

## The Orders Of St. John Care Trust

# OSJCT Orchard Meadows

### 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

This inspection took place on 31 May 2017 and was announced.

OSJCT Orchard Meadows is an Extra Care Housing Scheme which provides accommodation of individual flats for people over the age of 55. The service registered with CQC supports people with personal care. At the time of our inspection there were 23 people using the service.

At the last inspection on 29 May 2015 we asked the provider to take action to make improvements in relation to people's care plans and this action had been completed.

There was a positive, welcoming atmosphere at the service. The management and staff were open and approachable. People were complimentary about the support they received and had developed positive relationships with staff.

Staff were kind and caring and understood the importance of promoting people's independence and involving them in their care. Staff ensured people had maximum choice and control of their lives.

People were confident they were safe. Care plans identified risks to people and how they would be managed. Staff were knowledgeable about their responsibilities to identify and report concerns relating to abuse.

Staff were complimentary about the support they received. Staff felt valued and listened to and there was a strong team ethos. Staff completed training to ensure they had the knowledge to meet people's needs.

There was an effective management team who had systems in place to monitor and improve the service. There were systems in place that encouraged people to give feedback about the service and this was used to make improvements.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good

### Is the service responsive?

Good ●

The service had improved to Good.

### Is the service well-led?

Good ●

The service remains Good.

# OSJCT Orchard Meadows

## **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 31 May 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

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.

During the inspection we spoke with seven people using the service and one person's relative. We spoke with the Trust Domiciliary Care Manager, the area manager, the team leader and three care staff.

We looked at four people's care plans which included records relating to medicines. We looked at four staff files and other records relating to the management of the service.

We received feedback from one health and social care professional who had contact with the service.

## Is the service safe?

### Our findings

People were supported by a safe service. People told us they felt safe. One person told us, "Yes, I feel safe, I like all the staff. I have about four or five visits a day with my care and they help me shower every day and they help me dress".

People were protected from harm by staff who had a clear understanding of their responsibilities to identify and report any safeguarding concerns. All safeguarding concerns were reported to the appropriate agencies and a full investigation carried out. The provider had safe recruitment processes in place to ensure staff were suitable to work with vulnerable people.

There were sufficient staff to meet people's needs and people told us staff responded promptly to any request for support. One person told us, "When I use it (pendant alarm) they come very quickly".

Risks to people were identified and plans were in place to manage risks. Management plans supported people to maintain their independence.

## Is the service effective?

### Our findings

Staff received training and support to ensure they had the skills and knowledge to meet people's needs. Staff were positive about the support they received through regular one to one meetings with their manager. One member of staff told us, "I have regular reviews and can ask for any support. I have asked to do my NVQ (national qualification in social and healthcare) and they are going to support me". New staff completed an induction programme to ensure they were confident in their role before supporting people unsupervised. One new member of staff told us, "I was supported to build up confidence. I have never been asked to do anything I wasn't sure of".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the importance of people having control over their lives. One member of staff told us, "At the end of the day everyone has a right to chose".

Where people required support to meet their dietary needs staff provided support in line with people's care plans. People were able to access meals in a communal area of the building if this was their choice.

Records showed people were supported to access a range of health professionals when required. for example we saw people had been supported by: G.P's; speech and language therapy (SALT); district nurses and occupational therapists.

## Is the service caring?

### Our findings

People were positive about the caring approach of staff. One person told us, "They're wonderful, they're just like family". People told us they were treated with dignity and respect. One person said, "They always close my curtains and close the door if they're doing anything for me and they always ring my door bell before they come into my flat".

Staff had a kind and compassionate approach to the people they supported. One member of staff said, "I have built trusting relationships with people here".

There was a caring culture in the service that respected people's dignity. Staff valued people as individuals and understood the importance of maintaining people's privacy. One member of staff told us, "You have to remember they are individuals and respect them".

Care plans were developed and reviewed regularly with people. People told us they were involved in their care plans and had access to them at all times. People's personal information held by the service was stored securely in a locked office.

# Is the service responsive?

## Our findings

At our inspection on 29 June 2015 we found people's care records were not always up to date and accurate. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. People's care plans contained accurate, up to date information that detailed how their needs would be met. Care plans were regularly reviewed with people and where changes had occurred they were updated. For example, one person had been assessed as at risk of taking the wrong medicines and the care plan had advised staff to secure the medicines in the person's home. A review of the person's needs had identified this was no longer a risk and it was not necessary to secure the medicines.

People's care plans contained detailed guidance to ensure staff had sufficient information to meet people's needs. For example, one person's care plan contained written and pictorial guidance to ensure a person was transferred safely and positioned correctly using the equipment provided. Staff we spoke with were knowledgeable about the person and knew how to use the equipment.

Care plans contained information about people's hobbies and interest and what was important to them. For example, one person's care plan detailed what television programmes they liked to watch. Another person's care plan detailed the importance of the family to the person and when they visited.

People were encouraged to maintain their independence and interests. For example, one person enjoyed cooking. The person was supported once a week to cook their own meal. The person told us, "I do my own cooking on a Thursday and the carers help me, it helps me with my independence". It was clear this was important to the person.

Staff knew people well and used the information in the care plans to guide them. One member of staff told us, "Care plans have all the information I need and I have time to read them".

People felt comfortable to raise any concerns and were confident they would be dealt with appropriately. No one we spoke with had made any complaints.

The provider had a complaints policy and procedure in place. Information was displayed advising people who to contact if they had any concerns. Records showed that complaints had been dealt with in line with the provider's policy and to the satisfaction of the complainants.

There were systems in place to enable the provider to obtain feedback from people about the service. The new scheme manager had recently visited people using the service and completed a 'client care quality sheet' with each person. Where issues were raised action had been taken to address the issues. For example, one family member had raised concerns about the time of one of the care calls. The time had been changed to ensure the person's needs were met.

The service also had a suggestion box in the entrance to the building and suggestions cards were available.



We saw several people had completed forms and action had been taken as a result of the suggestions to improve the service.

# Is the service well-led?

## Our findings

A new manager had recently been employed by the provider and was in the process of applying to CQC to become the 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.

People were positive about the service and told us it was well managed. Most people knew the new scheme manager's name and had met them.

There was a positive culture that valued people as individuals. The provider had clear values that put people at the centre of all the service did. The values were displayed in scheme.

There was a positive atmosphere throughout the inspection. We saw many interactions between the management team, staff and people living at the scheme that demonstrated a caring culture that valued people as individuals. All interactions showed respect for people and staff.

Staff enjoyed working at the service and were complimentary about the management team. Staff felt valued and listened to. One member of staff told us, "The support here is excellent. The team and management are brilliant. Management are very open. I am comfortable to raise any concerns and I feel listened to".

There were effective systems in place to monitor and improve the service. For example, during this inspection we found some medicine records relating to topical medicines were not always fully completed. A medicines audit had identified this issue and had been discussed at a recent staff meeting. There was clear information displayed in the staff area advising staff of the correct procedure relating to the administration of medicines and how records should be completed. In order to improve the support for staff, two medicines leads had been appointed and were responsible for carrying out medicine audits and supporting staff to improve records relating to medicine administration.