The Orders Of St. John Care Trust

OSJCT Moorside Place

Inspection report

Moorside Place
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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

An unannounced inspection took place on the 28 March 2017.

Moorside Place is an Extra Care Housing Scheme run by The Order of St John Care Trust (OSJCT). Extra Care Housing consists of a property containing self-contained flats. The property is designed to enable and facilitate the delivery of personal care and support to people, now or when they need it in the future. OSJCT Moorside Place had also taken on providing personal care to people at another Extra Care Housing Scheme, Erdington House from April 2016. This was managed by a full time team leader based at Erdington House and a care staff team. On the day of the inspection 31 people were being supported across the two schemes.

There was a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People had appropriate risk assessments in place to ensure their safety during delivery of care. Staff understood their responsibilities to identify and report concerns relating to abuse of vulnerable people. The provider had policies and procedures in place to ensure outside agencies were notified of concerns. Staff were trained in the management of medicines and people received their medicines as prescribed.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service.

Staff had received, or had planned, supervision and appraisal. Staff had received refresher training and direct observations to ensure that they remained skilled and competent.

Staff understood the Mental Capacity Act 2005 (MCA) and how it related to their support of people. People were involved in decisions about their care.

People felt cared for by staff and said that they were treated with dignity, respect and kindness.

People had care plans in place that contained relevant information on their support needs. People were encouraged to take part in activities both in the service and in the community. People were aware of how to raise concerns and were confident these would be managed effectively.

Meetings with people who used the service had been set up to seek their opinion and to keep them informed of any proposed changes.

The policies and procedures to support staff in their work had been updated and were accessible for on-

going guidance.

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 said they felt safe and staff knew how to recognise and report any safeguarding concerns.

People were supported by staff that had been checked to ensure they were of a suitable character to work within the social care sector.

Accurate records were being kept of medicines administered and risks to people were minimised.

People's care plans included risk assessments and where risks were identified there were plans in place to manage the risks.

Is the service effective?

Good

The service was effective.

Staff received supervision, appraisal and training to ensure that they were confident in their roles.

The registered manager and staff were aware of the Mental Capacity Act 2005 and understood the implications of this upon their day to day work.

Staff ensured that they supported people in order to meet their health needs.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the caring nature of staff. They told us that staff promoted people's privacy and dignity.

Staff had a strong desire to provide a good quality service.

Is the service responsive?

Good

The service was responsive.

Staff knew people's needs and responded to them as individuals.

Care plans contained detailed information to enable staff less familiar with a person, to provide individualised care.

People received support from staff who were consistent and who took time to get to know them.

People enjoyed activities organised at Moorside Place.

There was a complaints procedure in place. People informed us that they had no concerns or complaints.

Is the service well-led?

Good

The service was well led.

There was a registered manager to provide day to day help and support to the service.

There was an effective quality assurance system in place which was used to check on the overall quality of the service. People had been asked for their opinion on the support they received.

Staff and people who used the service were kept up to date with changes to the service. Staff were kept up to date with changes to policies and procedures.

OSJCT Moorside Place

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 28 March 2017 and was unannounced. The inspection team consisted of an adult social care 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.

Before the inspection we reviewed all of the information that we held on the service including; notifications, questionnaires, safeguarding and complaints. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to seek feedback about the service. We received feedback from two people.

We spoke directly with 10 people who received a personal care service and one relative. We viewed six people's records relating to their support and medication management.

We had the opportunity to speak with the Trust Domiciliary Care Manager, the Area Housing and Care Manager, the registered manager, two team leaders and three care staff. We looked at a variety of records which related to the management of the service such as surveys, policies, recruitment, staff supervision, training records and quality audits.

Good

Is the service safe?

Our findings

We asked people if they felt safe and comments included, "My goodness me, yes", "Safe, but it is not intrusive", and "Totally safe".

Most people we spoke with told us they thought there were enough staff to keep them safe. One person we spoke with felt there should be more than one staff member in the afternoons at the other scheme which OSJCT Moorside covered. We fed this back to the management team on the day of the inspection. They said that one member of staff in the afternoon was adequate and there was a system which meant any emergencies would go through to a control centre if the member of staff was not able to respond immediately.

Staff told us they felt there was sufficient numbers of staff to support people. Comments included; "Recruitment is an issue but it is improving" and "I feel I have enough time to support people".

Staff provided varying degrees of support to a number of people in regards to the ordering, administration and disposal of medication. There was a process in place for staff to follow to assist them to do this safely and staff were provided with an appropriate level of training. Medicine administration was recorded on a medicines administration record (MAR). Staff we spoke with knew their responsibilities relating to the administration of medicines and worked to the provider's medicines policy. Staff were observed to ensure they were competent before administering medicines unsupervised. The level of support required for each person was documented and this corresponded to the support plan.

People had risk assessments in place to ensure staff had sufficient information to deliver care safely. For example, a person had a medical condition that made them unsteady and at risk of falls. We saw a risk assessment detailing the equipment the person used and to ensure these were maintained regularly. It also stated about reviewing the person's footwear. We saw this had been reviewed recently and no changes required. There was also a risk assessment in place about accessing people's flats in an emergency. Details of this were documented on the people's care plans.

The registered provider had a system in place for the recording of accidents and incidents which staff adhered to. The registered manager told us that this information was reviewed by internal auditing to identify any themes and trends. We saw that one person had sustained a number of falls. The person had been referred to the falls team and seen their GP to be checked for a potential cause of these falls.

Staff had an understanding of safeguarding and what constituted abuse or neglect. Comments included, "I would note if their behaviour had changed, for example, withdrawn or not eating and report my concerns" and "If I had concerns I know who to report to and would do so". The registered provider had their own safeguarding policy for staff to refer to as well as that of the local authority and they were accessible to staff.

Records relating to recruitment of new staff contained relevant checks to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks

enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The housing provider was responsible and maintained overall responsibility for the health and safety of the premises.

Good

Is the service effective?

Our findings

People said that the scheme was effective in meeting their needs. Comments included; "They know what they are doing" and "I get the care I was assessed for and even a bit more".

Staff told us that they had support from the senior care staff member and could go to them with any worries or concerns. OSJCT had introduced a combined supervision and annual appraisal process called 'Trust in conversations'. These meetings provide an opportunity for staff to meet with the managers on a regular basis to agree objectives and discuss their performance.

There was an induction programme for new staff that met the requirements of the Care Certificate. This is a set of fundamental standards that social care workers should adhere to in their daily working life. New staff recruited would undertake this training.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Training was a combination of e-learning and face to face sessions. The registered provider maintained a record of staff training that had been completed as well as that pending; so they were aware of the requirements for all staff. Staff had undertaken training that the registered provider had deemed essential to their roles such as medication administration, moving and handling, safeguarding and mental capacity. A member of staff commented, "Anything I've expressed an interest in has been arranged".

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). This Act 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. We checked whether the service was working within the principles of the MCA and found they were. A staff member said, "People have choices no matter what. If we have concerns that their capacity is changing we raise concerns, for example, managing own medicines". We saw a capacity assessment had been completed regarding a person managing their own medicines due to concerns. A best interest decision had been made in consultation with a family member to assist the person with medicines to avoid risk of mistakes. This had been updated on the person's care plan.

People were supported by staff to ensure that their nutrition and hydration needs were met. The scheme had a café which was run by external caterers. People said this was a good facility and those we spoke with said they used it regularly. During our inspection we saw people using the café and there was a cheerful atmosphere and people were enjoying the food. Some people were assisted by staff to help prepare or to heat meals and some would also get the café to deliver meals to their flat if required. One person said, "They check that I have eaten properly". If not they said care staff would cook something.

People told us that staff contacted health and social care professionals, when needed, to ensure their needs were met. The pharmacy delivered medication to the scheme. We also saw records of visits from the district

nurse, podiatrist and chiropodist. The scheme had a good relationship with local GP's.

Good

Is the service caring?

Our findings

People who used the service told us that the care staff were caring. Comments included, "The carers are like one of the family coming in"; "The girls are wonderful, very, very kind"; "The care is good", "I couldn't fault them. They'll do anything for you" and "They are absolutely lovely in here, I cannot praise them enough". This person went on to say that some care staff popped in to say "Hello", however briefly, when they were passing which they liked.

We observed caring interactions between people and staff. For example, one person was in the reception area and became distressed. A member of staff immediately went to comfort the person. They were chatting and reassuring the person and were talking about an upcoming activity to help distract them. We saw this activity in the person's care plan as something they enjoyed very much. This showed the person was supported in a way that demonstrated the staff member knew them well.

Staff enjoyed their jobs. One said, "I love it. Main reason why I come into work each day. I wouldn't do this job if I didn't enjoy it". Another said they enjoyed chatting with people and getting to know them. The registered manager told us that staff and management had organised a Christmas party for people in their own time. For example, one care staff went to a local business on their day off to get raffle prizes. Two care staff were also organising a summer fete in their own time. Staff had assisted getting a person some gardening clothing and shoes as they had expressed a wish to help in the grounds. A member of care staff regularly baked cakes at home in her own time to bring in for the weekly coffee afternoon for people at the scheme. This was said to be appreciated and enjoyed by those that attend.

People told us that they were treated with dignity and respect. One person said, "They're all good, not just the one". Care plans indicated what a person wished to be called by and staff responded accordingly. Staff were aware of the need to preserve people's dignity when providing care to people. A staff member commented, "I always ensure I don't expose their body unnecessarily. Always ask permission and explain what I am going to do". People had been able to express a choice over the gender of their care staff.

People's independence was promoted. One person, when they first arrived, needed four visits a day to help with personal care and medication. The scheme staff arranged to have the medication put in dosset box. After two months, care was reviewed and visits were reduced to one visit a day as the person had become more independent in other areas of their care. The person was also assisted to get a computer to assist communicating which resulted in improved interaction with the care staff and residents and to enable shopping to be done independently.

People were provided with opportunities to complete an advance care plan to document their end of life wishes. This was offered to people and completed according to their wishes at a time chosen by them.

Confidentiality was respected. Records were kept within locked cupboards and were available only to those people that required them.

The scheme had a lounge and cinema area and a café. This provided an opportunity for people to socialise and be in the company of others if they wished.

Good

Is the service responsive?

Our findings

People required varying levels of support with their personal care and this was decided through an assessment to ensure their needs could be met. People told us they were involved with how and when they wanted their care to be delivered.

Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated they enjoyed a particular breakfast and we observed this person eating this when we arrived for the inspection. Care plans had a visit schedule detailing the days and times of visits and what support was required at each visit. Care plans were detailed, personalised, and were reviewed regularly.

Care records contained details of each visit and we saw that people had received their support as listed in their care plan. For example, hourly checks in the night and medicines administered.

Staff were aware of people's preferences and their care package was tailored to meet those needs. Staff told us that people tended to tell them what they wanted them to do or they already knew them well. Progress had been reported in respect of a care of a person who had declined all support from most care staff. The level of concern from family members had decreased and contact with staff now was mostly to give thanks for the care and support of their relative.

The scheme had recently employed an activities coordinator whose role was to organise and advertise regular activities taking place. These activities included quizzes, film nights, bingo and 'Knit & Natter'. A person we spoke expressed how they enjoyed the 'Knit and Natter' sessions. The large lounge was also equipped with board games, jigsaws and books.

Some people had their own hobbies and interests and pursued these within the community. People were encouraged to become involved. For example, care staff were hoping that one person would help out in the garden as this is something they had enjoyed previously and shown an interest in doing.

People said if they had a complaint or concern they knew who to speak to. There was a policy in place for the recording and investigation of complaints. One person said, "Any problems I go to [name]. There was a box for complaints or suggestions in the front hall but no-one we spoke with had used it.

Good

Is the service well-led?

Our findings

People we spoke with were not always aware of who the registered manager was at the scheme. However, they all knew the two team leaders well and they also delivered care.

Staff we spoke with were confident in the management of the scheme. They said the management team were approachable and the culture of the service was positive. Comments included, "No bad things to say. [Name] is really good", "I enjoy the job, I can't imagine doing anything else" and "It's a really good team". A staff member said they felt valued by management and it was acknowledged if they had done something well and thanked. They said ex-care staff still came back to visit which demonstrated that working at the scheme showed a keenness to keep in touch.

There was a series of audits in place to monitor the overall quality and safety of the service. These audits covered all aspects of care and were modelled on the five domains used in CQC inspections. Audit results were analysed and resulted in identified actions to improve the service and to identify any patterns or trends. For example, one audit identified there had been three falls in a month and the action was to ensure appropriate referrals had been made. We saw these referrals had taken place. Medicine audits were conducted every month and all the medicine audits we saw were compliant with guidance and the provider's policy.

Policies and procedures were reviewed by the OSJCT quality team and kept updated with any changes needed. There was a policy folder available for staff to refer to in order for them to ensure that they were following due process and best practice. Each month a particular policy was highlighted, for example, the medication policy. This had a briefing note to say what changes had taken place and staff signed to say they had read and understood the changes.

Serious incident learning reports were emailed out and made available to care staff. For example, we saw a briefing about pressure relieving mattresses and to review these. We also saw advice about the height of bed rails.

Five people per week were visited by the Housing and Care Manager or Team Leader. This was to carry out a client care quality visit to discuss the quality of care and any action. We saw examples of this and a comment from someone at the other scheme who had commented "It's never been this good".

Regular meetings for people in the scheme were held to ensure they had an opportunity to give feedback. A request had been made for a talk by a local historian and we saw this had been arranged for March 2017. There was also a comment and suggestion box available in reception for people and visitors to use.

Regular team meetings were in place in order for management to communicate formally with staff and to give them an opportunity to discuss matters of concern. We saw in the most recent team minutes, that a discussion had taken place about cream applications. This related to a change we had seen in a person's records.

Statutory notifications had been received as appropriate. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.