The Orders Of St. John Care Trust

OSJCT Old Station House

Inspection report

Old Station Yard
Abingdon
Oxfordshire
OX14 3US

Tel: 01235536226
Website: www.osjct.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
OSJCT Old Station House is a residential home that was providing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 43 people in a purpose-built building with individual flats over three floors.

People's experience of using this service and what we found
People told us they felt safe living at Old Station House. However, we had comments from people, their relatives and some staff that there were not always enough staff to meet people's needs. Staff said that they 'pulled together' to ensure people received their care. Areas of the home needed improvement to ensure they were kept continually clean and infection free.

We spoke with the registered manager and area operations manager who acknowledged people's views. The registered manager and provider had plans in place to improve the staffing and housekeeping situation to bring about the required improvements.

Staff demonstrated a good understanding of how to meet people's individual needs and were supported with relevant training and support. People were encouraged to maintain their independence and live their lives as fully as possible.

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 home supported this practice.

People were able to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and treated them as individuals.

People continued to enjoy meaningful activities to reduce social isolation. The home had an established activity co-ordinator who worked with volunteers to maximise opportunities for people to join in where they wished.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the home could continually improve. Audits helped identify areas for improvement and this learning was shared with staff through handovers and meetings. The management of the home were respected.

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 29 April 2017).

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

OSJCT Old Station 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 was carried out by one 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. An inspection manager also attended this inspection in line with CQC's observed inspection methodology

Service and service type
OSJCT Old Station House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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: This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and seven relatives about their experience of the care provided. We spoke with one visiting health professional. We spoke with 12 members of staff including the registered manager, area operations manager, care leaders, carers, the chef, housekeeper, activity coordinator and the maintenance person. 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 reviewed a range of records. This included six people's care records and medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted social and health care professionals who regularly visit the service for their feedback.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● People told us there were not always enough staff to meet their needs. Comments included, "There are very scanty staff levels at times and they are often rushed off their feet - sometimes it is better at night times". Relatives also commented on staffing, "I think they need more staff, especially at weekends and there are no activities at weekends either. It is always quiet on Saturdays and Sundays although that does not really affect [person], but it definitely affects the atmosphere here". The registered manager and area operations manager were actively addressing the staffing issue, including performance management and recruitment in both the care and housekeeping areas. We saw that staffing was discussed at all meetings.

● Some staff said at times they were short but that they 'pulled together' to ensure people received their care. Comments included, "[Staff] are trying their best, however recently we've got less carers. We wish to have more, for the residents, they can be demanding" and "We sometimes have four instead of six care staff, but [registered manager and head of care] come out of their office to help."

● We spoke with the registered manager who told us a dependency assessment tool was used to assess staffing levels. There had been some issues with staff absence due to sickness and holidays and the management team were taking steps to address this. Following the inspection, the registered manager contacted us to provide further information about the action they would take to ensure safe staffing levels were maintained.

● Whilst people and staff told us that there were not enough staff and this could sometimes impact on the support people received. We did not find evidence that staffing levels had had a detrimental effect on people's safety and on the day of the inspection we observed there to be enough staff to support people.

● The provider had effective recruitment processes in place which enabled them to make safer recruitment decisions. This included pre-employment checks to ensure potential staff were of good character.

Preventing and controlling infection

● The housekeeping staff at the service did their best to keep the place clean. However, on the day of the inspection, we observed some areas that were not clean. For example, carpets were stained and some bins were not being emptied every day. Some people also commented that cleaning did not always happen as often as it should and this had also been raised in a survey. Cleanliness was affected by housekeeping staff absence. The management team told us actions were being taken to improve the housekeeping staff levels. The service improvement plan stated that standards would be checked via a daily walk around the service and checking cleaning schedules during daily meetings.

● Following the inspection, the registered manager provided information about the measures they were taking to rectify the issues found on the day of the inspection. These included having carpets professionally cleaned and replacing flooring where necessary to manage incidences of spillages and potential infection.

● Staff used effective infection control procedures. We saw staff using personal protective equipment, such as aprons and gloves and undertaking effective hand washing techniques.

Systems and processes to safeguard people from the risk of abuse

● People felt safe with comments such as, "I feel safe and I can pull that cord if necessary". Staff understood their responsibilities to identify and report concerns relating to harm or abuse. Staff said they had training and commented, "I would look for changes in behaviour."

● Staff were aware of the outside agencies they could contact if they felt concerns had not been dealt with effectively.

● The provider had systems in place to ensure people were protected from harm and abuse. Where needed investigations were completed, and outside agencies notified appropriately.

Assessing risk, safety monitoring and management

● People's care plans included risk assessments and where risks were identified there were plans in place to manage these. One person was at risk of using equipment and there was a care plan and risk assessment identifying the steps needed to reduce the risks to the person.

● Risk assessments and care plans were regularly reviewed to ensure risks were being managed safely.

● There were effective systems in place to monitor the environment and equipment to ensure people were safe. This included monitoring of fire systems and regular servicing of equipment.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the safe recording of medicines. The provider had made improvements.

● Medicines were received, stored, administered and disposed of safely. The provider ensured appropriate staff were trained and assessed as competent to support people with their medicines. This ensured they had the skills and knowledge to administer medicines safely.

● The pharmacy that serviced the home was changing the way medicines were dispensed for care home residents. The home had put in place e-learning which was supplied by the pharmacist specifically for medicines given by boxes and bottles. The provider had a medicines lead from their quality team available for advice.

● Systems for auditing medicines were effective.

Learning lessons when things go wrong

● Accidents and incidents were recorded and investigated. We saw where an incident had occurred earlier in the year that the service had created an 'adult at risk' profile and put specific records in place to identify and reduce the person's behaviour when they were distressed.

Good

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 needs were assessed prior to them moving into the service. The assessments were used to develop care plans that reflected people's needs and choices.
- Care plans considered standards, guidance and legislation. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.

Staff support: induction, training, skills and experience
- Staff told us they had regular supervision with an allocated member of the management team.
- Staff completed a range of training including face to face and e-learning. A member of staff said, "I've been offered to do medicine training or to become a care leader, but I don't want it. I like to be with residents".
- New staff were supported in a way that ensured they had the skills and knowledge to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet
- People gave varying comments on the food and drink. One person said, "It is not home cooking and I suppose we have good and bad days with the food, we are all different with different tastes. It is the swede that many of us don't like, we often swap for a nice jacket potato instead." Another person said, "When I first came here the chef came to see me to talk about what food preferences I had. I have a choice of food and there is always a choice between two courses. You know that if you don't like either of the options you can have something like jacket potatoes instead." We spoke with the chef who said they always did their best to provide food that people would enjoy. Meetings were held with people and relatives to discuss this.
- Most people chose to eat in one of the four dining rooms. If people chose to eat in their rooms this was respected. We observed that people were well supported in the dining rooms.
- People's dietary needs were met. Where people were assessed as at risk of malnutrition they received fortified food. Records showed the weight for one person who was at risk of malnutrition was stable.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People were supported to access health professional advice and support when needed. One health professional told us they were supported by staff when they visited. They said staff were good at following advice and guidance from the district nurses.
- People's care plans showed they had access to a range of health and social care professionals. This included; care home support services, podiatrist, mental health team and GP.

● Oral health care had been assessed and people had plans in place with guidance. For example, one person had an oral health care plan stating the person had their own teeth and used a manual toothbrush and foamless toothpaste. We saw these items in the person's bathroom

Adapting service, design, decoration to meet people's needs
● The home is in the centre of Abingdon, consisting of three floors with a central atrium area which is light and acts as the social gathering point with plenty of seating. We saw this area was well used throughout the day and was a good place for people to socialise. People had the opportunity to personalise their rooms.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff understood how to support people in line with the MCA. One member of staff told us, "We can't make their decisions; we need to empower them. We need to give choice and can't say 'no you can't have that'. People without capacity can sometimes make small decisions, like what to wear."
● Care plans contained mental capacity assessments that identified where people lacked capacity to make specific decisions. There were records showing best interest processes had been followed to ensure people's rights were protected.
● Where people were supported in ways that may restrict their liberty applications had been made to the supervisory body using the DoLS process.

Good

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 were supported by staff who were kind and caring. One person told us, "The carers are excellent, couldn't be better."
- We saw a person visited by the maintenance person to replace a broken light bulb. The person later said, "I have an ornamental [item]. It is very dear to me as it is the only item I have from my now deceased [relative]. She gave it to me and when I broke it I was upset but [maintenance person] has mended it and got it back as good as new and without a crack in sight. He is so good".
- Staff knew people well and used their knowledge to ensure people were treated as individuals. One member of staff said, "It's a warm place, I love my residents. I don't just do a job and not care what they think. We need to understand people and know what support they need"
- A health professional that visited most days told us the atmosphere was happy and people seemed to be well cared for and all their needs met.

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

- People were involved in decisions about their care. Throughout the inspection staff gave people choices about how they wished to be supported.
- One person commented, "I go to bed when I want to, usually around 9.30 I tend to get dozy at that time." A member of staff said, "We ask them, what can we do for them"? They went on to describe about asking what support people wanted and said, "We keep their ability to do things."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They are all polite and treat me with respect."
- Staff ensured people's privacy was respected. A member of staff said, "Always shut the curtains, shut the door, ask them where they would like to have personal care. Always prompt them, but not in public; if they need to change, take them to the room to sort it out there not in front of others".
- People were encouraged to maintain and improve independence. We observed staff supporting people who used walking frames by walking behind people and gently assuring them when they were walking with their frames.
- People's records were stored securely to ensure personal information was protected. Where records were stored electronically, systems were password protected to enable only authorised staff to access them.

Good

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 Outstanding. At this inspection we found this key question now meets the characteristics of Good. 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's care and support plans had identified people's choices and preferences and these were regularly reviewed. We saw information had been gathered from the person and, where appropriate, those that knew them well to inform the support plan.
- Care plans and information was available to staff and staff we spoke with knew people well. There was information on people's backgrounds and interests.
- Staff were supported to understand and meet people's needs through learning and development. For example, staff received training on 'Living well with dementia' to enhance their understanding and how to support people well.

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.

- Care plans detailed people's communication needs and how staff should communicate with them to ensure they understood the information being given. People's communication needs were assessed when they moved to the home and care plans were in place describing any needs such as glasses or hearing aids. Two people commented that they would like staff name badges to be larger so they could see their names. We passed this onto the registered manager and area operations manager to consider.
- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities on offer to ensure people did not become social isolated. A person told us, "I do get involved. I don't do lots each day. I go to the short events and go to the word games but not the longer trips out organised by [activities co-ordinator]." Another person said, "I went to Southsea on the outing and it was very good, and I enjoyed the Bourton on the Water one too." A relative said- "[Person] would just sit and not participate in anything, but [activities co-ordinator] is fantastic, and he tries to round everybody up. [Person] did go to the bowls, I thought that would be a non-starter." We saw a person with two small trophies displayed on the television set. They proudly told us that they had joined the bowls club and had won the trophies.

● People continued to be supported to be part of the local community and other social links. A wide range of activities were coordinated by the activity lead. Recent trips included a visit to Windsor Castle. On the day of the inspection people were going out for a coffee morning at the local church, which was a regular occurrence.
● The service continued to use volunteers to support people to have meaningful social interaction throughout the week. The use of volunteers assisted trips out of the home. Volunteers received training in dementia. The activity lead commented, "I think the way forward, the future, is volunteers." The activities lead did acknowledge that the weekends were not as active in respect of activities.
● Photographs displayed in the service showed people enjoying various events and trips out.
● People were supported to maintain relationships that were important to them. Visitors were made welcome.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure in place. Where complaints were raised these were investigated and responded to in line with the policy.
● People and relatives were confident to raise any concerns with the registered manager.

End of life care and support
● Care plans identified people's end of life wishes and where and how they wanted to be supported. Where people did not wish to be admitted to hospital this was clearly documented.
● A member of staff told us they felt that end of life care was, "Phenomenal." We heard of one person who was supported to remain at the home in line with their preferences. The member of staff spoke movingly about the person and said, "We were [person's] family".
● The service worked with healthcare professionals to provide a dignified and pain-free death that was as comfortable as possible. Specialist equipment and medicines were available at short notice, so they were in place when needed. A visiting health care professional said the service were very good at contacting the district nurses around pain relief for people receiving palliative care.
● A book showing pictures and names of deceased residents was on display with details of any upcoming funerals. This acknowledged the person's importance to others in the home who may wish to attend the funeral to pay their respects or to talk about or remember the person.

Good

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 management team promoted a person-centred culture that ensured people were treated as individuals. A person who had recently moved to the service said they were extremely satisfied with the support they had been given since moving into the home and was very complimentary about the caring staff.
- People were positive about the management of the service. One person told us, "I think [registered manager] is very good and very friendly. I would go to [registered manager] if I had any problems". A relative said, "We had several meetings with [registered manager] before [person] came here. The [head of care] has only been here a month, but she has been very responsive. She has made a difference and improved the communication channels."
- Staff had a person-centred approach to their role. One member of staff told us, "I love the residents. There is good teamwork, staff are a family, we help each other. If the bell was ringing for a long time on another floor I would answer it."

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

- The registered manager understood their responsibility relating to duty of candour. People and relatives told us the registered manager was approachable and took action if anything was identified.

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

- The provider and registered manager had effective systems in place to manage and improve the service. There were regular audits that included; care plans, call bell answer times, medicines, infection control and health and safety. We saw a service improvement plan with identified actions. These included addressing the cleanliness checks. The call bell answer times were within range and this was assisted by care staff responding to these, even if not in their areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had opportunities to give feedback about the service. A survey had taken place but with the new registered manager and head of care in place another survey was in the process of being completed to identify any areas of improvement.

● Regular meetings were held for various staff groups. For example, senior staff, care staff, housekeeping, health and safety and catering staff. Issues discussed included the hot weather and hydration and the catering meetings discussed people's preferences. People in the service and their relatives also had opportunities to meet and discussed items such as the new management, food, laundry and hairdressing.
● The service had developed strong links with the local community. The service had a large consistent team of volunteers who supported people to engage in activities in the community. Volunteers were sourced and recruited by the provider.

Continuous learning and improving care; Working in partnership with others
● The registered manager was relatively new in place and was working alongside a newly recruited head of care. There was a service improvement plan in place. We also received information following the inspection of areas being improved with timescales in place.
● The service worked in partnership with all relevant external stakeholders and agencies. For example, working with health staff to support care provision and ensure joined-up care.