The Orders Of St. John Care Trust

OSJCT The Paddocks

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

We undertook an announced inspection of OSJCT The Paddocks on 8 March 2018.

OSJCT The Paddocks provides extra care housing for up to 44 older people. 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 The Paddocks, who have been assessed as requiring extra care or support in their lives. On the day of our inspection 13 people were receiving a personal care service.

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the service. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. 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 access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly and their views were sought and acted upon.

The service was well led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos. The service had strong links with the local community.

The registered manager monitored the quality of the service and strived for continuous improvement. There was a very clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open and inclusive. This achieved positive outcomes for people and contributed to their quality of life. The registered manager was robustly supported by the domiciliary care trust manager and provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

OSJCT The Paddocks

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 8 March 2018. 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 someone would be in.

This inspection was carried out by one inspector 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.

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.

We spoke with nine people, three relatives, three care staff, the team leader, the domiciliary care trust manager and the registered manager. We looked at four people's care records, four staff files 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. We also contacted the local authority for their views.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I'm very safe and secure, no issues. Staff don't intrude but are there if you need them. I use my call pendant", "Quite safe, well supported" and "Nice and safe, well looked after". One relative commented, "Absolutely spot on with security. Signing in sheet. Key, doors closed. Safe as houses".

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. Staff comments included; "I would report concerns to my line manager, senior managers and I'd call safeguarding and CQC (Care Quality Commission)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person told us, "Carers drop in and see me. We have a chat. I like things to be the same so I'm pleased to see mostly the same carers". One staff member told us, "Yes there is enough staff". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified and recorded in their care plans. People were able to move freely about the building and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of choking, measures were in place to manage the risk. Guidance had been sought from healthcare professionals and staff were aware of, and followed this guidance.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. One person said, "Staff come in to support me with my pills". One staff member said, "I've had medicine training and my competency has been checked. I'm confident in what I do".

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. The provider circulated 'serious incident briefings' to all services within the group to share learning from incidents. This evidenced the service learnt from incidents and errors.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The building was clean and free from malodours. One relative said, "[Person] has a plastic bag on her door for rubbish [their personal choice]. Carers take it down once a day". Staff told us they were supported with infection control measures and practices. One staff member said, "Training was good and we have loads of PPE. We discuss infection control at staff meetings".

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One person told us, "Nice lot of girls here. All seem to know what they are doing".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager, spot checks and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and communication needs. For example, one person could not communicate verbally and used a notepad and pen to communicate. We saw this person communicating effectively with staff on several occasions during our inspection. Staff we spoke with were knowledgeable about this person's communication methods and the person's care plan provided staff with information and guidance relating to their communication needs.

Staff sought people's consent. One person said, "They [staff] never do anything without asking me first". Another person said, "They [staff] ask if I would like a bath. If I say no they respect that".

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 and understood how to support people in line with the principles of the Act. One staff member said, "This protects people's decisions. No one here has capacity issues but I'm aware people can change. If I had concerns I'd go to my manager and the GP".

People told us their nutritional needs were met. Comments included; "Staff prepare supper for me. My family shop for me so there's always stuff in they [staff] can get for me" and "Lunchtime, I go down to the restaurant, lovely meals, we laugh a lot".

People were supported to maintain good health. Various health 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 plans.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people who benefitted from meaningful relationships with the staff. People's comments included; "My carer is absolutely marvellous", "Very good carers, I get on so well with all of them" and "Nice kind staff. If I want something they will get it for me".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I enjoy working here, it's nice and the residents are lovely" and "I love it here, this is a community and everyone is so nice". This meant staff demonstrated and promoted a caring approach.

People were involved in their care and were kept informed about their care and support visits. Daily visit schedules and details of support provided were held in people's care plans. For example, one person's schedule stated the support visit would include preparing the person a meal of their choice, washing up and 'assisting with medication'. Details of other specialist support relating to a specific condition were also recorded. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.

People's independence was promoted. Care plans guided staff to support people to remain independent. One person's care plan highlighted the person walked independently with a walking frame. Staff were guided to encourage the person to use their frame to mobilise and ensure the frame was in good condition. We spoke with staff about promoting people's independence. Staff comments included; "If residents can do something I get them to do it. I only help if needed" and "I talk them through what we are doing and let them help themselves where they can. I think residents benefit from having independence". This practice promoted people's independence.

People were treated with dignity and respect. One person said, "[Staff] always knock on my door and wait to be asked in. They treat me with respect when I am having my bath". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. One person told us, "When I was at my weakest point they took the pressure off. Carers drop in and see I am alright, have a chat, wonderful". People's emotional support needs were assessed and recorded in care plans. For example, one person had stated their family was important to them and we saw the person received regular visits from the relatives. One staff member commented on people's emotional support needs. They said, "I am here for them [people]. Sometimes they just need a hug, but I always ask first".

Good

Is the service responsive?

Our findings

The service continued to be responsive. 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, and respected people's preferences.

Staff treated people as individuals. For example, one person's condition could fluctuate and following discussions with the person and the GP it was felt the person may be socially isolated which affected their condition. To address this, the service implemented a series of 'social visits' to support this person. Records confirmed the person was now 'responding well' and their condition had stabilised. This person's relative said, "Really good at managing [person's] behavioural issues very well". The service had supported this person's individual needs.

People's diverse needs were respected. Discussion with the registered manager showed that the service respected people's differences and ensure people were treated equally. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "I treat everyone as an individual. I use neutral terms and phrases so residents don't feel the need to explain themselves".

People had access to information in a way that was accessible to them. One person said, "Staff talk with me about my care plan and ask if everything is what I want". People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. We asked staff how people accessed information about their care and support. One staff member said, "I explain things for residents and their families, I keep them informed".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and their support needs had reduced. The person was progressively becoming more independent and the care plan and staff guidance reflected this progress.

The service had systems in place to record, investigate and resolve complaints. One complaint was recorded for 2017/18 and historical complaints had been dealt with compassionately in line with the policy. The complaints policy was displayed in the building. People knew how to complain and were confident they would be taken seriously. One person said, "I don't find any complaints. If I had any I would see the boss. She would sort things out very quickly".

At the time of our inspection, no one was receiving end of life care. People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where people wished to die and their preferred funeral arrangements. Staff told us people's wishes were always respected. This included where people had expressed a wish not to be resuscitated.

Good

Is the service well-led?

Our findings

The service was well led. 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.

People told us they knew the registered manager and felt the service was well run. Their comments included; "Manager is brilliant, everything is fine", "Manager is part of the family. Knows what's right and what's wrong", "Especially happy with the management" and "The manager listens and tells us what is happening, communication is excellent".

We saw the registered manager and the trust domiciliary care manager talking with people and their visitors during our inspection. People clearly knew the management team and spoke with them with confidence in a relaxed and familiar manner. Both the registered manager and the trust domiciliary care manager knew people's names and spoke with them respectfully, showing genuine affection. These interactions produced lots of smiles, laughter and appropriate humour.

Staff told us they had confidence in the service and felt it was well managed. Comments included; "She [registered manager] is lovely and supportive. [Team leader] is fantastic, we're like a big family, we are always here for each other" and "She is great when she is here. It's not her fault because she covers other schemes but our team leader is really good".

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 domiciliary care trust manager and the registered manager 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, "We have no skeletons in the closet in this service".

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. For example, one audit identified specific staff training needs. The action plan detailed the required training and records confirmed this training had since taken place.

The service had strong links with the local community. Local meetings and activities were held within the building and we saw people were invited and attended. The local post office and hairdressers were located in the building and we were told the local parish council held meetings there. Local events were advertised on notice boards within the building giving people the opportunity to remain active in the local community. One person spoke about remaining active in the local community. They said, "I have friends to stay, the knitting club and Speech Choir".

The registered manager worked in partnership with external agencies such as GPs, district nurses, social services and the local authority. They also attended contract and panel meetings with Oxfordshire County Council.

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.