

The Orders Of St. John Care Trust

OSJCT Townsend House

Inspection report

Bayswater Road
Headington
Oxfordshire
OX3 9NX

Tel: 01865762232
Website: www.osjct.co.uk

Date of inspection visit:
22 June 2017

Date of publication:
20 July 2017

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

Townsend House is a care home without nursing in Oxford. The home cares for up to forty five older people who are physically or mentally frail. The home is run by the Orders of St. John Care Trust. On the day of our inspection 39 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

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.

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 G.P's 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.

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 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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

OSJCT Townsend 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 22 June 2017 and was unannounced. The inspection was carried out by an 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, 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 looked at information we held about the service. This included 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 nine people, five relatives, five care staff, the handyman, a kitchen assistant, the head of housekeeping, the chef, the head of care, the registered manager and the operations manager.

During the inspection we looked at four 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 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

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. People's comments included; "Yes I am safe here" and "I'm safe, I couldn't fault it".

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 go to the care leader and management. I can also whistle blow or call CQC (Care Quality Commission)" and "I'd talk to my head of care and call the local authorities". 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, "There's enough staff, of course sickness or leave can make things a bit tight but yes, we do have enough". During our inspection we saw people's requests for support were responded to promptly. Call bells were answered in a timely manner.

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.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and there were systems in place to manage risks. For example, where people were at risk of falls people had been referred to healthcare professionals and their guidance was recorded and followed. We saw one person being supported to mobilise safely in line with their care plan guidance.

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. Staff training was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member said, "The training here is good. I get regular supervision and I'm working to complete (national qualification) in healthcare". One person told us, "The staff are well trained, 100%".

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 about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We assume they have capacity and I treat everyone equally as individuals. I offer choices and work in their best interests". 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 was subject to a DoLS authorisation.

People were positive about the food. One person said, "The food is good, suppers are not just soup and sandwiches". One relative commented, "Food is excellent, the chef respects choice and listens to residents". People enjoyed the food and were supported to meet their nutritional needs. We saw that people were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific dietary requirements these were met. The Chef was very keen to support healthy and alternative diets to promote good health.

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, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

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 wonderful, nothing is too much trouble", "They (staff) are really, really good, top class", "Glad I chose this place, they are very good people" and "Best thing I ever done to move here". One relative commented, "I couldn't find fault with any of the carers".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "The residents are why I come to work every day, I love the residents", "I love our residents, I am a people person and they are my family" and "I love it here, it's welcoming and feels like home and the residents are happy, which is nice".

People were involved in their care. Care plans contained documents stating people, and their relatives had been involved in the creation of their support plans and reviews of care. Throughout our inspection we observed staff involving people in their care. One staff member said, "I use encouragement to get them (people) to participate in all aspects of their daily living".

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. One person said they were treated with, "Dignity and kindness"

People were supported to be independent. Throughout our inspection we saw staff encouraging people to be independent. For example we saw one person being encouraged and supported to mobilise independently. One staff member said, "I try to keep them (people) independent with choices with daily tasks".

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.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Is the service responsive?

Our findings

The service continued to be responsive. People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan stated the person could be forgetful. Staff were guided to be patient, use short, clear sentences and give the person time to respond. We saw staff talking to this person following the guidance.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's nutritional needs fluctuated due to their condition. The serviced worked closely with the person's GP. Records were updated to reflect the person's current support needs.

People received personalised care. This included, nutrition, moving and handling and emotional support. Staff spoke with us about ensuring people received personalised care. One staff member said, "People are different so they receive different care. It is an individual thing".

People were offered a range of activities they could engage in. This included; games, quizzes, indoor bowling musical events and cooking. A hairdresser visited the home and regular trips out were organised. The home had a large well maintained garden with good access for wheelchairs. Furniture was in place for people to sit and enjoy the garden. Throughout our visit we saw staff engaging with people on a personal level, playing games, reading with them or supporting them with activities in the garden. One relative told us, "Activities have improved, they are involving people more".

People knew how to complain and were confident action would be taken. The provider's complaints procedure was held in people's rooms. There had been nine complaints since our last inspection, all had been dealt with compassionately in line with the provider's policy.

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive.

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 were positive about the service and the registered manager. Comments included; "The new manager is very approachable and she listens" and "This is a good change. She seems to be doing a good job, the place has cheered up".

Staff told us the service was well led, open and honest. Staff comments included; "We are an honest service. The manager has become involved with us and she is very supportive", "I actually think [registered manager] is nice. I get on well with her. She is approachable and whilst she has only been here a couple of months she has already helped me", "It is a joy to walk through the doors, she's fitted in remarkably well" and "[Registered manager] is nice, fair and I can approach her".

The registered manager promoted a caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner.

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, medicines, and staff support systems. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Action plans were created from the monitoring process to drive improvements. For example, following an audit the management of falls was improved by appointing a staff member as 'falls lead' and a new system of monthly audits relating to falls was put in place. The registered manager was supported by the operations manager who regularly visited the home and conducted checks and audits to improve the service.