

The Orders Of St. John Care Trust

OSJCT Orchard Meadows

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We inspected Orchard Meadows on 29 June 2015. This was an announced inspection. We previously inspected the service in 26 February 2014. The service was meeting the requirements of the regulations at that time.

Orchard Meadows provides an 'independent living' service to people living in their own flats at the location. This type of service supports people to live as independently as possible, with the option of onsite care support when needed. At the time of the inspection the service was supporting 26 people with personal care.

People told us they felt safe and staff were kind and caring. People were cared for in a respectful way. People were involved in their care planning. They were provided with person-centred care which encouraged choice and

independence. Staff knew people well and understood their individual preferences. People were supported to maintain their health and were referred for specialist advice as required.

People told us staff were punctual and reliable. There were enough staff to meet people's needs. People felt supported by competent staff. Staff felt motivated and supported to improve the quality of care provided to people. Staff benefitted from regular supervision, team meetings and training in areas such as Dementia awareness.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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, relatives and staff were complimentary about the registered manager and the management team. The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns. Staff understood and worked to uphold the values of the organisation.

Staff understood their responsibilities under the Mental Capacity Act 2005. This act provides legal safeguards for people who may be unable to make their own decisions.

Improvements were required to some people's care records to ensure they were legible, accurate and up to date. Some people's care records were untidy and house and office copies did not always hold the same information about people. This put people at risk of inappropriate care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we took and 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?

The service was safe.

Staff identified and managed the risks of people's care.

People received their medicines safely.

People felt safe. Staff understood their responsibilities around safeguarding and knew how to raise concerns.

There was enough staff to meet people needs.

Good



Is the service effective?

The service was effective. Staff received the training and support they needed to care for people.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People were supported by staff who acted within the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. People were complimentary about the staff. People were cared for in a kind, caring and respectful way.

People were supported in an individualised person centred way. Their choices and preferences were respected.

Good



Is the service responsive?

The service was not consistently responsive to people's needs because care records were not always legible, accurate or up to date.

People received personalised care that met their individual needs.

People knew how to complain. The registered manager ensured that all complaints were responded to and people were satisfied with the outcome.

Requires improvement



Is the service well-led?

People benefited from a service that was well led. There was a positive and open culture where people, relatives and staff felt able to raise any concerns they may have. Peoples views were sought to improve the quality of the service.

The quality of the service was regularly reviewed. Where shortfalls had been identified, actions had been taken to improve the service. Staff felt supported and motivated to improve the service they delivered to people.

Good



OSJCT Orchard Meadows

Detailed findings

Background to this inspection

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

This inspection took place on the 29 June 2015 and was an announced inspection. This meant the service was given 48 hours notice that we would be visiting. The inspection team consisted of 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 our inspection we reviewed the information we held about the service. This included notifications, which is information about important events the service is required to send us by law. We spoke with the local authority to obtain their views on the quality of the service provided to people. 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. The provider sent us a list of people who used the service. We sent questionnaires to eight people and received three responses back.

During the inspection we spent time with people and observed the way staff interacted with people. We spoke with nine people and four care staff. We looked at records, which included five people's care records and five staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person said, "I'm very safe". Another person told us, "Oh yes, quite safe. I would speak to the carers if not". All of the respondents to our survey told us they felt safe with the staff who provided care to them.

People told us they also felt safe because the agency was based within the building and they could call for help using a call bell system if they needed. People told us staff always answered call bells promptly by using an intercom system. One person said, "When I ring they reply on the intercom. They do come quickly if I need them".

People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding people and had good knowledge of the provider's whistleblowing and safeguarding procedures. Staff knew how to report any safeguarding concerns to the manager or provider. Staff also knew how to protect people in the event of a suspicion or allegation of abuse, which included notifying the police, local authority and Care Quality Commission (CQC). People and staff told us there was a culture of openness within the Home and they would have no hesitation in raising concerns. Two staff members described incidents where they had raised a concern with the manager. One staff member told us, "Concerns are taken seriously and action is taken straight away". Where there had been a concern raised about a person's safety, a referral had been made to the relevant authority and to the commission as required to do by law. Prompt action had been taken to ensure the person was protected from harm.

People had risk assessments in a range of areas such as falls and moving and handling. Staff were aware of the strategies in use to reduce the risks to people. Where advice and guidance from other professionals had been sought this was incorporated in people's plan of care. For example, Staff were concerned about one person's safety when they were assisting them to have a shower. An urgent care review and referral to an occupational therapist (OT) had been arranged. The OT had arranged for a new shower

chair and two members of staff were allocated to ensure this person was safe when having a shower. Staff had a good understanding of what actions to take to mitigate the risks in relation to people's other needs. For example, staff knew which people were at risk of developing pressure sores. They described what equipment people used to prevent ulcers developing, what to observe in relation to people's skin condition and what action to take if there were concerns.

People and staff benefited from risk assessments in relation to their environment. Emergency plans were in place in the event of a fire at the premises or for incidents that may impact on the service's ability to deliver people's planned care.

Medicines were administered safely. The service had assessed whether people were able to administer their own medicines. Where they could not do this safely, staff supported people to take their medicines in line with their prescription. Staff had been trained in administering medicines and their competency had been assessed. People told us they received their medicines on time. One person said "The staff administer my medicine four times a day. Always on time".

A record of all accidents and incidents involving people using the service was kept. These were reviewed by the registered manager and care leader to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

People told us there were enough staff available to meet their needs. Staff rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people's individual needs, for example, where two staff were required to deliver specific care tasks. People told us they did not experience any missed calls, staff were punctual and stayed for their allocated time.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Is the service effective?

Our findings

People felt supported by knowledgeable and competent staff. One person told us, “The staff know what to do”. Another person said “The staff are very knowledgeable”. All of the respondents to our survey strongly agreed that staff had the skills and knowledge to give them the care and support they needed.

Staff told us about the training they had undertaken and how this helped them meet the needs of the people they supported. One staff member told us “The dementia training was pretty good. I now understand dementia and how to have a bit more compassion. When people go back to the ‘good old days’ I sit and talk to them and help them to remember”. Staff received training to learn skills in other areas they were not familiar with such as how to administer a particular cream or medicine or how to dress a wound. For example, one person who sometimes required a wound care dressing change in between district nursing visits was only assisted by named staff following training and an assessment of competency by district nurses.

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us, “The induction was brilliant; I really got to know the clients and how to care for them effectively”.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received an annual appraisal and had regular one to one supervision. This meant they could discuss the needs of people they supported and any training and development they might wish to follow to care for people effectively. Staff were regularly observed by the registered manager or care leader whilst carrying out their roles to ensure they did things in the right way. Where areas for improvement had been identified this was discussed and followed up in supervisions. Staff had a clear action plan to follow to ensure the improvements were made.

Staff supported people to stay healthy. People were supported to attend healthcare appointments if required. The district nurse, GP or emergency services were contacted promptly if needed. For example, on the day of

the inspection one member of staff contacted the GP for a person when they were concerned the person may have an infection in their foot. One person told us, “I do all the health appointments. On occasions I have been taken ill and the carers have called the doctor”. Another person told us, “They arrange all our doctors appointments. They also arrange the chiropodist”.

People were referred for specialist advice and we saw evidence this advice was followed. For example, one person had recently been referred to an occupational therapist (OT) when their needs changed in relation to their mobility. The OT had recommended that a full body hoist should be used when assisting this person to transfer. This person's care package had changed, in line with the services manual handling policy, to allow for two staff to support them when using the hoist. All staff were aware of this persons changed needs and could describe how to support them in line with instructions from the OT.

Staff understood people's nutritional needs and supported people to have adequate nutrition and hydration. Where it was part of the care package people were provided with food they enjoyed and staff tried to encourage them to eat healthily. Staff were aware of peoples dietary needs. For example, one person was assessed by a speech and language therapist (SALT) as at risk of choking. Staff described how they supported this person in line with the SALT's recommendations. People told us staff encouraged them to drink when they saw them. People said, “My drinks are next to me, I never run out. They tell me off in a nice way to drink more” and “The girls always offer to make us a drink but we do our own normally”. Staff told us if they were concerned about someone's nutrition or hydration, they would report it to the care leader and registered manager and contact the person's GP to alert them to this.

The service had policies and procedures in relation to the Mental Capacity Act (2005). Staff training records indicated that they had received Mental Capacity Act (2005) training and staff demonstrated a good understanding about how to ensure people were able to make choices and decisions about their care. Staff gave us an example of where they had recently arranged for best interest meetings to be held with a person, their family and other health and social care professionals because they had been assessed as lacking the capacity to make a significant decision about their care. We saw decisions and actions from this meeting were recorded in the person's care record.

Is the service caring?

Our findings

People were complimentary about the care staff. They said they were cared for by staff who were friendly and caring. Comments included, “They [staff] are caring, respectful and polite to me. I have no issues with the staff, I really do like them”, “They are very caring and polite, we get on splendidly with them” and “The staff are super. I couldn’t be happier with them. My family are happy as well”. This was confirmed by the respondents to our survey who all strongly agreed that staff were caring and kind.

Staff demonstrated they knew the people they cared for well and had developed supportive relationships with them. One person told us, “They [staff] always come round to see if I need anything”. People were supported to make choices and decisions about their care. Staff talked about people in a respectful way and were knowledgeable about how people preferred to be supported. For example, if people preferred a female or male member of staff to support them with personal care. People confirmed staff knew what their needs were and respected their likes and preferences. For example, people told us staff “know what we like”, “know me and my preferences, like I don’t like fish” and “Come and do our lunch and dinner apart from Sunday. On Sunday we go in the dining room, we prefer that”.

People who were not able to communicate verbally were supported by staff who understood their specific methods of communicating. For example, one person communicated with sign language. Staff had learnt some signs and used these to ensure this person was able to consent to, and be involved in decisions about their care.

People had been involved in decisions about what information could be shared with relatives to ensure they were kept informed of any changes to people’s health. We observed relatives being contacted promptly when the member of staff delivering their care was concerned about them and had asked a GP to visit them.

People were treated with dignity, respect and staff understood the importance in ensuring people were given the privacy they required during care tasks. We observed staff interacting with people in a respectful manner. For example, staff knocked on peoples doors and waited to be invited in before entering. One person told us, “They always knock and wait for me to answer”. Another person said “They always knock before coming in”.

People told us they were supported to be independent. People told us, “We are encouraged to be independent”, “Their philosophy is to encourage independence”. Staff told us part of the services values was to support people to be as independent as possible so they could continue to live a normal life. They helped people to do this by encouraging them to do as much as they could for themselves but helped when people wanted or needed help. For example, one staff member told us about a person who wanted to be independent in their personal care. They said, “We support them to be independent and let them do it themselves but stay close by to ensure they are safe”. A person said, “They let me do things, they will watch me but let me go there myself”. Some people used equipment to maintain their independence such as walking frames. Staff ensured people had the equipment when they needed it and encouraged people to use it.

Is the service responsive?

Our findings

Some people had care plans that were detailed and personalised. However, some people were at risk of receiving inappropriate care because records relating to their care were not always accurate or up to date. House and office files did not contain the same information and files were untidy and disorganised. For example, one person's file contained a section titled body maps. The person was at risk of pressure ulcers and of developing other wounds. Staff used the body maps to document any broken areas to the person's skin. However, body maps that had been recently completed were also filed in two other different sections of the care file. This would not be an obvious place for staff to look for these documents. Some body maps were left loose in the file. There was a risk that staff might use the older body maps to inform care and the most up to date information may not be readily available for visiting professionals. Daily records of people's care were not always legible or recorded chronologically. One person's care plan whose gender was male had a care plan that referred to him as "her" on three occasions. They also had a care plan that used their name but also in one part used the name of a female person.

One person had a detailed care plan for their mobility needs which stated 'Please read risk assessment', however there was not a written risk assessment in either the house or office notes. Another person had bedrails to help prevent them from falling out of bed. They had a care plan document in relation to this in their care file but this had not been completed. Staff were aware of the risks to these people and were able to describe the actions they took to mitigate the risks and to keep people safe. Staff also

described the support they gave one person in relation to their medication. This included withholding the medication on the advice of a GP at times. This information and instruction was not recorded in their care record.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were involved with planning their care and made their own decisions about how they wanted to be supported. Comments from people included, "I was very involved with my care plan", "They review our care. We signed some changes in September last year" and "We have care plans in our folder. We were consulted and I signed them off. When my wife came out of hospital I signed off her revised care plans". A relative told us "The previous review was scheduled due to her needs. My opinions are taken in to account".

There were systems in place to obtain people's views through care reviews, residents' meetings, surveys and a suggestion box. People also told us they knew how to make a complaint and confirmed that when they had raised a concern it had been dealt with promptly. For example, one person had reported they were unhappy that a member of staff answered the phone when they were supporting them in the morning. On investigation it was found this member of staff was holding the services emergency phone until the office staff came on duty. Alternative arrangements were made to ensure staff did not hold the emergency phone when they were supporting people. We saw feedback from the person who had made the complaint which stated they were "Happy the carers don't have the phone on them". Another person told us, "Yes I would be quite comfortable making a complaint. There is a box on the wall downstairs by the office. I used it once. After that things improved. The complaints system works".

Is the service well-led?

Our findings

The service was well led by a registered manager and care leader. People told us the service was “well managed” and described the management team as being open and approachable. One person said, “We know the manager, we saw her today, she is always available”. Another person said, “She comes round occasionally to see how things are going”. This was confirmed by the respondents to our survey who all thought the service was well led.

Staff were complimentary about the registered manager and told us they felt supported. One person told us the registered manager and care leader were “wonderful” because when they reported people needed equipment or care reviews they were “straight on it”. They added, “It makes the job so much easier. Its great to be so supported”.

Staff understood the values and ethos of the organisation. Staff were empowered to make suggestions to improve the service. They felt valued and were confident concerns would be taken seriously. There was an open culture within the home and staff told us they were supported to raise any concerns and were confident these would be dealt with promptly and appropriately. One staff member told us, “Any problems, we can go straight to the office”.

The office was organised and any documents we required in relation to the management or running of the service

were easily located and well presented. There were effective system in place to regularly assess and monitor the quality of the service that people received. There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. A recent audit of the care records had identified some of the concerns in relation to records. The registered manager showed us a plan that had been developed to address the issues.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service.

People were actively encouraged to provide feedback through a satisfaction survey and the results of these, as well as the quality assurance systems such as audits and accidents and incidents were reviewed at a more senior level within the organisation and compared with the providers other locations. The management team reviewed the results and took steps to maintain and improve the services performance. Examples of good practice were also shared at a local and national level.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
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	The provider had not ensured that service users were protected from the risks of inappropriate care and treatment because an accurate record in respect of services users including appropriate information had not been kept. Regulation 17 (2) (C).
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This section is primarily information for the provider

Enforcement actions

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