

The Orders Of St. John Care Trust

OSJCT The Meadows

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Overall summary

We inspected this service on 22 April 2015. This was an unannounced inspection.

The Meadows is registered to provide accommodation for up to 68 older people who require nursing or personal care. At the time of the inspection there were 65 people living at the service. The home is arranged into three units; Bluebell, Poppy and Primrose.

At a comprehensive inspection of this service in December 2014 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with four compliance actions. After the comprehensive inspection, the provider wrote to us to say what they

would do to continue making improvements to meet the legal requirements in relation to those breaches. We undertook this focused inspection to check that the provider had followed their action plan and to confirm that the service now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OSJCT The Meadows on our website at www.cqc.org.uk.

People were supported in a dignified way and staff responded to their needs in a timely way. People had care records that provided sufficient instructions to staff on how to support them and these were regularly reviewed to reflect people's changing needs. Records relating to people's care were stored securely and

Summary of findings

completed when care took place to reflect an accurate record of care received. Staff had received outstanding and refresher training to enable them to meet peoples needs.

Although the required improvements had been made we have not changed the overall rating for this service because we want to be sure that the improvements will be sustained and embedded in practice. We will check this during our next planned comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to ensure the service was effective.

Staff were supported to improve the quality of care delivered to people through training. Staff were knowledgeable about the care people required in relation preventing pressure ulcers and meeting nutritional needs.

We have improved the rating for this key question from inadequate to requires improvement. We have not rated this service as good in this area because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service caring?

We found that action had been taken to ensure the service was caring.

People were assisted in a timely way. Information about people was kept in a way that protected their privacy.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

We found that action had been taken to ensure the service was responsive.

Records in relation to peoples care were completed consistently. Care plans provided accurate instructions on how to support people.

We could not improve the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



OSJCT The 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an unannounced focused inspection of on 22 April 2015. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider after our inspection on 22 December 2014. The team inspected the service against three of the five questions we ask about services: is the service effective, caring and responsive. This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors. During the inspection 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. We spent time with people and observed the way staff interacted with people. We spoke with four people and two people's relatives. We also spoke with the registered manager and seven staff. We looked at records, which included eight people's care records, 18 people's supporting documentation and seven staff files. We also looked at records relating to the management of the service.

Is the service effective?

Our findings

At our inspection in December 2014, we identified staff were not always properly trained nor had the chance to develop and improve their skills. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the regulation. At this inspection we found these actions had been taken.

Staff had completed the provider's mandatory training and had attended further refresher training in other areas, for example. Dementia care. People told us, "there are a lot of new ones [staff] learning the job but they do seem to be better at knowing what to do". Staff told us "there's been lots of training, it's really helped us to understand the care people need".

At the last inspection we found staff were not knowledgeable about the care people required in relation to preventing a pressure ulcer. Following that inspection staff had since received training in this area. People at risk of developing pressure ulcers had specialist mattresses and cushions in place to prevent their skin from deteriorating. Staff checked the equipment daily to check it was correctly set for the people using them. Records confirmed that checks had been completed each day. Staff told us the nurse checked records had been fully completed, at the end of each shift, to ensure any shortfalls

were identified and addressed. People using the equipment told us they were comfortable. Staff supported people to change their position regularly to reduce the risk of pressure ulcers developing.

Where people had creams prescribed to promote good skin care staff completed body maps to show which part of the body the creams needed to be applied to. Staff signed records to show creams had been applied in line with people's prescriptions.

At the last inspection we found staff were not knowledgeable about the care people required in relation to their dietary needs. All staff we spoke with at this inspection knew how people should be supported. Where people had been assessed as at risk of choking they had been seen or reassessed by a speech and language therapist (SALT). Care plan and risk assessments reflected the recommendations made. People were supported to have the dietary supplements and fluid thickeners as prescribed. Staff supported people at lunchtime in a friendly and respectful manner. Lunch was relaxed with background music and a pleasant atmosphere. People were given a choice of what they would like to eat and four different lunch options were served. People told us they enjoyed their lunch. A visitor told us their relative "eats well"; "there is always plenty of food" and "a good atmosphere".

Is the service caring?

Our findings

At our inspection in December 2014 we found people were not always supported in a dignified way. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard to meet the regulation. At this inspection we found these actions had been taken.

More staff had been employed at the service and all staff had received further training in areas such as promoting people's dignity and dementia care. Dignity champions had been introduced and deployed throughout the service. Staff who had demonstrated good practice and had in-depth knowledge of supporting people with dementia had taken on a support and training role working with care staff on a daily basis to lead by example. Staff told us they

had benefited from the extra training and support. One staff member said "it's definitely made a difference". Another said "we used to assume what people wanted. Now we never assume we always ask".

People told us staff were "kind" and "caring". Staff assisted people promptly and treated them in a friendly and supportive manner. Staff gave people choices and were respectful of their wishes.

At the last inspection we found information about people was not always kept in a way that protected their privacy. Following that inspection changes had been made to the way information was kept about people. For example, on a notice board in the office codes were used to highlight people's requirements, which ensured people's personal information was not disclosed. Other records about people that needed to be readily available such as dietary information were discretely stored in locked dining room cupboards to ensure people's privacy and dignity were respected.

Is the service responsive?

Our findings

At our inspection in December 2014, we identified people's records were not always accurate and did not always contain information about how people should be supported. We asked the provider to send us a plan outlining what actions they would take to bring the service up to the required standard. At this inspection we found these actions had been completed.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, monitoring charts to record how people's position was being changed to reduce the risk of pressure ulcer

development. These were up to date and there was a clear record of the staff input and care being carried out. Where records were in place for people who needed to have their fluid and food intake monitored, these were completed to show the amount people had consumed each day. Charts were reviewed and any actions in relation to people's food and fluid intake was recorded.

Some improvements were still required to the care records of one person who had behaviour that may be described as challenging. Although their care records now included some information regarding meeting the person's needs, triggers and strategies for supporting behaviours that might be perceived as challenging were not recorded. Monthly evaluations were recorded but were limited and did not give a sense of the effectiveness of the care plan and any changes required. The nurse and registered manager told us the plan would be updated.