

The Orders Of St. John Care Trust

Towes Court

Inspection report

Icknield Place
Goring
Reading
Berkshire
RG8 0DN

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Website: www.osjct.co.uk

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 announced inspection of OSJCT Towes Court on 9 November 2018.

Towes Court offers domiciliary care and twenty-four-hour emergency cover for up to 40 people in self-contained flats. The accommodation is either rented or shared ownership and is contained in a new building, located in Goring Oxfordshire. The service is part of the Order of St John Care Trust. On the day of our inspection 19 people were receiving a personal care service.

There was a not 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. However, we saw evidence that the post of registered manager had been recruited to.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. People's care plans contained risk assessments which included risks associated with people's care. There were sufficient staff deployed to meet people's needs.

People continued to receive effective care from staff who had the skills and knowledge to support them. 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 maintain good health.

The service continued to provide support in a caring way. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and supported to remain independent.

The service continued to be responsive. People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately.

At our last inspection of OSJCT Towes Court on 11 May 2016 we rated the service as requires improvement in well-led. At this inspection we found the service had improved to good in well-led because, people told us the service was 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 service had established effective systems to assess the quality of care the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life.

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 was well led.

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

The service shared learning and looked for continuous improvement.

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

Towes Court

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 checked whether the provider was 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 9 November 2018 and was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection we looked at previous inspection reports and 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.

We spoke with four people, two relatives, four care staff, the manager, the team leader and the operations manager. We looked at seven people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "The staff are great. I certainly feel safe". Another person said, "The staff look out for me, they are good people".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I would raise a safeguarding with Oxford County Council".

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 high risk of pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability to healthcare professionals.

Staffing rotas confirmed and people told us there were sufficient staff to meet people's needs. One person told us, "The staff are always punctual. If they are behind by ten minutes then you always get a call". A relative told us, "They are always on time for the visits. Their punctuality is excellent".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to become live in carers until references and disclosure and barring service checks (DBS) had been received.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. One person told us, "They look after me by making sure I have taken my tablets".

People told us they were protected from the risk of infection. The service had Infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices. One staff member said, "I found the infection control training really useful".

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager).

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "Just because someone makes an unwise decision doesn't mean they lack capacity. We all make unwise decisions".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One person told us, "They cook my breakfast and they know what I like".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. One person told us, "The staff are great and understanding. You can talk to them about anything". Another person said, "The care here is excellent".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "They go through everything with us. We are very much involved".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful.

People told us they were treated with dignity and respect. One person told us, "They treat me with dignity and respect". Another person said, "The staff are very respectful".

People's needs were respected. Discussion with staff demonstrated that the service respected people's individual needs. One staff member told us, "Individual needs can include religious, sexual and cultural needs. We need to ensure that we treat people as individuals". The provider's equality policy covered all aspects of diversity including ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in people being discriminated against.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carryout personal care tasks for themselves. The staff member told us, "Supporting people to remain independent prevents people becoming institutionalised".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences.

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.

The service was responsive to peoples changing needs. For example, we saw evidence of how the service had responded to changings needs in relation to a person's mobility. The service referred the person to their G.P and an occupational therapist. As a result, additional equipment was fitted within the person's home to support them further with their mobility needs. The impact of this was that the person's quality of life improved.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "I raised a problem once. I was contacted by (provider). They gave their assurances that it would be addressed and not happen again and it hasn't. I felt listened to". Records showed there had been three complaints since our last inspection. Complaints had been dealt with in line with the providers policy.

At the time of our inspection people were not receiving end of life care (EOLC).

Is the service well-led?

Our findings

There was not 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. The registered manager had recently left and a new manager had been appointed and was going through the registration process.

People were positive about the service and the manager. One person told us, "The management team are more than reasonable and approachable". Another person said, "I feel the service is well run and well managed". Staff told us the service was well-led, open and honest. One staff member told us, "We have a great relationship with [Team leader]". The service encouraged open communication between the staff team. We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

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. The team leader, manager and the operations manager spoke openly and honestly about the service and the challenges they faced.

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 assessment good and medication. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, a recent audit of staff training identified that a number of staff were approaching their renewal dates for training. The manager ensured all staff that this applied to were booked onto the appropriate training.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person had not received their medication on time the manager took appropriate action to ensure that the staff members involved received additional medication training.

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing 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 (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.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and district

nurses.