The Orders Of St. John Care Trust

OSJCT Madley Park House

Inspection report

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Date of inspection visit:
07 July 2016

Date of publication:
05 August 2016

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

This inspection took place on the 7 July 2016. It was an unannounced inspection.

Madley Park is a care home without nursing on the outskirts of Witney. The home cares for up to sixty older people, who are physically or mentally frail. The home is run by the Orders of St. John Care Homes. On the day of our inspection 55 people were living at the home.

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.

We were greeted warmly by the registered manager and staff at the service who seemed genuinely pleased to see us. The atmosphere was open and friendly.

People benefitted from caring relationships with staff. People were treated with dignity and respect and they were involved in their care. Staff promoted people's independence. On the day of our inspection there were sufficient staff to meet people's needs. The service had safe, robust recruitment processes.

People were safe. Most staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People had enough to eat and drink. People could choose what to eat and drink and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured

people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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 was safe. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

People knew the management structure of the service and spoke with managers with confidence.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

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 the 7 July 2016. It was an unannounced inspection. This 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.

We spoke with seven people, one relative, six care staff, the chef and the registered manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. 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.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we spoke with the commissioner of services and the care home support service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "You know I do feel safe here", "I feel safe as houses here. I can get around ok with my walker but I will be quite happy if anything happens because I know the staff won't drop me", "I do feel very safe and secure here I have to say. The staff are here to look after me and they do" and "I do feel very safe with them". A relative said, "She (person) does feel safe and secure here".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Most staff were also aware they could report externally if needed. Staff comments included; "I'd report to the manager or the head of care. I can call CQC (Care Quality Commission) or the local authorities" and "I'd report straight to the care leader or the manager. I can also whistle blow as well". We spoke with the manager following the inspection about the staff member who was not aware of how to report concerns externally. The manager told us they would remind all staff of the routes staff can take to raise concerns. The service had systems in place to investigated concerns and report them 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. For example, one person was at risk of falling. The risk assessment identified the person could mobilise independently with the use of a walking frame. The assessment also highlighted the person 'struggled with long distances' and their mobility could vary from day to day. Staff were guided to 'assist [person] with their mobility' and 'assess daily' the level of support the person required. Staff were also prompted to ensure the person wore 'good fitting footwear'. A sensor mat was in position in the person's room to alert staff if the person was mobilising during the night. Staff we spoke with were aware of, and followed this guidance.

Another person required hoisting for all transfers. A risk assessment was in place and highlighted the person had difficulty retaining information and staff were guided to explain what was happening and reassure the person during hoisting. The assessment also highlighted the person would require 'direction and support' during an emergency evacuation of the building. Other risks managed included; pressure care, weight loss, nutrition and environmental risks, such as scalding.

Some people told us there were sufficient staff deployed in the home. Other people gave a conflicting view. People's comments included; "I do feel that there are sufficient staff around at any given time, daytime & night", "I think staffing levels are pretty reasonable here, sometimes they're a bit low. I have used my call bell, they don't normally take long to respond", "No, I don't think there are sufficient staff here. They have to work too damned hard. You're not kept waiting very long should you need" and "I do not think there's enough staff here. I have used my call bell, they're always there very quickly indeed".

Staff told us there were sufficient staff to support people. Comments included; "We get time to sometimes sit with people and chat. If someone goes sick at the last minute it can feel tight but generally we are fine", "I do think there are enough staff here yes. If all the carers are tied up with residents then there is a care leader on the floor" and "We are now fully staffed".

On the day of our inspection there were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. In spite of some people's comments we could find no evidence to support the view there were insufficient staff. Staff rota's confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. Some refurbishment work and improvements were being made to the building and we saw the contractors had been subjected to background checks to ensure they were safe to work in the home. All the contractors had been approved by the provider's property department.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people got their medicine as prescribed. Staff reviewed people's medicines every month and the GP conducted individual reviews every six months. Some people were able to take their medicine without assistance or supervision from staff. We spoke with a member of staff who administered medicine. They said, "I think we are good with medication here. I am regularly checked to ensure I follow good practice and I am confident with how we manage people's medicine. Those people who self-medicate are regularly assessed to ensure they are safe".

People spoke with us about their medicine. People's comments included; "I'm on medication, they give me pills in the morning. I take the tablets immediately whilst they watch", "Oh yes, I'm on a lot of medication, lunch and night time. They just let me take it, they trust me to do it" and "They trust me to take these tablets so they don't wait for me to take them".

Good

Is the service effective?

Our findings

People told us staff had the skills to support them effectively. People's comments included; "Yes, I do think the staff have the correct training to look after us properly. I think the training here is very good", "The staff training seems alright to me yes. I feel they are correctly trained, they do give you a feeling of confidence really" and "They're very good".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us that they completed the provider's mandatory training and received training updates. The service had a training plan and newly appointed staff worked through an induction pack and had an 'induction passport' (a record of induction training). This was signed off by their supervisor (mentor) when, after a period of training and shadowing in practice, the staff member was assessed as competent. Staff training was linked to the Care Certificate, a nationally recognised qualification. One staff member said "I've had loads of really good training. It is always presented by really nice people too".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff said, "I get good support here. If I have a problem I go and see [registered manager] and she is really good". Another staff member said, "I get supervisions. They ask me questions and I get to have my say. I have asked for a few things and got them. Once they adopted my suggestions for managing some of the cleaning".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack capacity, mental capacity assessments were completed. For example, one person lacked the capacity to make certain decisions. The capacity assessment had been completed and involved the person in the process. We saw their best interests had been fully considered.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff demonstrated an understanding of the MCA. One member of staff said, "This is to do with people making their own decisions and our job is to support them to do this". Another staff member said, "Everything is about their choices, it's about their needs and wants. I give them alternatives, what is best for them".

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS and they were awaiting decisions for six applications from the local authority.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, during the lunchtime meal we saw people's preferences regarding food and drink were respected. We spoke with staff about consent. One member of staff said, "I ask what they want and I give it to them. If I don't have it I get it for them".

Care records demonstrated people's consent had been sought. People had signed their care plans and reviews and where DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms were in place we saw they had been completed fully with the signed consent of the person.

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. One healthcare professional we spoke with said, "I've no concerns at all, they work well with us. We get good referrals from them and I think they follow our guidance very well".

People told us they enjoyed the food. Comments included; "Food is very good and very nice", "I'm funny with food actually. The food here is ok but it's really me rather than them", "The food here is lovely. If I didn't like the food they would change it for me, they have done already. We are offered refreshments during the course of the day so we never go hungry" and "The food is absolutely perfect, I enjoy it very much. We get tea and coffee in the morning, afternoon and evening and that comes normally with biscuits and cake so I have enough to eat".

We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. Where people required special diets, for example, pureed or fortified meals, these were provided.

People received effective care. For example, one person was at risk of losing weight. The person's food intake was monitored and they were regularly weighed. Records of this person's weight were accurately maintain and showed the person was slowly gaining weight. Another person was diabetic and we saw a 'non- insulin' support plan was in place. A suitable diet had been provided for the person and their blood sugar levels were regularly monitored by the district nurse. The person had also been prescribed medicine and their condition was regularly reviewed by the GP.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were positive with their praise for staff. Comments included; "The staff are alright, I mostly get on with all of them", "Most are very kind and we have a joke", "The staff are brilliant. They're lovely" and "The staff are definitely very kind caring and considerate I would say". A relative said, "The staff are all very pleasant. They are fine, no problems".

Staff told us they enjoyed working at the service. Comments included; "I love coming into work, to all the different characters", "I enjoy it here. There is a good bunch of people" and "I love the residents and I like the way they are cared for here. I would have my mum come here".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived.

During our visit we saw numerous positive interactions between people and staff. For example, one person was being supported to move from the lounge to the dining room. A member of staff supported this person by walking alongside them. The person was walking independently but was unsteady on their feet. The staff member encouraged and praised the person for their efforts and engaged in conversation with them. The person smiled and at one point reached out and held the staff members hand. Another person was celebrating their birthday and every member of staff who met them congratulated the person on the event and wished hem happy birthday.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, one person came into the dining room and staff asked them where they would like to sit. The person considered this for a moment before pointing at a particular chair. They were then supported to their choice of chair and made comfortable by staff who then served the person their meal.

People's independence was promoted. For example, one person was being supported to eat their meal. A member of staff sat next to them and encouraged and prompted the person who was able to eat independently. The staff member only intervened when the person struggled to cut some of their food and asked for assistance. Another person was a smoker and staff regularly took this person outside the building so they could smoke. This promoted their independence. Care plans prompted staff to promoted people's independence. For example, one care plan stated that to support the person achieve a personal goal staff were to 'promote [person's] independence and dignity at all times'.

One person told us how staff promoted their independence. They said, "I like to remain as independent as I can and the staff do encourage that. If I can't cope I know they will do it for me".

People's dignity and privacy were respected. 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. The registered manager had appointed a member of staff in the lead role for dignity. They received extra training and became a point of reference for other staff and provided training and guidance within the role. One member of staff told how they promoted people's dignity. They said, "I call them (people) by their preferred name. I am friendly and polite and I always chat with them".

People told us they were treated with dignity and respect. People's comments included; "I do find that they are very, very respectful and I poke fun at my own dignity so they don't need to worry really do they" and "They do treat me with the greatest respect and I never have any problems with my dignity".

People were involved in their care. For example, their care reviews and information about their care was given to them. People had also provided personal information enabling the service to involve them on a personal level. People's birthdays were recorded and celebrated and personal information was used by staff to allow them to engage with people. For example, during the lunchtime meal a staff member asked about a person's family member. The person responded by telling them about a recent visit by their relative and how happy they were to have seen them.

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals. One person had stated they wanted a 'small service'. The plan also stated the person had made a will and contact details for their solicitor were included. Staff we spoke with were aware of these wishes and told us people's preferences were always respected.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated they like reading, watching television and attending trips out of the home. Daily notes evidenced this person was supported to pursue these activities. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person liked to have their bedroom door open so they could look out of the door. However the person did not like people coming into their room. The person was consulted and the registered manager had provided a stairgate for the person that was used to restrict access to their room. A risk assessment was in place and the stairgate fitted in the person's doorway. This allowed them to look out of their door but prevented other people from entering their room. When staff entered the person's room we saw they asked permission before entering.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the support people received. Where people's needs changed the service sought appropriate specialist advice. For example, one person's medication was changed by the GP. Staff noticed a change in the person's condition and referred them back to the GP. The GP reviewed this person's care and prescribed a lower dose medicine and the person's condition immediately improved. Records confirmed the new medicine was being administered.

People received personalised care. For example, one person could become anxious when spoken to. Staff were guided to support this person by approaching and speaking to them in a 'calm fashion'. They were also guided to ensure the person's call bell was within easy reach. We went to this person's room and their call bell was in easy reach. We also saw staff talking to the person, later in the day in a calm and very reassuring fashion. Staff were clearly aware of this person's needs and responded appropriately. The registered manager had introduced a staff competition. Three people were identified and staff were asked questions about these people. The questions asked included; 'give details of an interesting fact no one else knows about this person' and 'what music does the resident enjoy'. This resulted in staff gaining greater personalised knowledge about the people they cared for.

People were offered a range of activities including games, bingo, sing a longs, arts and crafts, flower arranging, cooking, music and gardening. The home was visited by a local school who performed musical concerts for people to enjoy. People also had the opportunity to attend trips out of the home. For example, to garden centres, lunches and places of interest. During our visit we saw several activities taking place which were well attended lively affairs, clearly enjoyed by all those people taking part. The home also had

large, secure, well maintained garden areas for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs.

People told us they enjoyed activities in the home. People's comments included; "I like the bingo but I am happy watching TV in my room", "There are plenty of activities here, we have fun with the activities person who does a very good job. I do attend them when I can", "I go to the activity events that are held inside but not the ones outside. The ones inside are very well organised, very good indeed" and "I do go to the events on occasion, there was a bingo session only this morning".

People's and their family's opinions were sought through surveys. The surveys asked people questions about all aspects of the service, care and staff. We saw the results of the last survey which were positive. People and families could also post comments about the service on a public website relating to care homes. Where concerns had been raised the service took action to address them. For example, the last survey identified people were raising a preference relating to food not on the menu. The chef changed the menu and ensured people's preferences were being respected.

'Residents and families' meetings were held and gave people and their relatives the opportunity to discuss and raise issues. Where issues were raised the service responded and took action to address the issues. For example, at one meeting people said they wanted more bingo sessions as these were very popular. Records evidenced bingo sessions had increased and the activities planner showed frequent and regular bingo sessions were planned. One the day of our inspection a well-attended bingo session took place.

People told us they knew how to complain and were confident action would be taken. A complaints policy and procedure was in place and displayed in the home and held in the service users guide given to all people and their relatives. There were no complaints recorded for 2016. All previous complaints had been dealt with in line with the provider's policy on complaints. One person said, "I've never needed to complain but I do know what to do if I wanted to. I'd go straight down to the office and tell them what I needed. I'm sure they'd do it". Another person commented, "I've never had cause to complain and hopefully never will but I do know what to do if I wanted to".

Good

Is the service well-led?

Our findings

People clearly knew the registered manager who was visible around the home throughout our visit. We saw them engaging with people who greeted her warmly with genuine affection. The registered manager knew people and called them by their preferred name.

People told us they thought the home was well managed. People's comments included; "Yes I think the home is well managed and also well led", "Management do manage to improve the conditions here I can say. I've seen the manager once I believe. I do think that it's well managed and also well led. I'm sure that if we had something to say, the manager would listen" and "The home is well managed as far as I'm concerned".

Staff told us the registered manager was supportive and approachable. Comments included; "I've not been here long but [registered manager] has really made me feel welcome", "She is ever so easy to approach and she is always available, she's here into the evenings", "I can approach [registered manager] for a chat and she will find the time", and "She is lovely, she listens and is really nice".

The registered manager empowered and motivated staff. Some staff had been appointed to "lead roles". For example in dementia, medication, infection control, nutrition and falls. They received extra training and became a point of reference for other staff and provided training and guidance within the role.

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.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person was found on the floor uninjured. They had slipped off of their chair. The incident was fully investigated and the risk assessment was reviewed to manage the risk. The person had not fallen since. A monthly falls analysis was completed and this was reviewed by the provider's area operations manager to look for patterns and trends. This information, along with data relating to infection control incidents and people's weight was analysed to look for trends connecting these areas. Any results from this process were forwarded, with actions, for the registered manager to complete.

Staff shared learning from incidents through briefings, handover and meetings. Regular staff meetings were held and staff received provider incident briefings which were discussed at meetings. For example, one provider briefing shared learning relating to a fire in another of the provider's homes. Details of how the fire occurred and steps to reduce the risk of a reoccurrence were highlighted and ensured staff were aware of the risks.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and results were analysed

resulting in identified actions to improve the service. The provider's area operations manager regularly visited the home to monitor progress through action plans and to support the registered manager to drive continuous improvement.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

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.