

The Orders Of St. John Care Trust

OSJCT Longlands

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

What life is like for people using this service:

People received compassionate support from caring and committed staff. People told us staff were kind and respectful and treated people with dignity and respect. Staff knew what was important to people and ensured people's confidentiality and privacy were respected and their independence was promoted.

People received support that met their needs and was in line with care plans and good practice. People were supported to maintain good diet and told us they enjoyed the food at Longlands. People's rights to make own decisions were respected.

People were supported to access health services when required. People complimented the continuity of care provided by skilled and competent staff. Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

The provider followed safe recruitment processes. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, assessments were in place and action had been taken to manage these risks. People received their medicine as prescribed.

The service was well run. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

Rating at last inspection: Good (report published 2 June 2016).

About the service:

Longlands is a care home which is run by The Order of St Johns Care Trust. 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 can provide accommodation and care to 48 people. At the time of the inspection 48 people lived there.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and safety of the service.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

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 remained safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective

Details are in our findings below.

Is the service caring?

Good ●

The service was caring

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our findings below.

OSJCT Longlands

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector and an Expert by Experience conducted the inspection. 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:

Longlands is a care home registered to provide accommodation and nursing or personal care. 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.

Notice of inspection.

This inspection was unannounced and took place on 23 November 2018.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with 11 people using the service and three relatives to ask about their experience of care. We looked at seven people's care and medicine records. We checked recruitment, training and supervision records for seven staff. We looked at a range of records about how the service was managed. We also spoke with the operations manager, the registered manager, six members of staff, the chef and the activities coordinator.

Is the service safe?

Our findings

People remained safe and protected from avoidable harm.

Systems and processes:

- ☐ People told us they were safe. One person said, "I like the place and feel safe with the staff and other people living here".
- ☐ People were cared for by staff that knew how to raise and report safeguarding concerns.
- ☐ The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- ☐ Risks to people's well-being were assessed, recorded and staff were aware of these. People's care plans contained risk assessments, which included risks associated with moving and handling, falls, medication and pressure damage.
- ☐ The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- ☐ The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing levels:

- ☐ People told us there was enough staff. One person said, "There are plenty of staff here".
- ☐ Staff told us there were sufficient staff to meet people's needs. The provider followed safe recruitment procedures and relevant checks had been completed.

Using medicines safely:

- ☐ People received their medicines safely and as prescribed. One person said, "They make sure I take my tablets".
- ☐ People's medicines were stored securely and in line with manufacturers' guidance.
- ☐ The registered manager ensured people's medicine were administered by trained and competent staff.

Preventing and controlling infection:

- ☐ The service managed the control and prevention of infection well.
- ☐ Staff were trained in infection control and had access to protective personal equipment such as gloves.
- ☐ The environment was clean and well maintained.

Learning lessons when things go wrong:

- ☐ There was evidence available the registered manager used reflection when things could have gone better to improve the experience for people.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Adapting service, design, decoration to meet people's needs:

- ☐ People's needs were assessed prior to their admission to the service to ensure these could be met. Information from the assessment was used to inform the care planning process. People and relatives, if appropriate were involved in these processes.
- ☐ Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- ☐ People benefitted from a fit for purpose environment and were able to personalise their bedrooms. There was a choice of communal lounges, a prayer area, dining rooms and a garden.
- ☐ People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- ☐ People told us their rights to make own decisions were respected. One person said, "They have never told me I can't do anything".

Staff were aware of MCA and told us how they adhere to its principles in their work. One staff member said, "We must assume capacity until proven otherwise".

Eating, drinking, balanced diet:

- ☐ People complimented the food. One person told us "The food is nice". Another person said I have a choice to choose what I like. If I don't like the menu, I can ask for something else".
- ☐ People were supported by staff to maintain good nutrition and hydration. This included special diets, individual choices and preferences. The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- ☐ People's dining experience was a positive, social opportunity. We saw people were appropriately

supported when required, this included people who chose to remain in their bedrooms.

Staff skills, knowledge and experience:

- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- ☐ Staff had completed a comprehensive induction and had supervision and appraisal.
- ☐ Staff told us they were well supported in their roles and had regular supervision meetings with their line manager to discuss their practices and further development opportunities. One staff member said, "I feel 100% supported".

Staff providing consistent, effective, timely care:

- ☐ People told us staff knew how to meet their needs. One person said, "I feel my needs are met, the care I get is very good, the care I get here, I would not get at home". A relative said, "I can tell you, [person's] needs are met, I can't ask for more".
- ☐ Staff told us that GPs, District Nurses and other professionals were regularly in contact with people and involved in the planning of care. This was confirmed by the feedback we had from people's relatives and by our examination of people's care plans.

Is the service caring?

Our findings

The service was caring and people told us they were treated with compassion, kindness, dignity and respect.

Treating people with kindness, compassion, dignity and respect:

- ☐ All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. One person told us, "Staff are very kind and compassionate at their work". A relative told us, "The carers show compassion and respect to [person], and it is a very difficult job to do. I am very satisfied with the staff."
- ☐ Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.

Ensuring people are well treated and supported:

- ☐ People were always treated with kindness and were positive about the staff's caring attitude. We saw feedback from people and relatives which supported this.
- ☐ We observed staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to.

Supporting people to express their views and be involved in making decisions about their care:

- ☐ People told us their decisions about their care and support were respected. One person said, "They respect what you have to say".
- ☐ People's individual communication needs were assessed and recorded in their care plan. Staff knew how to ensure good communication and they told us they would ensure people's glasses were clean and hearing aids in a good working order.

Respecting and promoting people's privacy, dignity and independence:

- ☐ People's privacy and dignity were respected. One person told us, "They don't just knock. They wait until you answer before they come in".
- ☐ Staff understood the need to ensure people's privacy and dignity and gave us examples of doing this, for example by only carrying out personal care in a dignified way and with people's consent. We saw interactions between staff and people which were respectful and considerate.
- ☐ People were supported to be as independent as possible. One person said, "They get me to do what I can for myself".
- ☐ The provider recognised people's diversity and had policies in place that highlighted the need of respecting people's protected characteristics. People's needs in respect of their age and disability were clearly understood by staff and met in a caring way.
- ☐ People's confidentiality was respected and their care records were kept secure.

Is the service responsive?

Our findings

People received personalised care that responded to their needs

How people's needs are met, personalised care:

- ☐ People were supported in a way that met their needs and achieved good outcomes. One person said, "They have supported me to maintain my hobbies". A relative told us "[Person] is supported to maintain their hobbies. They are always her down regularly for activities".
- ☐ People and relatives praised the responsive nature of the team. One relative said, "If there is problem then they get help and inform us with what's happened".
- ☐ People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered from board games to dancing. Special occasions such as birthdays were celebrated.
- ☐ People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- ☐ Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the persons dislikes. The information shared with us by the staff member matched the information within the person's care plan.

Improving care quality in response to complaints or concerns:

- ☐ The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- ☐ People knew how to make a complaint and told us any concerns were dealt with promptly. One relative told us "When I have raised an issue with the manager or staff, I and my family have always been comfortable with the outcome". Another relative said, "Myself and my family are comfortable raising concerns about any issues we are not happy with".

End of life care and support:

- ☐ Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- ☐ At the time of our inspection no people received end of life care (EOLC). However, records confirmed that staff had received appropriate training in EOLC. Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.

Is the service well-led?

Our findings

The service was well-led, the leadership and management assured person-centred care and a fair, open and transparent culture.

Leadership and management:

- People and relatives told us the service was well run. One person said, "[Registered manager] is great, she's always getting involved".
- Staff told us the registered manager was very supportive. One staff member said, "If you need anything, then you just need to ask". Another staff member said, "I know I can go to "[Registered manager] or the seniors with anything".

Plan to promote person-centred, high-quality care and good outcomes for people:

- People and relatives praised the service received and how the service was run. People we spoke with felt the service was well managed and open.
- The registered manager promoted an open culture which contributed to staff work satisfaction. There was a good team work and staff morale. One staff member said, "I wake up every morning wanting to come into work. It's brilliant here".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included, care plans, risk assessments medication and the day to day running of the service. Additional audits were carried out by the provider.
- Findings from audits were analysed and actions were taken to drive continuous improvement.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the team work. Staff gave us examples of the management responding positively to suggestions. For example, an area in the dining room was created to display key messages surrounding nutrition.

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.

