Orders of St John Care Trust

Oxlip House

Inspection report

Airfield Road
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Tel:
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was unannounced.

Our last inspection was carried out on the 17 and 18 July 2013. We found that there were no breaches with regulatory requirements in the areas that we looked at.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Oxlip House provides housing with domiciliary care support from a designated team of carers based within the housing scheme for people living within 52 flats.

People told us there were enough staff available to meet their personal care needs. They also told us that carers arrived on time and the timing of calls suited their needs and preferences.

Summary of findings

We reviewed the management of people's medicines. The provider did not always protect people against the risks associated with the unsafe management of their medicines. Quality monitoring audits were ineffective in identifying medication errors. Not all staff had been trained in the safe handling of people's medicines.

People told us they felt safe, that the staff were kind, caring and respectful and that they met their needs. Our observations confirmed this. Staff knocked on people's doors and waited for an answer before they entered their flat. Staff treated people with respect and were kind and compassionate in their approach towards them. People also told us that they found the staff and the registered manager approachable and available to speak to when they were concerned about anything.

The registered manager investigated and responded to people's complaints, in accordance with the provider's complaints procedure.

People's needs had been assessed when they first started to use the service. Information was obtained about people's health and welfare needs. People received support that met their current care needs because their support was regularly reviewed to ensure it was effective.

Comments received from questionnaires we sent health and social care professionals were positive about the support provided at Oxlip House. One commented, "They provide a very good service, we have no concerns." Relatives told us staff were, "excellent, very professional." Another said, "They are all very caring".

We found that that regulations related to the management of people's medicines was not being fully met. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. People who used the service were being put at risk because the arrangements for the recording and administration of people's medicines were not managed safely. Not all staff had been trained in the safe handling and administration of people's medicines.

People told us they felt safe. Staff demonstrated a good understanding and awareness of how to recognise and respond to abuse.

There were sufficient numbers of staff to keep people safe.

The service had taken steps to ensure people's rights were protected. For example staff had received training and demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Not all staff had been recruited when all checks necessary to support the safety of people had been completed.

Is the service effective?

Good

The service was effective.

People's needs were assessed when they first started to use the service and when transferring to and from hospital.

People's health and wellbeing was promoted because staff knew how to respond to changes in people's needs. Staff had taken action to ensure that people had access to appropriate support from healthcare professionals when this had been required.

People told us that the support they received from staff was timely and reliable. They also said the support they received enabled them to remain as independent as possible.

Is the service caring?

Good

The service was caring. Everyone we spoke with was positive in their comments about the care staff that supported them. They said that they were treated with kindness, dignity and respect.

Staff demonstrated their knowledge and understanding in how to promote people's dignity and respect when supporting them with their personal care.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and reviewed to make sure that the care support provided reflected their current needs.

People were confident to raise any concerns they had with the registered manager and the staff.

Summary of findings

Is the service well-led?

Good

The service was not consistently well led.

The quality and safety of the service was monitored regularly by the manager and the provider.

Staff were happy working for the service. They were supported with supervision, annual appraisals and opportunities to plan their training and development needs.

Oxlip House

Detailed findings

Background to this inspection

The inspection team consisted of an inspector, a pharmacist inspector and an expert by experience, who had experience of older people's care services. An expert by experience has personal experience of using or caring for someone who used this type of care service.

Prior to our inspection, we reviewed information we held about the service. We looked at previous inspection reports and statutory notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner.

On the day of our inspection we spoke with 25 people who were living at Oxlip House and two relatives. We also spoke with four care staff and the registered manager.

Prior to our inspection we received 35 responses to questionnaires we sent to people who used the service. We also received two responses from questionnaires we sent to health and social care professionals.

We looked at five people's care plans, medication administration records, staff training records, three staff recruitment records, various audits, policies and procedures.

We observed the care and support provided to people throughout the day in various communal areas and in people's flats where we had obtained prior permission to enter.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at Oxlip House. One person said, "The best thing is I feel safe here. I had falls at home and life was difficult but here I am safe. The carers are all wonderful and I have no worries about any of them."

People told us there were enough staff to meet their personal care needs. The registered manager showed us staffing rotas for the last month and described how staffing levels were adjusted according to people's dependency needs. Staff told us they felt that there were enough staff to support people's needs following the recent recruitment of new staff.

Our pharmacy inspector looked at the medicines management for six people who used the service and looked at how information in medication administration records and care notes supported the safe handling of their medicines. We found that people were given a choice to handle and self-administer some or all of their medicines if they wished. Some people had their medicines stored securely if they were placed at risk of harm by accessing them. Where staff were responsible for the administration of people's medicines this was not always recorded within their plan of care. This resulted in insufficient and unclear guidance for staff with regards to the level of support people required in relation to their medicines being administered and neither if they were self-administering their medication. This meant that without clear guidance for staff people were at risk of not receiving their medicines as prescribed.

We conducted an audit of medicines which considered medication records against medicines available for administration. We found some records that indicated medicines that had been prescribed for regular administration but that had sometimes not been administered because they were not available and had not been obtained in time. This meant that people were at risk of not receiving their medicines as prescribed. The registered manager told us that the people who used the service ordered and obtained their own medicines and so they were not responsible as a domiciliary care service. We advised the registered manager of steps that could be taken to ensure medicines were obtained in time and always available for administration. We noted that some medicine records completed by staff when administering people's medicines were incomplete because they did not include the actual medicines administered as records referred only to the contents of a 'blister pack'. From these records we were unable to determine what medicines had been administered to people. We noted that some blister pack containers of medicines did not identify each medicine contained within them so staff could not identify medicines they were required to administer.

A senior carer on duty told us they were involved in monthly audits of people's medicines for quality assurance. Audits were used to identify gaps in staff signatures within administration records but failed to identify other medication errors for example with reference to stock control. This meant that we could not be assured that people were receiving their medicines as prescribed. We advised the registered manager how audits could be made more robust to avoid and identify further medication errors.

We looked at training records for staff authorised to handle and administer people's medicines and found there were some gaps in recent training records which showed that only seven staff out of 22 had received medication management training. We therefore could not be assured that all staff had received recent training in the safe handling and administration of people's medicines.

We noted that the most recent medication policy with guidance for staff for the administration of people's medicines, identifying errors and the provider's responsibilities for obtaining medicines was unclear and did not relate to what we observed to be current practice within the service. Therefore, we were unable to determine the provider's intention in relation to these areas of medicine management. This means that there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had taken steps to ensure people's rights were protected. Staff told us they had received training and demonstrated by giving us examples of how they would respond to potential restrictions regarding people's freedom of movement throughout the building. This showed us they had gained knowledge and understanding of the Mental Capacity Act, 2005 (MCA). This was further evidenced from a review of staff training records and discussions with the registered manager.

Is the service safe?

We looked at the staff recruitment records for three people recently appointed within the last 12 months. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and that they were safe to work with older adults. However, for one member of staff there was no evidence that references had been obtained prior to their employment. We discussed this with the registered manager who was unable to confirm that references had been requested and received for this staff member. Therefore the provider could not be assured that they had sufficient evidence to judge that this staff member was of good character.

Staff we spoke with demonstrated a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff had been provided with training in the safeguarding of adults from abuse. This demonstrated that staff had the knowledge to protect people from avoidable harm and abuse.

Is the service effective?

Our findings

People we spoke with told us that staff had received training in order to undertake their roles effectively and understood their needs. One person told us, "They are all well trained and know their stuff." People told us they had observed that staff had been 'shown the ropes' by more experienced staff. The registered manager explained to us the process in place which ensured that all newly appointed staff received the required induction and ongoing training. This ensured that staff were effective in understanding and meeting the needs of people who used the service.

Feedback we received from the questionnaires we sent told us that people received the support and care they needed from staff who had the necessary skills and knowledge which helped them to maintain their independence. Comments included, "They are excellent. If it was not for them I would not be able to stay independent in my flat." "'The care staff understand my needs. Mostly they arrive when I expect them. Only occasionally they have arrived late but they have other people to see to and if they are held up there is not much they can do about that." "Care staff do not always have the time to chat with you which would be nice as it gets lonely at times but other than that they are pretty good. With their help I can cope and be more independent."

Care and support was provided from a designated team of care staff who were based within the housing with care scheme. People told us that in general they received support from regular care workers. One person said, "If you have a different carer it is not so much a problem as we know them all. My only criticism would be that they do not tell you when a new carer will be coming to you who you have not met before. Sometimes I have to tell them what is needed if they are new because they have not been shown properly."

Staff we spoke with were knowledgeable about the people they supported. They told us that they felt they received enough training to enable them to do their job effectively. Training records showed that the majority of staff had received training in first aid, moving and handling, safeguarding adults from abuse, food safety, nutrition and caring for people living with dementia.

The service provided on-site catering facilities for people to access a variety of hot meals with support from staff to access the communal dining room. Other people received support from care staff with food preparation and the heating up of pre-packed meals within their flats. Where the service provided support for people at mealtimes this was recorded within people's care plans.

Staff recorded the support that they provided at each visit and recorded other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses and occupational therapists. One relative told us, "It is reassuring to know that staff will notice if [my relative] becomes unwell and will get the help [my relative] needs."

Some risks to people's safety had been assessed. Risk assessments had been personalised to each individual and covered areas such as moving and handling as well as the assessment of environmental risks to prevent falls. Management audits included a monthly management review of care plans whereby changes in people's care needs were updated. The manager told us of one person who required support from two staff to assist them to mobilise using a mechanical hoist. However, we noted that this person's care plan did not provide the necessary guidance for staff of the need for two care staff to be available when supporting this person to mobilise. This meant that there was potential for people to be put at risk if staff did not have the necessary guidance available to ensure their safety when staff carried out moving and handling transfers. We discussed this concern with the manager during our inspection.

Is the service caring?

Our findings

People told us that staff respected their dignity when providing them with personal care support. One person told us, “They always make sure the door is closed and give me a towel to cover my bottom half when washing my top half.” Another said, “They pull the curtain when they help me with my dressing and undressing.” All of the people who responded to our survey also confirmed this.

People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information about the service and knew what to expect in terms of their support visits from care staff. They also told us that they were given the opportunity to regularly review their plan of care and had been involved in updating any changes necessary. One person told us, “They do try to make sure the timing of your call is to your choosing but there are a lot of people here to care for, but they do their best.” Another said, “I have a copy of my care plan and I have been asked if I agree to what has been written.”

All of the people we spoke with and the responses we received from the questionnaires we sent to people told us they were happy with the care staff who they described as, ‘Excellent, always kind’ ‘I feel comfortable when they wash and dress me because they help to put me at ease’ and ‘They are always so kind and caring.’

Relatives told us that they had observed staff to be kind and caring in their approach to their relative. They told us that the privacy and dignity of their relative had been maintained. Comments included, ‘The staff always knock on the door before entering. They are always so caring, [my relative] would soon tell me if they were not’ and ‘I have always observed them [care staff] to be kind in their approach.’

Staff we spoke with were aware of the need to protect people’s dignity whilst supporting them with their personal care needs. Staff explained to us how they protected people’s dignity and how they demonstrated respect for people when supporting them with bathing. Staff also described to us how they approached people and supported them in a kind and dignified manner. For example, one member of staff told us, “You would want to treat people how you would want to be treated yourself with kindness.”

We spent time observing interactions between staff and people who used the service within the communal areas at Oxlip House. We saw that staff were respectful and spoke to people in a kind manner. For example, we saw that when staff supported people to and from the dining room in wheelchairs they did so in an un-hurried manner and chatted to people in a friendly manner as they walked along the corridors and when supporting people to their seats in the dining room.

Care plans we looked at included information about how best to support people in promoting their dignity and independence. Staff were provided with guidance in how to support people in a kind and sensitive manner for example, when responding to people who were anxious or presented with behaviour that challenged others. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Is the service responsive?

Our findings

People told us they received their support from regular workers. However, when new staff had been employed to work in the service people told us they had not always been introduced to them before they provided their care. One person told us, "When they don't introduce you to a new carer we have to tell them what they need to do and you have to get used to yet another stranger coming into your flat and giving you a wash. I do wish they would introduce us first." We discussed this with the registered manager. They told us staff were introduced to people as part of their induction when shadowing other care staff.

We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they were involved in the planning and review of their care. People gave us examples of when adjustments had been made to the timing of their support visits in response to hospital appointments and when they were unwell. One person told us the timing of their morning calls had been divided into two visits to suit their changing needs.

The registered manager told us that staff made arrangements to ensure that people's needs were met when they moved between the housing with care scheme and hospital. For example, by providing the hospital with a copy of a person's care plan and any background information useful to support the individual. If the person's needs had changed whilst in hospital a reassessment took place to ensure that the support provided from Oxlip House was appropriate and updated to reflect the current care needs of the individual. This ensured that people received effective and coordinated care when they returned home from hospital.

There was a formal system in place for responding to complaints. Information which guided people as to this process was provided on the notice board in the main entrance to the service as well as handbooks issued to people at the start of their care. Four complaints had been received by the service within the last 12 months. Records reviewed showed the dates complaints had been received, the timescales and action taken by the provider in response.

We asked people if they were confident to raise any concerns or complaints if they were dissatisfied with the service provided. Some people told us that their previous complaints had been effectively managed. One person said, "If I have a problem I go and speak with the manager." Another person who completed a questionnaire said, "There has been miscalculation and muddle over finances with incorrect billing. Although I have written to the 'top management', I have had no reply to my queries." We spoke with this person during our inspection. They told us that the registered manager had been sympathetic and responsive to their concerns but that they remained unhappy with what they described as distress caused to several people by 'top management' failure to listen to people.

Other people we spoke with described similar instances of incorrect invoices with demands for payment. We discussed this with the registered manager and people who used the service, they told us that this issue had in the main been rectified. The registered manager explained to us how they had agreed with the finance department that letters of demands for outstanding payments would not be sent to people with the registered manager being made aware. This would enable them to communicate personally, with people to work out strategies for resolving issues. This showed us that the registered manager had taken action to alleviate people's distress. However, further work was needed to ensure the provider supported people in responding to their concerns in a timely manner.

Is the service well-led?

Our findings

People had been provided with the opportunity to express their views about the care and support they received. The registered manager told us that satisfaction surveys were carried out on an annual basis. We saw examples of 40 responses received following a recent satisfaction survey conducted in May and June 2014. The majority of responses were positive with comments such as, "'I feel secure and safe always knowing there is someone on hand", "I can enjoy my quiet and spacious flat although I am disabled I can live independently" and "The staff are always kind and friendly." Less positive comments related to housing issues and the maintenance of the environment and not relevant to this inspection of the domiciliary care service.

The staff we spoke with told us that they felt supported by the registered manager and that there was an open culture where they felt able to raise any issues or concerns that they had. They also told us that staff morale was good. All the staff we spoke with told us they enjoyed working at the service. Comments included, "I love it here, it's a good place to work." and "We have plenty of training and there is always support when you need it."

Staff meetings, staff supervision planning records and annual appraisals viewed demonstrated that staff had been provided with regular opportunities to discuss any concerns they might have as well as opportunities to discuss their training and development needs.

We asked the registered manager how they learnt from incidents. They told us that the provider analysed all incidents on a monthly basis to track any emerging trends. Other audits carried out included monitoring of medication administration charts to check if there were gaps in signatures which would highlight possible concerns that staff had not administered people's medicines as prescribed. However, it was noted that these audits did not include a check of stock received, administered and returned to the prescribing pharmacy. The registered manager told us that people who used the service ordered and received their own medicines. We advised the registered manager that for those people where staff had the responsibility for administering people's medicines the lack of robust and effective stock control audits had the potential to put people at risk of not receiving their medicines as prescribed.

The provider conducted annual quality monitoring visits to the service to audit the quality and safety of the service provided. We saw evidence of the compliance monitoring team audit carried out in March 2014. This covered areas such as health and safety, quality of the care received and staff training and support. We saw that where any shortfalls had been identified action plans had been put in place with timescales for compliance. This meant that the provider had taken action to regularly assess and monitor the quality and safety of the service provided.

The registered manager carried out a monthly audit which included an audit of incidents, complaints, falls monitoring, emergency calls, care delivery efficiency and staff training. The registered manager told us that ten care plans were reviewed on a monthly basis. Information obtained from these audits was detailed in a manager's report which was submitted to the provider. This gave the provider the information they required to monitor incidents, trends and plan for future improvement of the services they provided. We saw that the registered manager had identified the concerns expressed by people with regards incorrect invoices received and described the action they had taken to rectify these issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines** **People who used the service were not protected against the risks associated with the unsafe use and management of their medicines by means of making appropriate arrangements for the safe handling and recording of their medicines administered. Audits were not robust and effective in identifying medication errors.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.