

# The Orders Of St. John Care Trust

## OSJCT Longlands

### 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 5 May 2016. It was an unannounced inspection.

Longlands is registered to provide accommodation for up to 48 older people who require personal care. At the time of the inspection there were 46 people living at the 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.

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.

Where risks to people had been identified, 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. People received their medicines as prescribed.

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.

People received person centred care. People were cared for by a service that understood the importance of getting to know the people they supported. People were supported to avoid social isolation through a wide range of activities.

There were sufficient staff to meet people's needs. The service had robust recruitment procedures in place which ensured staff were suitable for their role. People told us they benefitted from caring relationships with the staff who knew how to support them.

Staff were supported by a registered manager that led by example. Staff had access to effective supervision and training to enable them to provide good quality of care.

Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

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 knew how to identify and raise concerns

People received their medicines as prescribed.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks.

### Is the service effective?

Good ●

The service was effective.

Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

### Is the service caring?

Good ●

The service was caring. People benefited from caring relationships.

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

The staff were friendly, polite and compassionate when providing support to people.

### Is the service responsive?

Good ●

The service was responsive. People were assessed and received person centred care.

Complaints and concerns were dealt with appropriately in a compassionate and timely fashion.

People were supported to avoid social isolation through a wide

range of activities.

**Is the service well-led?**

**Good** ●

The service was well led. The registered manager led by example.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns

# OSJCT Longlands

## **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 was 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 5 May 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor whose specialism was adult care.

Before the inspection we asked the provider to complete 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, previous inspection reports 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 seven people, five relatives, six care staff, the chef, the registered manager, the area operations manager and three healthcare professionals. We reviewed eight people's care files, 10 staff records and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; "Oh they look after me, they are very helpful and kind", "Yes I am safe here" and "I am well looked after and the girls are brilliant". Relatives told us people were safe. Their comments included; "Mums safe there", "Yes she is safe there", "They have been much happier since they have been there", "[Person] is very safe there" and "I know she is safe because they always know where she is".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. One staff member we spoke with said, "I would go straight to [registered manager] or [area operations manager]". Staff were also aware they could report externally if needed. Comments included; "I would report it to CQC (Care Quality Commission) or the police if I had to", "I would report my concerns to social service or the person's G.P" and "I would report it to the care home support team".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, people who were at high risk of pressure damage had accurate and up to date prepositioning charts 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. One visiting healthcare professional we spoke with told us "They take pressure damage seriously here, they are very quick to call us".

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

During our inspection we observed how one person questioned why they had to take their medicine. Staff spoke with this person and explained what the medicine was for and why it was important to take the medicine. As a result the person took their medicine. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medicine. This person then told us "She won't leave me until I have taken them". Medicines administered 'as and when required' included protocols providing guidance for staff about when the medicine should be used. Staff had an understanding of the protocols and how to use them.

We observed, and staffing rotas confirmed, there were enough staff to meet people's needs. Staff and relatives told us there were enough staff to meet people's needs. Records demonstrated that staffing levels were regularly reviewed by the management team. During the day staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

People in their rooms had call bells to hand and call bells were also answered promptly. One person we spoke with showed us their call bell and said "Every ones got one of these". People who could not easily use call bells received regular visits from staff. We spoke with one staff member who told us "We have to check people regularly because it's important to make sure their safe".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks (DBS). These checks identify if prospective staff were of good character and were suitable for their role. Staff members we spoke with told us, "I couldn't start until all the checks were completed" and "I had to wait for my DBS to come back".



# Is the service effective?

## Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "They are all very good", "You can see for yourself, they're very, very good I can't fault them" and "The staff are amazing".

Relative's told us staff were knowledgeable. Relative's comments included; "They know mum well and they are friendly", "The staff have very good knowledge of [person's] needs" and "The staff are really good".

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 started working at the service. Induction training included fire safety, moving and handling, medication and infection control. One member of staff said, "The induction was good". Another said, "I shadowed for two and a half to three weeks. I worked with a second person to make sure I was confident. I then worked with a different person who checked my competence".

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included; "Supervision is good", "I can use supervision to discuss any concerns" and "[Registered manager] is a can do and will do person who listens".

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 we spoke with told us "I am starting my NVQ level 3". We spoke with the registered manager about the support they provided for staff and they told us, "The organisation has supported me and given me opportunities and I want to do the same for my staff" and "I really want to support staff with their careers".

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. We discussed the MCA with the registered manager who was knowledgeable regarding the act. 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 it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included: "It may be that they have capacity in some things but not necessarily in all things", "It's not simply about making decisions for someone", "Never think the person can't make a decision on their own, support them in their decisions and always give them choices", "It's about the person's best interests and it's time specific" and "We are not here to prevent independency, but we need to support people to make the right decisions"

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests. At the time of our inspection the service had made DoLS an application for one person.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, at the lunchtime meal we saw people's preferences regarding food and drink were respected. We spoke with staff who clearly understood the importance of gaining consent. One member of staff we spoke with told us, "We have to talk to them and ask them. We never do stuff without asking, we always ask."

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, district nurses, podiatrists and the care home support service (CHSS). 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 healthcare professional we spoke with said, "We have a very good working relationship. We don't need to call (to make an appointment)". And "Here they are quite proactive and open in what they need".

People told us they enjoyed the food. Comments included, "The foods nice", "The foods good and the girls are ever so nice" and "I like the food". We observed the midday meal. This was relaxed social event that had a real community feel to it. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of two meals on the daily menu and were offered a choice of drinks throughout their meal. People who needed assistance with eating and drinking were supported appropriately. People who required special diets, for example, pureed or fortified meals, had these provided to them by kitchen staff who clearly understood their dietary needs.

# Is the service caring?

## Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "If they can help you they will, their ever so polite", "These girls will go over the top for you", "The staff are lovely" and "The staff here are very caring"

Relatives we spoke with us told us that the staff were caring. Comments included; "They take their time, they are ever so patient", "They take the time to chat with them", "We are very pleased with the care at Longlands", "I can't fault the care" and "The care is absolutely brilliant". Staff told us they enjoyed working at the service. Staff comments included; "I love spending time with the clients", "The residents are lovely. You look forward to seeing them." and "I really enjoy working here."

Throughout our visit people were treated in a kind and caring way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one staff member made sure that a person who had a medical condition, had their leg in the correct position to provide better comfort when they sat down for their lunch time meal. The person asked the staff member to support them with this. The staff member knelt down to the person's eye level and informed them of what they were doing first. They said "I am just going to move your foot to the left a bit [person's name], let me know if it hurts and I will stop". The person then thanked the staff member. Following this support the staff member then checked to make sure the person was comfortable and had everything they needed before moving on.

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, one person who required support with a walking aid was supported appropriately by staff who took the time to explain how they would be supported. They said to the person "You're doing really well [person's name]" and "We are half way there, not far to go now [person's name]". At the end of the interaction the staff member said to the person "You were brilliant, you did really well there".

People were cared for by a service that understood the importance of promoting people's dignity and what this meant to people individually. For example, the service had painted a 'dignity tree' in the main lounge. The leaves on the dignity tree contained comments from both people and staff highlighting what dignity meant for them. We spoke with a member of staff who was responsible for this and they told us, "It's there to remind us all of what dignity means to people as individuals because dignity can mean different things for different people".

People had their own bedrooms which enabled them to maintain their privacy. We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. One member of staff we spoke with told us, "I always knock the door. We never just walk in, we knock first, shut the door and make sure the curtains are closed (before delivering personal care)".

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Throughout our inspection we observed that interactions were kind and caring. People were treated as individuals and supported with their independence. For example, one person liked to be involved with helping staff with tasks such as laying the tables and moving chairs around for meal times.

During our inspection staff actively involved the person in carrying out these tasks. We spoke with one member of staff about this and they told us, "We have quite a few strategies to make sure we are involving [person]. It's important that [person] is involved with these things as it supports (them) to maintain (their) independence".

On the day of our inspection the service was promoting people's independence by supporting people to go to a nearby polling station so they could have their vote in the local council election. One person who was about to leave the home asked the registered manager, "Will you come with us". When the registered manager agreed the person became excited and said "Oh brilliant, [registered manager] is coming with us".

## Is the service responsive?

### Our findings

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us, "They get you the help if you need it". Relatives told us the service was responsive. Relative's comments included; "The service is great at responding to her needs", "They always keep an eye on her", "If there's ever been any problems they ring us up straight away" and "They are very good at keeping us informed". One visiting healthcare professional we spoke with told us, "They are responsive, they come to us straight away if they have a concern".

People's needs were assessed prior to admission to 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. Care plans were detailed, personalised, and were reviewed regularly.

People had been involved in their assessment. Care plans contained 'All about me' documents which detailed the person's history and preferences how they liked to spend their time and things that were important to them. For example, one person had been supported to follow their interest in animals. We spoke with this person and they told us that the service had arranged for a cat to be brought into the home and they had enjoyed stroking it. The also told us they were looking forward to supporting a wildlife organisation. The person said, "I'm going to adopt a monkey".

Staff were responsive to people's changing needs. During our inspection we observed a morning staff meeting and it was evident that people's changing needs were being discussed. We also observed how this meeting was used to discuss how the service would respond to people's needs following a couple of days of hot weather. Staff comments included, "We need to make sure additional juice and water is available", "We need to make sure we reduce any risks surrounding dehydration" and "I will fill up some of those big jugs and make sure there are extra ones in the communal areas and the garden". The registered manager said, "Can we make sure we keep an eye on peoples fluid intakes please".

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 a person's food and drink preferences and how they liked they liked to have things done before they went to bed at night. The information shared with us by the staff member matched the information in the person's care records. Another person's care records highlighted how they enjoyed eating ice cream. During our lunch time observation a staff member who was serving ice cream went up to them and said "I know you love your ice cream [person's name], would you like another scoop". The person gave the staff member a big smile.

Church services were regularly provided for people to attend and care records highlighted people's faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the way that they like to.

People were offered a range of activities including games, music therapy, skittles and trips to the beach. The

service had an activity coordinator who was clearly passionate about their role. They told us, "I absolutely love my job, it's the most amazing job in the world" and "One of the best things about this job is getting to know people and their families". The activities coordinator showed us a piece of work that they were "Particularly proud off". This involved supporting people to volunteer at a local primary school. The activities coordinator told us that their roles included, "Working with younger people who have lost or been far removed from their grandparents". This piece of work was designed at "Bridging the gap between generations". This meant that people were supported to avoid social isolation. We spoke with one person about the activities and they told us "We went out yesterday and had a lovely time". A relative told us "They took them out to the seaside on the minibus, it was great. She used to love going to the seaside". Following our inspection we were sent evidence that the activity coordinator had won a staff award from the provider for 'Activity Coordinator of the Year'.

People's opinions were sought and acted upon. Regular 'residents meetings' were held and gave people and their relatives the opportunity to raise issues and concerns. For example, at a recent resident meeting people requested a change to some of the carpets in the home. This was actioned by the registered manager. The service published a newsletter for people, which was displayed and available around the home. News, information and events were published.

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. There had been two complaints since our last inspection and these had been logged and responded to in line with the organisations policy. One person we spoke with told us, "I would know how to complain. I would tell the manager. If she don't know, she can't do nothing about it".

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and found them very friendly and approachable. People's comments included; "She's a very good manager", "The right person in the right job in the right place" and "I think [registered manager] is marvellous. She's very nice". Relatives we spoke with told us, "[Registered manager] is very good", "She's always been really really good with us" and "I simply can't fault [registered manager]".

Staff told us the registered manager was supportive and approachable. Comments included; "She's always happy to listen", "She has been very supportive to me" and "I think [registered manager] is great".

The registered manager told us that the visions and values of the home were, "To engage with the residents as much as possible" and "To make sure the residents are safe, whilst involving them and their families in all aspects of their care, that is person centred". The registered manager was complimentary about the staff. They told us "The staff are brilliant they always go the extra mile. I am very fortunate to have such a great team".

The registered manager led by example. The registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner. We saw the manager was involved in the day to day tasks of running the home. For example, during the lunch time meal the manager put on an apron and helped out with the tasks whilst engaging with people on a personal level. The registered manager also participated in the activities. One member of staff we spoke with told us, "She's always getting involved". Throughout our inspection there was a positive and open culture in the home.

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, "[Registered Manager] is approachable and listens". 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.

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service. Audits included infection control, safeguarding procedures and care records. Learning from these audits was used to make improvements. For example, a recent audit surrounding care records the registered manager highlighted that they could be "More person centred". The registered manager and the area operations manager then supported a member staff to revisit these and add additional information about people. We spoke with the staff member about this and they told us "After I had worked on the files, [Area operations manager] sent me a thank you card. It made me feel really appreciated and valued".

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person had developed a

pressure ulcer. The registered manager arranged for a reflective meeting to take place where learning surrounding the incident was cascaded to the rest of the staff team. The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service.