The Orders Of St. John Care Trust

Centurion House

Inspection report

Coach House Mews
Bicester
Oxfordshire
OX26 6EW

Tel: 01865748301
Website: www.osjct.co.uk

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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 Centurion House on 3 March 2016.

Centurion House offers domiciliary care and twenty four hour emergency cover for up to twenty people in self-contained flats. The accommodation is either rented or shared ownership and is contained in a new building, located in Bicester Oxfordshire. The service has been in operation at this location since June 2012 and is part of the Order of St John Care Trust. On the day of our inspection 12 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.

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 registered manager 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 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.

Centurion House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 March 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 by an 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.

We spoke with nine people, three care staff, the team leader and the maintenance man. We also spoke with the registered manager and the area care and housing 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 captures 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 reviewed notifications we had received. A notification is information about important events which the provider is required to tell us about in law. In addition we contacted commissioners of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "On the whole quite safe", "A very safe place. The building is secure and people are looking out for you", "I'm quite independent but feel very safe. I can contact the carers if there are any problems", "Yes I feel very safe because the girls come in and out to see me regularly" and "No worries, I've never not felt safe because can get help quickly if you need it".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd whistle blow as I have done elsewhere before or I'd phone safeguarding and always tell the manager", "I would report concerns to the manager and go to the local authority safeguarding team" and "I would report to the manager or team leader or I can call CQC (Care Quality Commission) the GP or social services". Details of how to raise concerns and identify suspected abuse were displayed on notice boards for people, relatives and staff. The service had systems in place to investigated concerns and report them to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was independently mobile but required assistance with bathing as they were at risk of falls. Staff were guided to ensure the person had a 'trip hazard free environment', to assist the person 'with the shower' and support them to 'wash and dry difficult to reach areas' to prevent them becoming unbalanced and fall. Daily notes evidenced that staff followed this guidance and records confirmed the person had not fallen.

Another person was independently mobile and used a walking frame. The risk assessment guided staff to ensure the persons frame was within easy reach. Staff were also guided to monitor the person's mobility and immediately report any deterioration in their ability to mobilise independently. Staff we spoke with were aware of this guidance and records confirmed the person had not fallen.

People told us there was always staff available to support them. Comments included; "Knowing that there are people here, should you need them, is important. Always somebody there for you", "If you need anyone I push my button and they are straight there. Don't wait long at all" and "They are there quickly if you want them".

Staff told us there were sufficient staff to support people. Comments included; "Yes there are enough staff. We are deployed where people need us", "I think there's enough of us, we don't have to do excessive hours to cover the shifts" and "I'd say we have enough staff. Certainly enough for the small amount of fairy independent clients we have".

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". During our inspection we saw staff were not rushed in their duties and people told us and records confirmed staff had time to sit and chat with people. For example, one person said "(Staff) drop in to have a chat now and then. That's nice because you are on your

own and it breaks up the day". 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.

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. Comments included; "I assist some people with their medicine. I have been trained and we all do refresher training. The team leader regularly checks our competency" and "My competency was recently checked, no problems".

Some people spoke with us about how they managed their own medicine. Comments included; "I take my own medication and my daughter collects it for me" and "I get my own medication from the chemist and look after everything myself". One person told us how staff supported them with their medicine. They said "I get help with my medication. Staff noticed that I was forgetting to take some of my tablets so they come in to check that I have taken my medication".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "They know what they are about , well trained and they know what they are doing", "I don't have a lot of help, I'm very independent but the staff know how I like things to be and they seem to be very skilled at what they do", "All done really well. I think that people (staff) must be well trained" and "I'd say very helpful and well trained people (staff) looking after me".

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; "Training is very good and the induction is being updated all the time. We have shadowing with experienced staff and we get specific training and help from the district nurse", "I have the skills and experience to care for people. The training is very good and I did shadowing before I worked on my own" and I have the skills I need and we have adequate training to meet our client's needs". 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 asked for further training and we saw this was provided. The staff member said "I asked for further training as I want to progress. As a result I have now completed level four in care". Another member of staff spoke with us about supervisions and support. They said, "We get regular supervisions and I find them useful. This is a supportive service".

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 fed into staff supervisions. People's comments on staff practice were also recorded and feedback to staff through supervisions. All the people's comments we saw were very positive.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The domiciliary care manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff

comments included; "This is about people making decisions and it is decision specific", "It's whether the person can make decisions for themselves. It is always decision specific and we work in people's best interests" and "This is about people's choices and supporting them to choose for themselves. We must identify if they are struggling with any decisions and, if so then we report this".
People told us staff sought their consent. Comments included "If you want help you get it, if you don't then they leave you alone", "Yes staff are very good at asking if you need help and if you say no there is never a problem. Nobody forces you to do anything" and "Anything I want done they will do. If I want more I am sure they will do it".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said "I ask them, nobody is the same as they are all individuals. I give them choices". Another said "I ask people first. Where they can't verbally tell me I make sure I get a nod or a thumbs up". People's support plans highlighted the choices they had made and staff were guided to respect that choice. For example, one person needed support with washing. The care plan stated the person 'will decide what toiletries to use'. All the care plans we saw were signed by the person evidencing they had consented to the support plan.

People were supported to maintain good health. Various 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. People either bought their own food or families went shopping for them. For example, one person required assistance with preparing their meals. Staff were guided to prepare the meal of the person's choice and to follow food hygiene practices. One staff member said "I help one person and the support plan helps with guidance so we can support them with food appropriately".

People told us they had enough to eat and drink and were happy with the support they received. Comments included; "I get my own meals, lovely kitchen. I get my weekly online delivery from (branded supermarket). Totally independent", "The girls come in and bring my meals in on a tray. They are very good keeping an eye on me", "Teatime meal delivered to my room at 5 o' clock", "I am very self-sufficient. I look after my own food" and "Staff keep an eye on me, come in and do my meals".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Absolutely brilliant care staff, couldn't be better", "Girls are all very nice, can't fault any of them". "Carers are all very good because they listen to you, chat to you and they are your friends", "Night care is good they respond to the night bell" and "No problems with my care or the carers at all".

Staff told us they enjoyed working at the service. Comments included; "We are all a family here, it is very relaxed", "I love it here. I like sitting down and having a chat with the residents", "I love this work, the residents make it worthwhile" and "I just love looking after our residents and caring for their needs".

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. One person told us how staff respected their personal space. They said "They know when I want to be left and the times I like to have a chat and they respect that".

We asked staff how they promoted, dignity and respect. Comments included; "I knock on doors, I use residents preferred names, I'm polite and I offer choices", "I always knock on the door first and for most. I draw curtains and shut doors with personal care. I also let them be private where they want to be and I don't make a fuss about anything" and "I cover them up as much as possible with personal care. I never speak about residents to others unless it is in a professional capacity and I am polite and respectful". On a number of occasions we asked a member of staff to if accompany us and introduce us to people. We noted staff were aware this was a person's home and that they were entering a private domain.

People's independence was promoted. Care plans regularly advised staff to 'offer people choices' and to only assist 'where the person requests this'. For example, one person required assistance with washing. The care plan stated 'help wash and dry areas the person cannot reach' and to 'assist them only where the person requires' assistance. We spoke with staff about promoting people's independence. One staff member said "I always get them to do what they can and only help with the things they struggle with". Another said "I make sure I don't just do everything for them. I don't take away what they can do".

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 care plan visit schedule stated the evening visit would consist of 'assisting the person to bed'. The schedule also reminded staff to 'leave a cold drink on the bedside table'. 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 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 person received a care visit and the scheduled support was provided. Staff then noted in the daily notes 'made a cup of tea and we sat and chatted'. Staff we spoke with emphasised the importance of their attitude towards people. Comments included; "It's not just about care. Our approach is very friendly" and "They are like an extended family, so we try our best for them".

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 was private. Staff were advised to 'knock on the person's door and wait for a reply' before entering the person's flat. Staff we spoke with were aware of, and followed this guidance. One said "The person can be quite private so our response is to respect that".

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 independent. The care plan noted how the person could shower independently with minimal assistance. However, the plan highlighted how the person may be at risk of scalding. We saw how staff monitored the water temperature in the person's shower. Temperature guidelines were provided and we saw all recorded temperatures were within these guidelines. Records were consistently and accurately maintained.

People received personalised care. For example, one person required support with personal care. The care plan detailed what support the person required and how the person wanted to be supported. For example, the person had stated how staff were to enter their flat and how they wanted to be offered choices about what to eat and what to wear.

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; "It is about how they want things done personally, so that's what we do", "This is about person centred care, putting the person first. Its how they want their care" and "By doing things the way the resident wants. Everyone has their own way of doing things, not everyone is the same".

People's changing needs were responded too. People told us how individual requests and changes to their care were respected by the service. Comments included; "Every evening they came in to help me in to bed at 10.15 but I was finding that this was getting too late for me. I was getting very tired so I asked them if they could make it earlier. They responded and now come in at around 8.30. This suits me far better" and "I was getting breakfast at around seven o'clock and lunch did not come till 1.45. That's a long time to wait between meals, not really suitable so now it is changed to 1.15. This suits me better". One staff member said "Residents here are involved in their care and if they want changes then we make that happen".

People knew how to raise concerns and were confident action would be taken. Comments included; "I had trouble with one carer. I did complain and it is much better now", "I had a concern and I raised it with the manager. Now it is fine" and "If I was worried, I would talk to the girls". Staff told us they would support people to complain. One staff member said "I would help them. I'd look at the policy to help them". Another said "If a client had a complaint I would definitely help them through the procedure and I'd tell the manager".

Information on how to complain was held in people's flats and included contact details for the Local Government Ombudsman (LGO) and the Care Quality Commission (CQC). There were very few complaints recorded and those we saw had been dealt with in a compassionate and timely manner in line with the policy. One complaint we saw resulted in a full investigation by both the registered manager and the area housing and care manager. Detailed feedback was provided to the person who was satisfied with the outcome.

The service sought people's opinions. 'client care quality visits' were conducted every month. A senior member of staff visited people in their homes to obtain their views on the service. People could also raise issues or concerns at these visits. A summary sheet of all visits for the month was compiled to allow the registered manager to analyse the information and look for patterns and trends. Records confirmed all people were visited on a regular basis.

People could attend regular meeting where they could raise issues or concerns. For example, one person had raised an issue with their accommodation and the maintenance man had visited the person and dealt with the issue. The person said "The handy man is brilliant. You only have to ask and it is done for you".

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager. Comments included; "I think I see the manager around twice or three times a week", "I see the manager around but she is usually very busy" and "We've started to have a coffee morning get together to talk things through once a month with the manager". The registered manager also managed two other services and some people told us this made it difficult to see the registered manager. One person said "I would like to talk about future funding but the manager is difficult to get hold of". Another person said "I think that the manager has too much responsibility and that's why things get neglected sometimes". Throughout our visit we saw the registered manager was around the building greeting visitors and available to talk to people. Nobody we spoke with told us this situation impacted on their care and we could not find any evidence of negative impact on the service.

Staff told us they had confidence in the service and felt it was well managed. Comments included; "The manager is alright but very busy. She is approachable and helpful", "She's busy but approachable and very supportive", She is lovely but busy. There is always someone I can go to for help" and "She is superb, a workaholic and she sees all the residents. I'd like to see her more as she is managing three services".

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 the area housing and care 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 "I believe we are open and honest. I would happily report anything knowing there would not be a blame issue here". Another said "We are honest here and any one can come and speak to us. It is an open service, no secrets and no blame culture. I would not work here if there was".

People contributed to, and were involved in the culture of the service. People were invited to nominate staff for a 'shining star' award organised by the provider. Details of how to nominate staff and the criteria were displayed in the foyer of the building. The registered manager told us people and staff had engaged with this process and a member of staff had been nominated.

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, one person had a fall and although they appeared uninjured the paramedics were called. The person was examined but did not need to attend hospital. As a result of the investigation the person's care was reviewed, their GP consulted and they were visited regularly throughout the night. The person was also advised to leave a light on. The person had not fallen since the care review. Falls were also recorded on a monthly report which was analysed collectively by the provider to look for patterns and trends across all services. Any actions arising from this analysis was forwarded to the registered manager to action. For example, we saw people who suffered a fall were referred to the GP.

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, at another service location a safety issue relating to hoisting equipment was identified. Faults were found is some slings used to hoist people and this information was forwarded to all services. We saw checks had been made to ensure all hoisting equipment was fit for purpose.

Staff told us learning was shared at staff meetings and briefings. Comments included; "We do share learning. I would like to see more staff meetings but it is difficult to get everyone together. We have a handover at every shift change and a board in the office where we can update the staff. It really works well" and "We share learning as a team and pass on any relevant information, especially where residents are concerned. The manager also gives us information".

Team meetings were regularly held where staff could raise concerns and discuss issues. For example, at one meeting the organisation of staff rotas was raised. Following discussions with the staff a series of options was put forward for staff to consider. We saw staff chose a particular option and this was adopted and put in place by the 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. Audits were also conducted by the provider's quality team. We saw the results of the latest audit reported on a 'care quality compliance tool' that rated the service at 95.7%. Medicines audits were regularly conducted on people's individual medicine needs. This covered staff practice, records, stock, medicine ordering and care plans. The service had been congratulated for achieving a high standard within medicine audits with no medicine errors during 2016.

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, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.