

The Orders Of St. John Care Trust

Oxlip 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

About the service

Oxlip House is extra care housing. The service covers 52 self-contained flats. 39 flats were shared ownership and 13 flats were rented by the local authority. The service had 50 care and support packages, but more people were resident at Oxlip House as there were couples living together.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service were happy and well cared for. They were cared for in a way which reflected their preferences and met their needs. They liked the care staff and told us they were polite, caring and kind. The care staff arrived on time and stayed for the right length of time for each visit. People received their medicines in a safe way. They were involved in planning their care and making choices about this. One person told us, "Everything is fine here. The staff are excellent. They are always smiling and are there when you need them."

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.

The staff were well supported and enjoyed working at Oxlip House. They continued to have access to a range of suitable training and had the skills they needed to care for people. The provider's recruitment procedures made sure only suitable staff were employed. They regularly met with their manager and discussed their work and any queries they had. The registered manager assessed the staff in the work place to make sure they were following procedures and delivering effective care.

There were procedures designed to safeguard people from abuse, and the staff were familiar with these. The staff knew to record any accidents, incidents or complaints and these were investigated and responded to. The staff were provided with protective clothing, such as gloves and aprons.

There continued to be systems in place for monitoring the quality of the service and making improvements. The registered manager liaised with people using the service and staff to ask for their feedback and ideas. There were a range of suitable policies and procedures which the people using the service and staff had access to.

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 on 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oxlip House

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.

Inspection team

The inspection team consisted of an inspector, an assistant 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.

Service and service type

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.

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

We gave a short period notice of the inspection because we wanted consent to speak with people. We arranged a focus group in the communal areas of Oxlip House so that people could tell us their experience.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 16 people who used the service about their experience of the care provided. We spoke with four members of staff and the providers representative, the registered manager and team leader.

We reviewed a range of records. This included six 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.

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 the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People said they trusted staff. One person said, "I feel perfectly safe when they're helping; I think they know what they're doing."

Assessing risk, safety monitoring and management

- ☐ Risks to people were assessed and were safely managed. People's needs, and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. These were regularly reviewed.
- ☐ The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, falls and continence were clearly documented and known by staff. One person said, "I'm totally dependent on them and I feel absolutely safe with them."

Staffing and recruitment

- ☐ Fit and proper persons were employed. There was a policy and procedure in place for staff recruitment. Appropriate checks were made before staff commenced employment. One person said of the staff group, "The carers are a good team. They get on well with each other. They talk to each other. They're a nice group of people and they're a cohesive team."
- ☐ People's feedback was that staff enabled them to continue with their preferred life routines. One person told us, "Occasionally they're late and they tell me why, but they usually stick to the right time table."
- ☐ There were enough staff to meet people's needs and keep them safe. People using the service and their representatives told us care staff usually arrived on time and stayed for the agreed length of time. One person who was dependent upon staff explained that they could use the buzzer system to alert staff in an emergency. "They call me on the intercom and if I say I need you now, they come straight away."

Using medicines safely

- ☐ People received their medicines safely and as prescribed. People who were supported with their medicines said that they were happy with this support. One person said, "They do my medications very well. I have to take eight tablets in the morning and one in the evening. They never get missed. They make me a cup of tea and wait around while I take them."
- ☐ The registered manager ensured staff were trained so that they understood how to administer medicines

safely and assessed their competency. There were appropriate procedures for administering medicines.

- ☐ The staff recorded all administration for each person. Records were checked regularly. The records were collected and audited each month. If audits had identified any discrepancies in recording there was a process to follow to find out what had happened to allow the provider to take appropriate action.

Preventing and controlling infection

- ☐ Staff received training on how to prevent the spread of infection and on food hygiene.
- ☐ Staff were supplied with gloves and aprons to guard people and themselves from potential infection.

Learning lessons when things go wrong

- ☐ A process for learning when things go wrong was in place. Staff were clear about logging incidents and accidents. Electronic forms remained 'open' until resolved and appropriate actions were taken to prevent a reoccurrence.
- ☐ The registered manager monitored the service and was keen to develop strategies that benefitted people. We were given examples of how the services had responded when matters did not go to plan. This included having reflective meetings with staff to share learning.

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

- ☐ People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. One person said that their plan and risk assessments were updated regularly, "[Named registered manager and team leader] come round with care plans and risk assessments every three months."

Staff support: induction, training, skills and experience

- ☐ Staff were competent, knowledgeable and skilled and carried out their roles effectively. New staff were supported through induction that included training and shadow shifts with other experienced staff or the registered manager. Staff had additional training in people's conditions such as dementia, diabetes and percutaneous endoscopic gastrostomy (PEG) -this is a plastic tube that is put into a person's stomach. PEG tubes are most often used to give food or liquids if people are not able to eat or drink. This enabled staff to support people better with nutrition.
- ☐ The staff told us they felt well supported. They explained that they had daily contact with the registered manager. They told us they could speak with the registered manager if they needed any help or advice. The care staff told us they worked well as a team and there was a good rapport between the staff. They said they met for formal and informal meetings and that there were good systems for communicating with each other.

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

- ☐ Appropriate assessments were in place to identify if people needed support with eating and drinking.
- ☐ The service provided support for some people at mealtimes and with the preparation of food. People using the service told us they were happy with this support and the choices they were offered. Some people accessed the onsite catering service. The logs of care visits included information about what people had eaten or drunk during the visit. Care plans outlined people's nutritional needs and any areas of risk relating to this.

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

- People's healthcare needs were recorded in their care plans. The staff monitored their health on a daily basis and recorded this in their care logs. They also reported any changes in people's health or condition to the registered manager, who liaised with healthcare professionals and people's families when needed.
- People spoke of how they were supported to access different healthcare professionals. One person said, "I had to go to the dentist last Friday and I wanted to have a carer with me. I asked [the registered manager] if that was possible and she came down later that day to tell me it had been arranged."
- Staff worked effectively with other health and social care professionals to ensure consistent care, for example when people went to or returned from hospital.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The staff had received training regarding the MCA and were able to tell us about this and their responsibilities relating to this. Staff understood about 'best interest decisions' and where others had lasting power of attorney.
- People consistently told us that staff asked consent before they supported them. One person explained, "They ask me what I want to wear and dress me and then serve my breakfast. Before they leave they always ask, 'Is there anything else we can do?'."

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 using the service told us that the staff were kind, caring and they had good relationships with them. Some of their comments included, "Staff are very, very helpful; on a personal level they're very, very helpful."
- ☐ People's care plans recorded their cultural needs, religion, belief and other aspects of their identity and how they wanted to live their lives. The staff had a good understanding of equality and diversity. We saw they spoke about people and recorded care logs in a respectful way.
- ☐ The staff sometimes went out of their way to provide a personalised and caring service. For example, one person told us, "The majority of the carers are very caring, and some are outstanding. A few days ago, I started to be sick when my carer came in and she stayed for well beyond the half an hour helping me. She does things I haven't even asked for like noticing that things are out of place."

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

- ☐ People were regularly asked for their views on their care and their plans. We saw evidence of regular reviews and feedback forms from people in care files.
- ☐ Daily notes demonstrated that people were asked at each visit how they wanted their care and support on that occasion. People consistently said they were given choices that were respected, and they were able to make decisions. One person explained, "They'll come in and say, 'Hello, how are you today; are you ready for your tablets or can I help you get washed now?'"

Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported to maintain their privacy and dignity. One person told us, "The carers are always respectful and if I ask them to do something they'll do it, for instance they always do my toes in the way I ask them to do them."
- ☐ People explained that they were supported to be independent where they were able to and wanted this. People were able to come and go as they pleased. One person was awaiting a taxi they had ordered to take them into town. One person explained how they were supported with equipment to remain independent. "I went to [named registered manager] about my toilet seat which needed replacing and she sorted out a new seat on the same day."

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 received personalised care which met their needs. People told us that their needs were being met and that they were happy with the care and support they received. They said that the service had been responsive to changes in their needs and had adapted their care accordingly. We saw evidence that the registered manager had met with people and their representatives to review their care. They also visited people to observe the staff and make sure people's needs were being met.
- ☐ One of the care staff spoke about the positive changes they had observed for the people who were cared for by the service. They explained people were supported to remain independent as long as possible.
- ☐ The provider had developed care plans with people. The plans included a breakdown of tasks the staff needed to perform, the desired outcomes and how these would be achieved. There was an emphasis of providing choice and understanding people's routines and how they wanted to be cared for. The information was detailed and outlined specific likes, needs and interests.
- ☐ The staff recorded logs of their visits. These showed that care tasks were followed, they also showed how the person felt. Information was clearly recorded and detailed. Logs showed that staff stayed for the right length of time and arrived at the same times each day. The staff also recorded any symptoms or behaviour that was out of the ordinary for people. They reported this to the registered manager and discussed with people's families if they had a concern that someone was unwell or confused.
- ☐ The care staff told us that they were able to care for the same people on a regular basis. They got to know people well and had good relationships with them.

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.

- ☐ People had their communication needs assessed as part of their original assessment. This was then used to develop care plans. People had access to audiologists, opticians and speech and language therapists as required to support them with communication needs.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. People had been given a copy of the complaint's procedure in place. People using the service told us they knew how to make a complaint and who to speak

with if they were unhappy with anything. They said that they felt the registered manager responded to concerns or anything they wanted changed. One person said, "I feel freer talking to [named registered manager]. If I ask her about something which she can't answer at the time she'll say, 'I don't know, but I'll find out and let you know' and she does".

- ☐ Complaints were taken seriously and used to improve the service where possible and appropriate actions with records were in place. Complaints were driving improvements. As a result people's reviews were slightly different and medicine audits had been reviewed.

End of life care and support

- ☐ At the time of our inspection, no one was receiving care at the end of their lives. Staff had received training about caring for people at this time. They worked closely with families and healthcare professionals to make sure people received the right support when they needed this.

- ☐ Care records had people's wishes noted. Some people had records relating to not being resuscitated on recognised forms. One person told us, "My carer certainly knows me and that I'm on DNR [do not resuscitate]."

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

- ☐ The culture of this service was person-centred and open. People spoke freely and openly with us about being involved and their views on the service.
- ☐ Staff were positive and motivated. There was little staff turnover and few vacancies. There was good morale. One staff member said, "We all get on brilliant."
- ☐ The culture was one of wanting to achieve the best outcomes for people and staff.

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

- ☐ There were structures, policies and procedures in line with openness and duty of candour.
- ☐ The registered manager was open and facilitated the inspection. Compliments far outweighed complaints, but when received they were used to learn and change practice if needed. Managers gave an example of meeting with a family and how they had addressed issues and developed the service accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ There had been a recent change in the registered manager. Feedback from people and staff was very positive about the impact the new registered manager was having along with separating out the roles of care manager and housing manager.
- ☐ The new registered manager understood their responsibilities and regulatory requirements and notified us at CQC as required.
- ☐ Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service.
- ☐ The Orders of St. John Trust had quality management systems in place. Audits and action plans were shared as required. This included regular visits from The Orders of St. John Trust representatives who had oversight of the quality of care being provided. They were present on the day to offer support and guidance to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively engaged in the running of the service. There were regular meetings with people and staff that were very well attended, and minutes were kept and circulated. We could see that actions were taken when a suggestion had been made. We were given four different examples from people of their suggestions and feedback being taken on board. This demonstrated a responsive service to people.
- People at the service benefitted from good links within the local community. For example, there were strong links with a local school, and people attended day centres that supported their needs. Local church groups visited and people could access the rickshaw rides in Bury St Edmunds. These links ensured people were not isolated and supported them appropriately.
- The service worked in partnership with health and social care professionals who were involved in people`s care.