show empathy to the person when they declined support.

People were treated with dignity and respect. Care plans were written in a respectful manner and identified people's preferences with regard to whether they preferred a male or female care worker.

People and relatives were involved in decisions about people's care and the support they required to meet their needs. One relative told us they were always consulted and kept informed. The relative told us, "Carers will always contact me".

Good

# Is the service responsive?

## Our findings

The service continued to be rated Good in responsive.

People's care records were personalised and contained peoples likes and dislikes. Records identified what people could do for themselves and promoted people's independence. Staff knew people well and recognised them as unique individuals, respecting their rights to live their lives as they chose. One member of staff told us how one person enjoyed particular films. The member of staff said "She's lovely. Really enjoys [name] films and we often dance round her flat to the music"

The service was responsive to peoples changing needs. Records showed the service had accessed health professionals advise when people's condition changed. For example, one person wished to remain in bed. Staff had involved health professionals to identify how best to support the person's wishes and reduce the risk of declining health.

People and relatives knew how to raise concerns and were confident the management team would respond in a timely manner. One relative told us they had made a complaint. They said, "They [manager] responded really well to a complaint. They investigated and everything has been fine since".

Records showed that all complaints had been recorded, investigated and action taken to minimise the risk of a reoccurrence. For example, following a complaint about a person experiencing a missed visit the allocation system had been changed to ensure staff were clear about the people they needed to visit.

At the time of our inspection nobody using the service was receiving end of life care.

Good

# Is the service well-led?

## Our findings

The service continued to be well-led. At the time of the inspection there was not 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. There was a manager in post who had submitted their application to register with CQC as the registered manager.

People and relatives were positive about the management team in the service. One person told us, "Yes I know the Manager and I would go to her if I ever had a problem". A relative said, "The management team are exceptional. They have an open-door policy. Always available and always accommodating. It's the best it's ever been. Communication is excellent".

The manager and team leader were supported by an area operations manager who was supportive and had introduced many changes to improve the effectiveness of quality assurance systems. The manager told us, "I'm now being supported. I definitely feel that things are now improving". There were a range of audits in place that monitored the service and identified areas of improvement. These included monthly audits of medicines, care records, an operational audit and an overall quality audit. Where audits identified areas of improvement there were plans in place identifying action to be taken.

There were systems in place to gain feedback from people and relatives about the service. This included 'client quality audits' which enabled people to discuss any issues. For example, one person had raised concerns about the time of their visit. The visit times were amended in order to meet the person's needs.