The Orders Of St. John Care Trust

OSJCT Glebe House

Inspection report

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Date of inspection visit:
04 January 2018

Date of publication:
23 January 2018

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

We undertook an unannounced inspection of OSJCT Glebe House on 4 January 2018. Glebe House is a single storey care home for up to 40 older people. The home is purpose built. On the day of our inspection 36 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely. However, medicine records were not always accurate. The registered manager took immediate action to rectify this concern.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. The registered

manager was supported by the area manager and provider.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

OSJCT Glebe House

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 4 January 2018 and was unannounced. The inspection was carried out by one 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.

OSJCT Glebe 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with seven people, one relative, seven care staff, a laundry worker, the maintenance man, a house keeper, the chef, the registered manager and the area manager. We also spoke with two visiting healthcare professionals.

During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I like seeing who our visitors are. They have to sign in and have to ring a bell to be let in. That makes me feel very happy and safe", "No one worries me, but if I have a problem, there is always someone to talk to" and "Yes I'm safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd tell [registered manager] straight away, or I can call CQC (Care Quality Commission)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes, I think we have enough staff here. We also have some new starters who will begin soon". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of developing pressure ulcers, guidance had been sought from healthcare professionals and their guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "I've been trained, I have my cleaning schedules and there is no shortage of equipment so it's all good".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

However, medicine records were not always accurate. We found three stock balances that did not correspond with medicine records. We established that balances from the previous months stock had not been carried forward, creating an error. We spoke with the registered manager about this who said, "I conduct monthly audits of medicines but because I was on compassionate leave in December that audit

was not completed. This was unfortunate as the staff member who booked in the new stock was doing this for the first time and made an error". We noted the area manager had identified this audit had not been completed and was investigating. The registered manager took action and instigated weekly stock balance checks to support monthly audits. The staff member responsible was supported through advice and guidance and further training. This evidenced the service learnt from mistakes.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. The provider circulated 'serious incident briefings' to all services within the group to share learning from incidents.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "It is about making sure people's rights to make decisions are protected. We work in people's best interests to enable them to make specific decisions". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection two people at the service were subject to DoLS authorisations.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. The provider's Admiral nurse (dementia specialist nurse) had also provided guidance for staff. This included people's preferences relating to their care and communication needs. For example, one person communicated through facial expression. Staff we spoke with were knowledgeable about this person's communication methods.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People were positive about the food and received support to maintain their nutrition. One person said, "The food is not bad. I like having sandwiches at lunchtime and something hot in the evenings". Another said, "I like the sandwiches. You can choose what you want. Today I am having cheeses and tomatoes which is one of my favourites. Yes the food is good".

Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I have records of all resident's needs and preferences which I update regularly".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One visiting healthcare professional told us, "Referrals are

appropriate and they do follow our guidance here. I have no concerns with this home".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and contrasting handrails had been installed to assist people living with dementia to mobilise. Corridors were painted in contrasting colours to aid navigation. There were books, hats, clothing and other items of interest around the home for people to interact with and we saw people using them.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "The carers are lovely to me. They talk to me about my family", "I love to have a chat with the carers" and "The girls (staff) are all friendly here. I have had a lovely time".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love it here, it's a great atmosphere with the residents, a bit like being at home" and "Do we care? Yes definitely. We go the extra mile as residents are like family and friends".

People were involved in planning their care, the day to day support they received and their independence was promoted. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "We talk to residents. I write any reviews with them so I can capture their views and responses". Another staff member spoke about independence. They said, "I offer choices and let them (people) do what they can for themselves". This practice promoted people's independence.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. People's individual emotional support needs were assessed and recorded. For example, one person could become 'forgetful and disoriented around the home'. Staff were guided to 'assist [person] to navigate around the home. This person had also requested staff to 'come to my room and spend time chatting'. We observed staff spending time with this person and records confirmed this was a regular event. One relative commented on emotional support. They said, "Mum was very anxious at home and afraid to go out and do anything. Since she has been here, she is much less anxious and feels happy and content and that makes us feel happy".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person preferred a female staff member to support them. This person could 'shower independently' but 'liked the assistance' of a staff member when taking a shower. Another person was independent regarding their personal hygiene but wanted staff to 'cut and clean their nails'. Records confirmed these preferences were respected.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "All are welcome here. I think we would be mindful of people's backgrounds, preferences and characteristics" and "We treat residents as individuals regardless of their backgrounds".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. We asked staff how people accessed information. One staff member said, "Some residents have care plans in their rooms so they can read them, but I always explain things to keep my residents informed". One person commented on how staff supported them. They said, "Look at my clean glasses. The carers use a special cleaner for them so that it gets rid of fingerprints." This enabled the person to read and access information.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The serviced worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and regular trips out of the home. For example, trips to garden centres and places of interest. Special events, such as Halloween and Christmas were celebrated as were people's birthdays. People congregated at the front of the home in a large seating area near the entrance. Activities and games took place here throughout the day and the area was a vibrant place that set a positive atmosphere for visitors as they entered the home. The service also boasted extensive gardens, organised and maintained by one person with the assistance of the maintenance man.

The service had systems in place to record, investigate and resolve complaints. One complaint was recorded for 2017 and had been dealt with compassionately in line with the policy. The complaints policy was displayed in the reception area. One person told us, "If I have a problem, there is always some-one to talk

to".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

Good

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people and the registered manager.

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is lovely, we work so well together. She is supportive and approachable and I think it is well run here, I really do. It's all about the residents you see. This home is for them".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "We want to be an outstanding home, a place residents love to live in as a family". Staff we spoke with echoed these sentiments.

The registered manager empowered staff. Staff had been appointed to 'lead roles' within the home. These included dementia awareness, infection control and assessing falls. Staff were a point of reference for people, relatives and other staff relating to their lead subject. Staff were provided with a notice board where they posted news, information and best practice guidance.

The registered manager monitored the quality of service. For example, audits were conducted and action plans arising from audits were used to improve the service. One action plan noted the need to further support new staff. The registered manager identified 'key staff' who were experienced and who would support new staff through their first weeks at the service. The registered manager was supported by the area manager who regularly visited the home to monitor action plan progress. Audits covered all aspects of care, staff support and systems management. The registered manager also obtained people's views through meetings and surveys to improve the service. Where people made suggestions or comments, where practical, these were acted upon.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings. For example, we saw the registered manager attended meetings held by the Oxfordshire Care Home Association. The registered manager spoke with us

about partnership working. They said, "It is keeping up with best practice and networking. It has direct benefits for residents so if someone (person) is inappropriately placed at a service we can refer them to other more suitable homes".

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.