

The Orders Of St. John Care Trust

OSJCT Moorside Place

Inspection report

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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

About the service

OSJCT Moorside is a domiciliary care agency providing personal care to people living in purpose-built extra care housing in two locations, one called Moorside Place and the other called Erdington House. 28 people in total across both sites were receiving personal care. Other people received services to support daily living such as cooking, cleaning and shopping. We only inspected the agency in respect of the personal care delivered. People using the service lived in blocks of apartments which were one and two bedded. Moorside Place had 54 apartments and Erdington House had 56 apartments. Different housing providers ran the two sites, which were about 5 miles apart. Each location had communal areas including communal lounge areas, a café/restaurant, a hairdressers and assisted bathrooms. There were also communal outdoor areas at each site. People in the local community were also able to use the communal lounges, café and hairdressers.

Not everyone using the service from OSJCT receives personal care, as some people only required assistance with activities such as cleaning and shopping. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives complimented highly the care and support people received from care staff. They said staff were always attentive to their needs and were very mindful of their privacy and dignity. They said this had a very positive impact on their happiness and well-being. They said care staff were not rushed and always had enough time to support people well and at their own pace. People and staff described how they were able to provide care at times to suit the person, even if this was not at the planned time. For example, staff would go back to a person if they were not ready to get up for the day.

Staff went 'the extra mile' to ensure people received the care they needed, Staff made sure this not only met the person's physical needs but also helped them live full and independent lives. People were encouraged by staff to stay independent and be involved in the community as much as possible. This included supporting people to attend activities run within the communal areas at each location, which OSJCT staff helped to run. Activities including hobbies, crafts and a dementia café run by a trained nurse funded by the provider.

Staff were very caring and responded to people's needs at the end of their lives, going above and beyond by showing respect and kindness during people's last days as well as when they died. Families commented extremely positively and commended the care their loved ones had received from staff. They described how staff had showed a lot of empathy, giving up their own time to support people and their families. Compliments described how the family had been well supported at these times and were also encouraged to remain in touch. Where a person had no known family, staff had ensured they attended the funeral and

celebration of peoples' lives afterwards.

People were encouraged to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported support this practice. Staff had been trained and understood how to work within the requirements of the Mental Capacity Act (2005) and other legislation. Staff understood how each person communicated either verbally or by other means. Staff were able to respond appropriately to people using language they understood.

People were kept safe by staff who understood how to ensure they were not abused. Staff worked with the housing provider to respond to people when their needs changed. There was an alarm system which enabled people to call for staff whether they were in their apartment or in a communal area. This helped to ensure staff responded quickly if someone was in particular need. Staff administered medicines safely and ensured people were kept safe from the risk of infection.

Senior staff and managers understood their responsibilities to monitor the care provided and make improvements where issues were identified.

Rating at last inspection The last rating for this service was Good (published 16 May 2017).

Why we inspected This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good ●

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 Moorside Place

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 adult social care inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is partly bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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.

During the inspection-

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with 12 members of care staff including three team leaders, and the operations manager, who was supporting the service as the registered manager was on leave. We also met and spoke with the housing providers and on-site catering providers at both extra supported housing apartment blocks. During the inspection, we met and spoke with two visiting health professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to training and supervision as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We received further information 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and cared for by staff at both Moorside Place and Erdington House. Comments included "I'm very happy with the care" and " I feel very safe; my family are happy as I am so much safer here than when I was at [my previous] home."
- Staff had undertaken training in how to protect people and were aware of their responsibilities to ensure people were not abused. Staff said they would report any concerns they had to their team leader, the registered manager or other senior staff. They said they felt certain action would be taken to address concerns.

Assessing risk, safety monitoring and management

- Each person living at Moorside Place and Erdington House wore an alarm pendant on their wrist. This emergency call system was monitored throughout the day and night by care staff. There were robust systems to ensure when an emergency call was received, staff responded quickly. This helped to ensure people in their own homes as well as in communal areas were able to call for help immediately.
- Risks to people had been assessed. Care plans described how to support the person to minimise any risks. For example, one care plan described how the person could be at risk from falls. The care plan described how the person should be supported by two staff when moving to reduce this risk.
- The provider was not responsible for environmental risks, such as fire safety of the buildings which were run and maintained by housing associations. However, where the provider identified any concerns as they moved around the services, they fed this back to the housing association team. This meant people were protected from the environmental risks.

Staffing and recruitment

- Staff facilitated day to day living support to some people at both locations as well as personal care. Staffing levels were monitored and assessed to ensure they met people's needs. Where a change in need was identified, the provider worked with people, their families as well as health and social care professionals to address changes to the support provided. For example, where one relative was identified as having some difficulties providing care during the middle of the day, staff arranged for additional support to be provided. This helped ensure both the person and their relative were supported.
- People receiving personal care, said they staff arrived on time and did not appear rushed. Comments included, "They are always happy to spend time with me and make sure I am alright before they leave." Staff said they had sufficient time to support people well, this included supporting each person at their own pace. For example, one member of staff described how one person liked to wash themselves, which staff were

able to support them with.

Using medicines safely

- People said they were confident about staff supporting them to take their medicine. Comments included "They ensure I don't get muddled with what I take."
- Staff supported some people to take their medicines. Where this occurred, staff recorded what had been administered. Medicine administration records also described when staff had not been able to administer a medicine and the reason why. For example, where the person was not at home.
- Staff had been trained to administer medicines and described how this should be done to keep people safe. Training was updated regularly to ensure staff remained knowledgeable about best practice guidance.

Preventing and controlling infection

- Staff completed infection control training to ensure they understood how to keep people safe from the risk of infection.
- Staff understood the importance of good infection control processes to reduce the risks of infection for people. For example, staff described how they washed their hands after providing personal care to people.

Learning lessons when things go wrong

- The provider had systems to record incidents and accidents. Where there was a concern, the registered manager and senior staff assessed and analysed ways reduce the risk of a reoccurrence. For example, where one person had fallen in their home between visits and sustained a fractured limb, the care had been reviewed look at the incident and consider what other actions could have reduced the risks.

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 physical, mental and social needs were holistically assessed. Risk assessments were completed when people started using the service and were updated regularly as well as when their care needs changed. For example, risks around supporting a person who used a wheelchair who needed support with washing and dressing.
- The provider understood the importance of not discriminating against people or staff in relation to the protected characteristics under the Equality Act (2010). For example, staff said they had not experienced any discrimination by the provider in respect to their gender, race or sexuality. Staff understood the importance of promoting equality and fairness for all people.
- The provider used technology and equipment to deliver effective care. For example, the use of emergency call systems meant people could live independently whilst being able to call for help when they needed it.

Staff support: induction, training, skills and experience

- Staff were experienced and knowledgeable about each person they supported. They were able to describe how they delivered care to meet people's needs whilst encouraging them to remain independent.
- New staff spent time on induction when they first started working. The induction programme introduced the vision and values of the provider as well as covering essential training. New staff also spent time shadowing more experienced staff to help them get to know people. Training was refreshed on a regular basis. A member of staff commented "Training is much longer and more in-depth so really helps to develop skills."
- Staff confirmed they had regular supervision and appraisals with a senior member of staff. This helped them reflect on their role and ask for guidance. Staff said the registered manager as well as team leaders were also available to provide advice and support at any time.
- Staff were supported to do additional training to support their knowledge about people's needs. Staff completed a course called "Walk with Me" which was focussed on supporting people with dementia. One member of staff had also successfully completed a qualification in dementia care. They were now supporting other staff to develop a better understanding of the issues of daily living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged by staff to eat balanced and nutritious meals. Staff said most people prepared and ate breakfast and evening meals independently in their flats. However, they said people were also supported to come down to an on-site café for lunch if they chose. This gave them an

opportunity to have a meal and meet other people socially.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to ensure that people receive consistent, timely, coordinated, person-centred care and support to move between different services. For example, where concerns about a person were identified, staff had worked with health and social care professionals as well as the housing provider. This had involved consideration as to whether the environment was an appropriate environment for the person to remain in, given their particular needs.
- The registered manager worked with the housing provider to ensure people were supported to live in a safe and comfortable environment. For example, one person was struggling to open their front door and leave their flat. Senior staff discussed with the housing provider how the person might benefit from electronic doors.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to have access to healthcare support. Care workers monitored people's health and welfare during visits and worked with relevant professionals when necessary. We saw examples of how staff had worked in partnership with external healthcare professionals including supporting a person who needed respiratory care. A healthcare professional commented, "Staff are around when you need them and there is always someone in the office. They follow the advice we give and contact us if there are any concerns about people. We tend to do more face to face contact than by phone as we are in every day."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. No one at either Moorside Place or Edrington Court had had a DoLS authorisation or had one applied for. People were free to come and go in both services without any restrictions or checks on their whereabouts.
- People said staff always asked for and gained their consent before carrying out any care or support. Staff were aware of the principles of the MCA and one said, "Sometimes we go in and the person doesn't want care at that time. If so we respect their wishes and will go back later."

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;

- We observed friendly and caring interactions between people and staff. People said the staff treated them well.
- People described how appreciative they were of the service and how this had supported them to remain independent. Comments included, "Brilliant, really lovely staff every one of them" and "Very nice staff who respect his privacy and ensure they treat him with the utmost dignity and respect. So friendly and kind." One person described how they wanted to increase the number of visits they received rather than having these visits provided by another agency. They commented they were "Very happy."
- Senior staff; and care staff we spoke with talked fondly about people and how much they enjoyed working with them. One member of staff said they would not want to work anywhere else. Other comments included, "Really rewarding" and "I wake up every morning looking forward to coming to work, not like previous jobs I have had."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to be involved in the development of their care plans to ensure the care they received met their needs and preferences. For example, people were able to state what time they would like a morning visit and how staff should support them during the visit.
- Staff were very aware that they were providing care in people's own homes. There were detailed instructions in care plans about whether the person preferred staff to ring the bell and wait for the door to be opened or whether they should ring and enter immediately. Staff described how each person was individual and should be supported in ways that suited them. One person described how a member of staff was, "Truly outstanding and always makes sure I am ok."
- A person who required staff to visit during the night said staff were very good. They explained staff always knocked and came in slowly to not alarm the person if they were asleep.
- People were supported with personal care tasks or prompted to meet their own needs. The staff ensured people were helped to dress according to their preferred personal style presentation.

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 Good. At this inspection this key question has remained the same.

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; Meeting people's communication needs

- There was consistently positive comments and feedback from people and their families who said the care they, or their relative, received was exceptionally good. Comments from "They are really amazing" "Great staff, who will help me with anything" and "I feel really confident that my mother is cared for in a way that she wants."
- People's diversity was promoted and protected through person-centred care planning which considered people's preferences. Staff understood people had differing social and cultural references, which they were always happy to support.
- People were supported by a regular long-serving staff group which helped to provide consistency and continuity of care. When new staff started work, people would be introduced to them before they started delivering care. Where a person preferred not to have a particular member of staff, this was acted on.

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.

- Staff were very aware of and responded to, people's preferred communication methods as care plans described them. For example, one person, who had almost no verbal communication, would give a thumbs up sign if they wished to have care. Staff were aware of this and explained they would respect the person's wishes if they chose not to have care at that time. Staff said understanding how each person communicated helped them to establish close bonds with the person.

End of life care and support

- No-one was at the end of their life during the inspection. However, a senior manager said they had previously supported people at the end of their life. They explained how they always tried to support the person in their own flat working with health specialists, such as palliative care nurses, when necessary. For example, they described how one family had been very grateful for the care and support their relative had received at the end of their life. A thank you note included comments such as; "Cannot begin to thank you enough for all the care you gave ...beyond anything we could have wished for." Another family also sent a thank you when their relative had died at Moorside Place saying "...you are fantastic...such a lovely place with such caring people, you are all lovely."

- When a person died in the flats, as a mark of respect staff and other residents who wanted to be involved would line up at the entrance to escort the deceased as they made their final departure.
- One person who moved into a flat had no local family and no close relationship with any living relatives. Before they died, staff had not been aware that there were any relatives. During the person's end of life, the care team provided care. Staff also arranged the person's funeral, working with social services on the details. Staff attended the funeral as the only mourners. Care staff also clubbed together to contribute to a wreath for the coffin and arranged a small gathering after the funeral to provide a time for reflection.
- Staff and the service's management talked passionately about this aspect of their role. Staff had completed some end of life training, including one member of staff who had completed a nationally recognised qualification in end of life care. They said they were keen to share this with other care workers. They also said they wanted to learn more about how to provide good care to people who were nearing the end of life. Other staff said this was something they were very keen to do, and the provider was very supportive of this.
- People were supported by staff to describe their preferences for their end of life. These were recorded in people's care plans.
- When a person using the service died, family and friends were supported to continue to come to the communal areas and maintain links with staff.
- Staff described how the registered manager and senior staff recognised the emotional impact on staff supporting a person at the end of their life. Staff said senior staff had taken over their shift to allow the staff time to grieve and reflect. This helped staff to feel valued and cared for.

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

- Staff were highly motivated to support people to keep their independence and maintain good social contact. The housing association, (rather than OSJCT), was responsible for organising social events at each of the apartment blocks. However, many of the care staff gave their time outside work to support these social activities. These included music and games sessions which were open to residents at both facilities as well as the members of the local community. In addition, care staff provided additional weekly activities such as sit-down bowls, knit and natter and a weekly film night. These events were open to members of the public as well as people and their carers living in the flats.
- The provider funded a peripatetic Admiral nurse who ran a monthly dementia café to support people living with dementia to be in a safe space and do activities. Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia. This dementia café helped people in the apartments to meet with each other as well as mix with other people living in the local community. Events such as Christmas carol singing by local school children had been organised as part of the café.
- Visits to people were designed to reduce social isolation. Some visits by staff were to support people to enjoy activities either in their own home or in communal areas. For example, one person had care visits each day but additionally had an hour a week for staff to spend time with them chatting or engaged in activities such as a puzzle.
- Staff showed concern and care also for relatives of people they provided care to. For example, they recognised that one person, who lived with a family member in the flat, was struggling with caring for their relative at lunchtime. Senior staff arranged an extra visit by care workers at lunchtime to assist. This had not only helped the person but also their family member.

Improving care quality in response to complaints or concerns

- There were systems and processes to support people or their families if they wished to complain. People said they knew who to speak to if they had a complaint. However, everyone we spoke with said any issues or

concerns were addressed quickly and were "sorted out."

- A senior manager said they had not received any complaints since the last inspection. They said they always tried to speak to people and deal with any worries or concerns so these could be resolved.

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 registered manager, senior staff and team leaders had a strong visible presence at both blocks of apartments. Staff said they were very accessible and really supported person-centred care.
- People were complimentary about the service. People and their families said they were easily able to talk to the registered manager or team leaders if they needed to. Throughout the inspection, we observed people coming to the office to discuss and resolve issues with the management team.

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 service communicated well with families and saw this as essential in maintaining good relationships. Senior staff said they felt it was essential to be transparent in all their work.
- The senior staff and managers understood their responsibilities to report concerns to relevant authorities including the Care Quality Commission and safeguarding authorities. No issues had been raised with CQC prior to this inspection.

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

- There were robust systems to monitor the safety and quality of the service. Where issues were identified, there was a service improvement plan which was used to identify remedial actions and monitor progress of their achievement.

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

- The service communicated well with families and saw this as essential in maintaining good relationships.
- People and their families were involved in how the service was run.
- There were strong links with the local community as people were encouraged to use the facilities including the dementia café run by the provider.
- The provider worked with the housing providers to ensure links with the community through the communal facilities were encouraged and strengthened.

Continuous learning and improving care● There were systems in place to ensure the service looked at ways to improve care and learn from any incidents and accidents. A senior manager described how they used a centralised computer system to monitor issues. They said they looked at ways to reduce risks of reoccurrence when an accident occurred. For example, where a person had fallen in their flat, they reviewed the systems to see what learning could come from the incident.

Working in partnership with others

- The provider worked closely with the housing association at both blocks of apartments. They had adjacent offices in each location and were seen to communicate with each other about issues. For example, where one person had difficulty opening their front door, the housing provider and care service staff discussed how this could be resolved.
- There were close links with health and social care professionals. One professional commented, "...always someone in the office if you need to discuss anything."