The Orders Of St. John Care Trust

OSJCT Fernleigh

Inspection report

Fernleigh
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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

We undertook an announced inspection of OSJCT Fernleigh on 9 June 2016.

OSJCT Fernleigh is a new service registered with us in August 2015 and provides extra care housing in 80 one and two bedroomed flats. The office of the domiciliary care agency OSJCT The Paddocks is based within the building. The agency provides 24 hour person centred care and support to people living within OSJCT Fernleigh, who have been assessed as requiring extra care or support in their lives. On the day of our inspection 14 people were receiving a personal care service.

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 staff at the service who seemed genuinely pleased to see us. Throughout the day we saw visitors to the service being greeted by staff in the same welcoming fashion. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. The service had safe, robust recruitment processes in place.

People were safe. 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 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 Fernleigh

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 9 June 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out an inspector.

We spoke with three people, two relatives and three care staff. We also spoke with the registered manager and the trust domiciliary care manager. We looked at five people's care records and medicine 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 is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "Yes I am completely safe here" and "Oh yes most certainly, I have my alarm on my wrist". People's relatives also told us people were safe. One said, "Yes, oh yes, she (person) certainly is very safe. Much safer than we were in our old home". Another relative said, "I just press a button and they (staff) are here".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the registered manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I would speak to the manager, social services or the police", "I would report my concerns to my line manager or I could whistle blow. I can also call the local authorities" and "I'd first report to the manager. I can also call the GP or the local safeguarding team". 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 had poor vision and could be at risk of falls. Staff were required to 'assist with [person's] mobility'. Guidance to staff included 'holding the person's hand' when they were mobilising, maintain a clutter free environment for the person and provide clear guidance and reassurance when supporting the person. Staff we spoke with were aware and followed this guidance. The person had not fallen.

Another person could be at risk of weight loss as they could forget to eat. Staff prepared this person's breakfast and were guided to encourage the person to eat and drink. Staff checked at each visit what the person had eaten and records were maintained to enable staff to monitor the person's food intake. Records confirmed this guidance was being followed and the person was maintaining their weight.

People and their relatives told us there were sufficient staff deployed to meet their needs and that staff were punctual. One person said, "We've never had any problems regarding staffing. If we need something then someone comes". A relative said, "They are punctual. Sometimes five or ten minutes overdue but that is because someone else has a problem they are dealing with. They have never missed a visit, never".

Staff told us there were sufficient staff to support people. Staff comments included; "Yes I think there are enough staff here. We muck in together to cover holidays and everything", "Yes there's enough as we are a flexible team" and "If someone goes sick we just cover it. Generally there is enough of us".

There were sufficient staff deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our clients". For example, where people required multiple visits in one day staff were consistently deployed for each visit. Staff rotas 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 service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role and allowed the registered manager to make safer recruitment decisions.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. We spoke with staff about medicines. Staff comments included; "I do support people with their medicine. I get regularly checked which I find gives your confidence a boost" and "I support some clients with their medication. I have a level two medicine qualification at a national level".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. People's comments included; "They may not be clinicians but the help they give is very good" and "They (staff) are busy but very effective. They have good skills and are all very kind".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "Induction was very good, some excellent training", "The induction period was good as I learnt so much from it. The training was in depth" and "I can't fault the training. If I want more I get it". We saw further training for all staff was available and training records confirmed planned training was up to date and ongoing.

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 had requested training in a national qualification. Records confirmed this member of staff was on the list to attend. Another staff member had requested dementia training and we saw this had been provided. One staff member commented on supervisions. They said, "I find them useful where there are areas of need. I have asked to do further national training and I am on the list".

Staff were also supported through 'observation of care practice'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

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.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I assume clients have capacity and if I think they are struggling with a decision I would report it", "Each individual makes their own decisions here. If they struggle we work in their best interests" and "This is about people making their own decisions. If someone was struggling I would talk to other staff and the manager".

The registered manager told us they continually assessed people in relation to people's rights and they were

aware that applications must be made to the Court of Protection. They were also aware the court of protection was the decision maker relating to the deprivation of a person living in the community.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "The clients have all signed a consent form but I always ask first before supporting anyone". Another staff member said, "I just ask them every time".

People and their relatives told us staff sought their consent. One person said, "They are very good, they always ask". One relative said "They come and do everything you could expect but they ask first". One person could have difficulty getting to and opening their front door. The person had given staff permission to enter their flat using a master door key. Staff were provided with clear instructions on how to enter this person's flat which included announcing their arrival as they entered.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. staff told us how they supported people's nutritional needs. One staff member said, "None of my clients need support but I do prepare their meals, just how they want it". Another staff member said, "We prepare meals for some clients and occasionally monitor intake if needed but all our clients can eat independently". All the people we spoke with said they did not need support with eating and drinking.

People received effective care. For example, one person was at risk of developing pressure ulcers. Staff were guided to encourage the person to reposition themselves at every visit and to regularly monitor the person's skin condition. Records evidenced this guidance was being followed and the person did not have a pressure ulcer.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. People's comments included; "Staff are very caring, yes. There is a strong sense of vocation with the staff" and "The staff are caring, very much so. There are always ready to have a chat".

Staff told us they enjoyed working at the service. Staff comments included; "Clients and staff get on really well together. It's like a little village", I love the clients and the atmosphere, it's really great" and "I love it here. I get to see my resident's everyday so I really get to know them".

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, we saw one person being supported in their wheelchair to attend an organised activity. Staff chatted with the person who responded with jokes and laughter. When they reached the activity room staff asked the person where they wanted to sit. Staff then supported the person to the place they had indicated. Staff spoke with the person with genuine warmth and affection.

People's dignity and privacy were respected. We saw staff knocked on doors before entering people's flats. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful.

People and their relatives spoke with us about privacy and dignity. One person said, "They listen to me and do what I want. They are very respectful and maintain my privacy". A person's relative said, "They keep things dignified and private for my wife".

We asked staff how they promoted people's dignity and respect. Staff comments included; "I ask them first, I cover them up when providing personal care and respect them the way I would expect to be respected myself", "I close curtains, cover them with towels, shut doors if family member are about and respect their wishes" and "I always remember they are a human being and I treat them how I would like to be treated".

People's independence was promoted. For example, one person's care plan highlighted the person was 'very independent'. Staff were guided to offer assistance but to remember the person 'will ask for assistance only if they are struggling'. We saw staff promoting one person's independence as they took part in a crafts activity. The person was colouring in small flags. A member of staff sat next to the person, encouraging them and praising their work. When the person finished one flag the member of staff asked if they wanted another to do. The staff member passed a blank flag to the person and said "Do you want me to arrange this". The person said no and arranged the flag and their pens themselves, exercising their independence.

Staff spoke with us about supporting and involving people to remain independent. Staff comments included; "I try to keep clients independence as it is. I support those who need help but only when they need

it" and "I involve them and try to keep them independent as much as I can. Clients attend reviews so they can have their say which we respect".

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their care. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit. They also stated what support the staff would be providing. For example, one person's schedule stated 'morning visit. Strip wash and prepare breakfast'. One person told us how staff supported them and involved them in their care. This person said "I am involved and they (staff) are good. Things are done my way".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan, 'brushed hair and assisted [person] with putting on her watch'. Another noted, 'Served sausage and mash then made a cup of tea. We had a lovely chat'.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we saw care plans were held in people's flats in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. Staff were provided with the services policy on confidentiality. This gave staff guidance relating to general security of people's information

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing 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. Staff were aware of this information. For example, one person had stated in their care plan 'when I was younger I liked to dance'. Staff who supported this person were aware of their interest in dancing.

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 was living with dementia and could sometimes experience difficulty with communicating and retaining information. Staff were guided to 'speak clearly to [person] using simple words' and 'allow time for them to be able to process what is being said'. We observed staff supporting this person and following the guidance.

People received personalised care that responded to their changing needs. For example, one person had recently returned home after treatment in hospital following a fall. The person's care plan was reviewed to reflect their current needs and we saw they were using a walking frame to mobilise until they fully recovered. Staff were provided with guidance on how to support the person. As the person's condition changed, care plans were updated. For example, due to the person's changing condition their care had been reviewed three times in one month.

People's preferences were recorded and respected. For example, records evidenced one person had requested a change to their visit times to avoid their preferred mealtimes. We saw this request had been respected. During our visit we saw people enter the office and request minor changes to schedules to allow them to attend events or other appointments. People were spoken to warmly and politely and in each case their preferences were respected.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "This is person centred care and is about their needs as an individual. People are all different", "Treating each person as an individual and respecting their personal needs and preferences" and "It's care, individualised, one to one if you like. I do what they want, how they want it".

People knew how to raise concerns and were confident action would be taken. People's comments included; "Yes I do know how to complain. I am a persistent person so I know they would listen" and "A complaint? I'd go and see the manager. She is absolutely first class and would definitely fix things".

Details of how to complain were contained in handbooks given to people when they joined the service. This also included contact details for the Care Quality Commission (CQC) and the Local Government Ombudsman (LGO). The service had not received any formal complaints. The registered manager said, "I deal with things as they arise and we have not received a written complaint yet because we know these

people and talk to them constantly". Staff told us they would assist people to complain. One member of staff said, "I would help someone complain, of course. I'd probably steer them in the direction of the manager first". The service had received numerous compliments about the service. Many were focused on the staff about praise and thanks for their efforts.

People's opinions were sought through 'residents meetings'. People were able to attend and information was shared. People were also able to raise issues and discuss this with the registered manager. For example, at one meeting a person raise an issue relating to the use of pendant alarms and what the service though constituted an emergency. The issue was discussed and the registered manager reassured people and told them to use their alarm 'whether necessary or not'.

People's opinions were also sought through surveys. We saw the services first survey was ready to be conducted. This included a postal survey to people and their families and the option of posting comments electronically. The registered manager said they would "Use the survey results to improve the service provided".

The registered manager conducted 'client care quality' visits to obtain people's opinions by visiting their flats. People could raise issues or concerns with the registered manager. For example, we saw one person had raised an issue relating to their flat. The registered manager had reported this to the building maintenance team. Another person raised a concern and the registered manager referred the person to an occupational therapist (OT). We spoke with this person who said, "They have helped me with an OT referral and have followed the OTs advice really well".

Staff arranged activities for people in the building and we saw one such activity attended by four people. Staff had arranged an arts and crafts afternoon and those people attending clearly enjoyed the experience. We saw one person colouring in a flag with a selection of coloured pens. One staff member spoke to us about activities and this person in particular. They said, "We find the less able people really enjoy these activities. [Person] had lost the ability to write. We ran some card making sessions which [person] attended and I was quite emotional when I saw [person] write in the Easter card they had made for a relative".

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager. People's comments included; "She's excellent. It is a well run service and any troubles get sorted", "The manager does a fantastic job" and "I know the manager, she is brilliant".

The registered manager led by example. We saw the registered manager supporting people individually on several occasions and they greeted relatives and visitors in a warm and welcoming fashion. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

Staff told us they had confidence in the registered manager and felt the service was well managed. Staff comments included; "The manager is lovely. She goes above and beyond and is very supportive. This is a very good place to work", "The manager is supportive and always has the time to explain things and support our progress. This place is well run and I think we are a very competent team" and "Oh I do like her (registered manager). If you have a problem she is right there with you".

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. Staff told us they felt the service was open and honest. One staff member said, "From what I can see this is an honest service. There is no culture of blame here". Another staff member said, "We are allowed to make mistakes here without blame. We learn from mistakes".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the provider to look for patterns and trends. They were also analysed to see if people's care needed to be reviewed. For example, following a medicine error the registered manager investigated the incident, arranged for training, advice and guidance for the staff member and conducted a review of medicines practice to reduce the risk of reoccurrence. Where people suffered a fall they were referred to the GP and the falls prevention service. In addition to this, people's care plans were reviewed.

Learning from accidents and incidents was shared through a 'serious incident learning' notice circulated to all services by the provider. A summary of incidents was highlighted and learning from the incident shared. For example, one incident reported needle stick injury to a member of staff at another location. Learning from the incident and precautions were provided for staff. Another incident was also highlighted and resulted in new policies being implemented with immediate effect across the provider's services.

Staff told us learning was shared at staff meetings and briefings. Staff comments included; "We share any learning through staff meetings, one to one meetings with management and handovers", "We get briefings and team meetings, really useful for learning and information" and "We talk to each other, have handovers and meetings. We share all we can".

Notice boards were displayed in the office area and provided information and updates for staff relating to people's care needs. For example, one person had requested an 'early shower' as they had a hospital appointment. This request was prominently displayed on the notice board. We were able to confirm through staff and records this person was assisted to shower at 06.30 in the morning.

Team meetings were regularly held where staff could raise concerns, gain information and discuss issues. For example, following discussions relating to water temperatures we saw all staff were issued with personal thermometers enabling them to monitor people's bath water temperature and keep them safe. Thermometer use was discussed at the meeting and staff were reminded to record water temperatures. All the care plans we saw contained accurate and up to date water temperature charts.

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 were modelled on the five domains used in CQC inspections. This allowed the service to match the audit results against our inspection criteria. Audit results were analysed and resulted in identified actions to improve the service. The provider's quality team also conducted audits within the service and their latest audit rated the service at 100%. The provider had celebrated this success by accrediting the service in infection control, medicine management and care quality. Certificates to this effect were displayed on a notice board.

There was a whistle blowing 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 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, (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.