

The Orders Of St. John Care Trust

OSJCT Townsend House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	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

Townsend House is a residential care home, without nursing. At the time of our inspection the service was providing personal care to 40 people aged 65 and over, some of whom were living with dementia. The service can support up to 45 people in one purpose-built building covering two floors.

People's experience of using this service

Staff knew people extremely well which enabled them to respond to people's needs and wishes at a personal level. People were treated as individuals and the service went the extra mile to grant people's wishes and provide activities and experiences that met their individual needs. This enhanced their well-being and improved their quality of life. People spoke very positively about activities and the staff.

People told us staff were caring and kind. Staff's commitment and knowledge enabled people to receive care from staff who knew them well.

The registered manager and staff strived to provide safe care and support. The team worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively.

The registered manager continually looked for ways to improve people's lives. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff responded quickly to support people. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum 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 maintain good health and to meet their nutritional needs.

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

The last rating for this service was good, published on 26 July 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will return to inspect the service as per our re-inspection programme

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

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

OSJCT Townsend House

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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Townsend House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

We spoke with 11 people and two relatives. We looked at five people's care records and three medicine administration records (MAR). We spoke with four care staff, two kitchen staff, one domestic staff member, the registered manager and the area operations manager. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. We also sought the views of the local authority's commissioner of services.

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 told us they were safe. One person said, "I am absolutely safe and feel safe in every way, I am happy in the routines I follow here."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd tell my manager, and I can go to the local authorities safeguarding team."
- The provider had safeguarding policies in place. The registered manager worked with the local authority safeguarding team 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. The risk assessments covered areas such as falls, nutrition, medicines and environment. For example, one person was at risk of developing pressure ulcers. Guidance on how to keep this person safe was provided for staff, who spoke with us about this guidance. The person did not have a pressure ulcer.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We have enough staff. Only if staff go sick do we struggle".
- Records confirmed there were sufficient staff to support people. Staff rotas showed planned staffing levels were consistently maintained.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Medicines which were prescribed to be taken 'when required' had protocols in place to guide staff as to when these medicines should be given.
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.
- Medicines incidents were recorded and investigated.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed staff following safe infection control practice.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could be improved and used this as an opportunity to improve the service for people and staff. For example, guidance had been provided to all staff following incidents at other schemes.

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

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles. One person said, "They look after me very well here, very well indeed."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "Oh I am well supported. The manager is very supportive, as is the head of care. They have a listening ear."

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any food allergies were highlighted.
- People were supported with their meals appropriately. Care plans included guidance and advice from healthcare professionals where appropriate. For example, speech and language therapist (SALT).
- One kitchen staff member said, "I get regular updates on residents needs and preferences. We cook what they want."
- The lunchtime meal was a relaxed sociable experience. Where people required support, this was offered, and people were supported at a pace suitable to them. Staff offered assistance and were respectful of people's independence. One person commented, "The food here is good, I enjoy it".

Staff working with other agencies to provide consistent, effective, timely care to support people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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. 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.

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. We observed staff routinely offering choices and respecting people's preferences and decisions.
- Staff worked to the principles of the MCA. One staff member said, "I assist residents to make choices and I work in their best interests."
- Care plans contained consent to care documents signed by the person or their legal representative.

Adapting service, design, decoration to meet people's needs

- The environment was well decorated. Some areas of the home were being refurbished to improve the quality of the décor and facilities in people's rooms.
- People's rooms were personalised. This included photographs and items that were important to people.
- The home was dementia friendly. For example, one corridor was decorated to depict a high street with shop fronts and doorways.

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

- People told us staff were caring. One person said, "They [staff] are all very helpful.". Another person said, "I get on with them [staff] really well and everyone knows me".
- Staff knew people well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans.

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

- People told us they were involved in their care. One person said, "I make decisions about my care."
- Records showed staff discussed people's care on an ongoing basis.
- Care plans evidenced people and their relatives had been involved in planning their care and support. Plans included personal information and people's preferences. One relative said, "Yes, I know that there is a care plan in place".
- People's emotional needs and preferences were included in care plans. For example, two people were safely supported to engage in a relationship that had developed in the home.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity. We observed staff treating people with dignity and respect.
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, one care plan highlighted the person was able, and should be encouraged to wash independently.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

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 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

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals. For example, guidance was provided for staff to support people to remain independent, active and maintain hobbies and interests.
- One person, living with dementia was admitted to the home, they were unsettled and very unhappy. A member of staff brought an interactive doll for the person in the hope the person would make a connection with the doll and feel more settled. The registered manager told us, "[Person] immediately smiled and started looking after the doll, proudly showing it to everybody. [Person] is now completely settled and interacts well with staff and the other residents." We saw this person who appeared calm, relaxed and well at home.
- People and their relatives told us the service responded extremely well to their needs and wishes and made every effort to ensure people received personalised care. Comments included; "Living here is definitely the next best thing to living in my own house", "I would not change anything here at all. I am happy and the carers [staff] all know me so well and know what I want" and "I can't fault anything about living here, it really has all gone very well for me as an individual." A relative said, "They are all extremely responsive here and they call me immediately if there is anything I should know."
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans.
- The service responded to people's changing needs. Where people's conditions changed, care and support were updated to reflect the person's needs.

Meeting people's communication needs

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.

- People's communication needs were recognised. Care plans identified, recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.
- One person spoke little English and communicated in their native tongue. The registered manager spoke their language and took time to speak to the person, translate and keep them informed. Another person was deaf and used a white board to communicate. This meant the service ensured people could communicate effectively.
- Some people had phones or electronic devices to communicate with their families and friends. Staff encouraged and supported people to use these devices enabling them to maintain personal relationships

with those dear to them. For example, one person was able to maintain regular contact with a family member in another country.

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

- Where social activities formed part of people's care needs, staff ensured people spent time enjoying activities of their choice.
- Information on people's backgrounds was used to tailor activities to meet their interests and support their well-being. For example, one person used to play professional football. Staff supported this person to attend matches locally. At one match the person was made 'guest of honour' by the club and when they returned to the home they told staff they had been 'treated like a prince'. An article about the person featured in the club's magazine and we were told this had an extremely positive effect on the person's well-being. Another person expressed a wish to take a train journey to where they used to be a railway worker. They wanted to do this before they died, and this wish was extremely important to them. Staff accompanied the person on this complicated trip which was a great success, with the person speaking about their journey for weeks afterwards. We saw photographs of both these events which depicted people smiling and clearly enjoying their activity.
- People were extremely positive in their feedback relating to activities in the home. Their comments included; "She [staff member] runs all these different clubs, a knitting club where we knit blankets for premature babies. [Staff member] is such a lovely, laughy person, you will like her, she is lovely, and everyone likes her, she is really clever and makes a lot of different things with us and for us" and "We made all sorts of decorations for Christmas, we made a Christmas tree out of old twigs and things. There is a lovely lady called [staff member], she organizes all sorts of Activities for us. This staff members approach to activities had clearly made a positive impact on people's lives.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- One person we spoke with told us they knew how to make a complaint and was confident that they would be listened to. They said, "Oh yes, there was one problem, but the carers dealt with it very calmly with the problem and were reassuring."

End of life care and support

- At the time of our inspection the service was not supporting anyone on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.
- One person died, however, there was no funeral. The registered manager arranged for a memorial service for this person which was attended by staff and the person's friends. The registered manager told us the friends and staff were grateful for the opportunity to pay their last respects to the person and express their grief.

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.

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

- People told us they thought the service was well run. Their comments included; "[Registered manager] is always out and about and visible around the Home; she chairs all the Residents' meetings, once a month" and "That's [registered manager], have you met her, she is very nice."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified issues with accurate recording of medicine records. An action plan was created to address the issues and we saw the registered manager was introducing measures to improve performance in this area.

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

- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest. One staff member commented the registered manager was, "Very approachable". Another staff member said, "The best manager I have ever had, very open and honest."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought through meetings. For example, views on menu choices were sought and implemented.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. Information was also shared with staff at handovers and briefings.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.