

The Orders Of St. John Care Trust

OSJCT Townsend House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Townsend House is a residential care home providing personal and nursing care to 43 older people at the time of the inspection. The service can support up to 45 people.

People's experience of using this service and what we found

Risks to people's safety and well-being were managed through a risk management process. On the day of inspection there were sufficient staff deployed to meet people's basic care needs. However, we saw staff were very busy and at times, rushed. We observed people not receiving timely support and staff told us they were task focused due to staffing levels. Whilst we found no evidence that people had been harmed, the staffing issues had an impact on the service running effectively. The registered manager was aware and the provider was actively recruiting.

Medicines were managed safely, and people received their medicines as prescribed.

People living at Townsend House were supported to lead purposeful lives, engaging with their families and the local community. Whilst adjustments had been made due to the restrictions of the Covid-19 pandemic, measures had remained in place to ensure meaningful relationships and people's overall health and wellbeing was maintained.

People told us they felt safe living at the home. Staff knew how to identify and report any concerns. Staff had been trained and were aware of their responsibilities to report concerns.

Staff worked well with external social and health care professionals. The service had a clear management and staffing structure in place and staff worked well as a team.

Rating at last inspection

The last rating for this service was Good (published 31 January 2020).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with staffing levels, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Townsend House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

Townsend House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 and took place on 20 January 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

We spoke with 10 people who used the service. We looked around the home and observed the way staff interacted with people. We looked at four care plans, four medicine administration records (MAR). We spoke with five members of staff including the registered manager, deputy manager, the handyman and the chef. We looked at four recruitment and training records as well as health and safety processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 Good. At this inspection this key question has changed to Requires Improvement. 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.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being.
- People's risk assessments included areas such as mobility, nutrition and pressure area management. Staff anticipated people's risks, were familiar with them and followed risk management plans. One person's care plan and records were not up to date, but staff were aware of this person's current needs and were monitoring the risks associated with their health and wellbeing.
- We saw the registered manager was already taking action to update the care records.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- On the day of our inspection, the service had enough staff to meet people's basic care needs, though staff were very busy and at times appeared rushed. We observed and staff told us that staffing numbers sometimes fell short of the provider's expected staffing levels. The registered manager told us they had been actively recruiting and two staff posts were about to be filled. They said, "We are effectively four staff short at present, but we manage through staff working overtime and doing extra shifts." The home had ten vacant beds on the day of inspection. One staff member said, "I think it is getting better but we are short of staff and it's pretty busy. We all do extra shifts to keep our residents safe." Another said, "Yes we are short of staff but we muddle through."
- People and relatives told us the home was short of staff but felt they were managing. One person said, "They are understaffed but I don't feel disadvantaged." Another person said, "Whenever I press my call bell they will come, sometimes if I ring the bell I might wait for one minute or it could be twenty minutes but I accept that this is the case."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice. The provider was also actively recruiting to redress the staff shortage, however, the shortages placed people at increased risk of harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Townsend House. Comments included; "I feel perfectly safe, yes. I use the call bell when I need attention, when I need them [staff] they are there for me" and "Yes I do feel safe".
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.

- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff told us, "If I had a concern I would tell my manager and contact the local authorities".
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were in place throughout the service, in line with government guidance.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk management plans were in place where there were limitations on space such as in the people carrying lift and stairways. People were supported to access spacious, communal seating areas, while maintaining social distancing for example, at the dining table.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date. The provider's policy was up to date and reflected best practice.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.

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 remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to monitor the quality of the service. The registered manager had taken up post on 3 November 2021 and had an action plan in place to address improvements which were required within the service. The provider and registered manager were aware that staff recruitment was challenging and were actively trying to recruit to vacancies.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well-led. They said, "Yes, I know [registered manager] and I have spoken with her on a couple of matters, I would go to her if I had any concerns" and "They do care for us here".
- Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is good, she listens and is very supportive."
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.
- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. The service involved people, and their families. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, adjustments to the menu were implemented following people's feedback. One person said, "They have Residents' Meetings here, we have them every three months or so and they do listen and try their best to respond if we raise matters."
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we

observed effective team working.

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (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.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- The registered manager was a member of the Oxfordshire Association of Care Providers (OACP). They told us this was "A good source of knowledge and support".