

The Orders Of St. John Care Trust

OSJCT Madley Park House

Inspection report

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Date of inspection visit:
29 November 2018

Date of publication:
18 December 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 Madely Park House on 29 November 2018. People in nursing 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 is registered to provide nursing care for up to 60 older people, some of whom have dementia. On the day of our inspection 56 people were living at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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 safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people extremely well, respected them as individuals and treated them with dignity whilst providing emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People received 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.

People had access to information about their care and staff supported people in their preferred method of communication.

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 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 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 Madley Park 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 29 November 2018 and was unannounced. The inspection was carried out by 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.

Before the inspection, we asked the provider to complete 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 the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with ten people, four relatives, seven care staff, the cook, two domestic staff, two activities coordinators, the area manager and the registered manager. We also spoke with two visiting healthcare professionals. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in August 2016, we rated Safe as Good. At this inspection Safe remains Good.

People told us they felt safe. People's comments included; "Definitely feel so safe here. Lovely carers", "I feel safe and secure because there is always somebody to help you if there is anything" and "Confident, nice and safe, everyone is so kind and helpful". A relative said, "Safe and well supported, lots of things going on to occupy [person's] mind".

People were supported by staff who could explain how they would recognise and report abuse relating to children and adults. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report concerns to [registered manager], the local authority and CQC (Care Quality Commission)". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks and encourage positive risk taking. For example, some people were able to leave the home unsupported.

People were protected from risks associated with infection control. One person said, "My room is cleaned every day, hoovered, dusted, very good cleaning all over the place". Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. One staff member said, "We've no problem with infection control here. We have plenty of gloves, aprons and equipment to be clean and safe".

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and engage with people. Staff also responded promptly to people's requests for assistance. One person said, "Call bell? If I rang somebody would be straight in". One staff member said, "It can be tight with holidays or sickness but we always meet residents needs because we pull together as a team". Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff were regularly checked to ensure they competent and safe to administer medicine. We observed staff followed safe practice when administering medicine.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. The registered manager looked for patterns and trends and took action to reduce the risk of reoccurrence. For example, care plans and risk assessments were reviewed and staff guidance was updated. Where appropriate, guidance from healthcare professionals was sought and incorporated into the care plan.

Is the service effective?

Our findings

At our inspection in August 2016 we rated the Effective as Good. At this inspection Effective remains Good.

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. One person said, "Staff are very competent". 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 which is a recognised set of national standards for health and social care staff. Staff training covered all aspects of care and included; safeguarding vulnerable adults, moving and handling, infection control and medicines.

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. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals and ensured people had access to services to meet their healthcare needs. One visiting healthcare professional said, "Communications are good as are referrals. They do follow advice here, in fact I have no concerns regarding this service".

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. One staff member said, "I can't fault the training. I'm right up to date as well".

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorized and whether any conditions on such authorisations were being met. Staff and records confirmed the service was meeting these obligations. Staff comments included; "This protects people's decision making. It's all about choices" and "I assume everyone has capacity unless proven otherwise. We have to work in resident's best interests".

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising.

People spoke about the food. Their comments included; "Food is very good. Choice of things I like, yes it's very good", "Oh good food. They do everything well, plenty to eat so I don't get hungry" and "Beautiful food, I enjoy eating it. Good choice of meals too".

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. Signage was clear and dementia friendly, supporting people to navigate around the home.

Is the service caring?

Our findings

At our inspection in August 2016 we rated Caring as Good. At this inspection Caring remains Good.

People told us they benefitted from caring relationships with the staff. Comments included; "Can't complain about the staff. Carers are very helpful", "Carers are all very good, I've not come across any bad ones", "Carers are wonderful" and "Staff are so good, so very charming".

Staff spoke with us about positive relationships at the service. One staff member said, "I like it here and I love working with older people". Another said, "I love the people I work with and the residents. We all look out for each other".

Staff were supported by the service to provide emotional support for people. Care plans evidenced staff interacted with people beyond physical support. Conversations with staff evidenced a high level of knowledge about the people they cared for. One staff member said, "Some residents have high anxiety so we sit with them. I know the residents and I know what can trigger anxiety. This means I can act early and respond appropriately so they feel better".

People were treated with dignity and respect. One person said, "If I'm having a bath staff are very respectful". A relative commented, "Dignity and respect with everything". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed many respectful interactions throughout our visit and saw staff promoted people's dignity by being discreet, thoughtful and caring. It was clear this culture was embedded throughout the service.

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. One staff member said, "I encourage residents to do what they can to remain independent".

People were involved in planning their care and the day to day support they received. One person said, "They have a book [care plan] and they go through things with me". Care plans contained detailed personal information evidencing people and their relatives had contributed to the creation of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Is the service responsive?

Our findings

At our inspection in August 2016 we rated Responsive as Good. At this inspection Responsive remains Good.

People were assessed to ensure the service could meet their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "Residents are treated as individuals, everyone is different". Records confirmed staff had received training in equality and diversity.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Care plans contained an access to information section that detailed people's needs and guided staff on how to ensure people could access information. Where appropriate, staff explained documents to relatives and legal representatives. Where required, documents could be provided in large print or in a foreign language. One staff member spoke about helping people to access information. They said, "I always explain what we are doing and what the care plan says. It guides us. It keeps them informed".

People were offered a range of activities they could engage in. Activities included; arts and crafts, music, and games. Events such as fireworks night, Halloween and Christmas were celebrated and people enjoyed regular trips out of the home to places of interest. Two very enthusiastic activities coordinators managed activities and people spoke about how popular these events were. Their comments included; "Activities, it all depends what you are like. You can just stand there with your mouth open or join in. I do it all", "Animals, brilliant. We've had monkeys, penguins, a donkey and cats live here, I think they are lovely" and "I think there is plenty to do here, they [staff] come round and tell you what is going on and come and take you to the things you want to do".

A staff member told us a volunteer with a learning disability regularly worked in the home. They said, "[Volunteer] helps with the activities and won volunteer of the year here. She's very popular with residents who just love her. The home is playing a very important part in skills development, wellbeing and self-esteem of this person [volunteer]".

People's advanced wishes were recorded and respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest. Other advanced wishes included funeral arrangements, burial or cremation details and religious service arrangements.

People knew how to raise concerns and were confident action would be taken. One person said, "Never had any complaints, but they would listen if I did. It's all good here". The services complaints policy and procedure were held in people's 'service user guides' in their rooms and displayed around the home. The

service had three complaints recorded for 2018, all had been resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

At our inspection in August 2016 we rated Well-Led as Good. At this inspection Well-Led remains Good.

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 we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. People's comments included; "I've met with the manager. She's always there for your questions. No problem with management at all", "[Registered manager] will come down and talk to me" and "Run very well here". A relative said, "The manager is very accessible and always addresses any issues".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "Good manager, supportive and enabling. She comes with us on trips", "She [registered manager] is good and she helps us which is great", "The manager is lovely, very approachable and supportive. She'll work a shift on the floor if needed and you can confide in her" and "She's lovely, very helpful. Brilliant in fact. She is also very good at her job".

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

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. Audits covered all aspects of care and were aligned with CQCs domains and key lines of enquiry. Action plans were created to drive improvement in such areas as staff training, medicine, care planning and records. The registered manager was robustly supported by the area manager who regularly visited the service.

The service worked in partnership with local authorities, healthcare professionals and social services. A visiting healthcare professional told us, "Communication is really good here. I visit a lot of homes but this is one of the better ones". The registered manager was also a member of the Oxfordshire Association of Care Providers.

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.