

The Orders Of St. John Care Trust

OSJCT The Meadows

Inspection report

Britwell Road
Didcot
Oxfordshire
OX11 7JN

Tel: 01235518440
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

The Meadows is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Meadows accommodates up to 68 people in an adapted building. At the time of the inspection there were 67 people living at the service.

Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 12 August 2016. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's experience of using this service:

- People living at The Meadows continued to receive safe care from skilled and knowledgeable staff.
- People and relatives told us staff were kind and dedicated. They said staff knew people well and treated people with dignity and respect.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The Meadows remained well-led. People, relatives and staff were complimentary of the registered manager's leadership. The provider had effective quality assurance systems in place which were used to drive improvement.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection remained "good".

More information is in our full report.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 continued to be safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service continued to be effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service continued to be caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service continued to be responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service continued to be well-led

Details are in our Well-Led findings below.

OSJCT The Meadows

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of three inspectors and two Experts 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.

Service and service type:

The Meadows is registered to provide accommodation and personal care for up to 68 older people who require nursing or personal care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with 19 people and 10 relatives. We looked at eight people's care records and seven medicine administration records (MAR). We spoke with the registered manager, the area manager and 11 staff which included head of care, nurses, carers, kitchen staff and activities coordinator. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed

feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

The service continued to be safe. People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, skin integrity or medicine management. Staff were familiar with and followed people's risk management plans. People had Personal Evacuation Emergency Plans in place (PEEPs).
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Any concerns we report to the manager or outside organisations such as the safeguarding team or police".
- The provider had safeguarding policies in place and copies of both the local authority's safeguarding procedures were available in the home, the team reported concerns accordingly.
- The provider had a business continuity plan that included various emergencies.

Staffing levels:

- The home had enough staff on duty with the right skill mix to keep people safe. However, the staff deployment across shifts could be improved to allow consistency in care. We discussed this with the registered manager who told us they would take action to improve this.
- Agency staff were used when needed and the provider ensured the individual staff were consistent, had received an induction and that the agency had ensured appropriate recruitment checks had been completed.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- People continued to receive their medicines as prescribed and the home had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. We saw staff washed their hands and use disposable gloves and aprons where required.

- Staff had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.

Is the service effective?

Our findings

The service continued to be effective. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they came to live at The Meadows to ensure those needs could be met and individual care plans put in place.
- People and relatives, if appropriate, told us they were fully involved in the assessment and care planning process.

Staff skills, knowledge and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles.
- New staff went through a thorough induction. One member of staff told us, "My induction consisted of weeks training and shadowing. I just completed my probation".
- Staff were well supported in their roles and had regular 'Trust in Conversations' which were one to one meetings with their line manager.

Eating and drinking:

- People complimented the food, they said, "There is always something if you didn't like the choices", "The meat is so tender it melts in your mouth", and "Chef is excellent, great food".
- Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- Staff used the Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition and monitor people's nutritional status.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- The home facilitated weekly GP visits to review people as needed.

Adapting service, design, decoration to meet people's needs:

- Purpose-built home with several sitting areas where people could spend their time.
- The general outlook of the home allowed free access to people who used equipment like wheelchairs.
- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Ensuring consent to care and treatment in line with law and guidance:

- People's rights to make their own decisions were respected and people were in control of their support. One person said, "As far as I'm concerned, I'm given plenty of choice".
- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People were supported in line with the principles of the MCA. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We give people choices to make their own decisions. We can only make decisions for them in their best interest".
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

Is the service caring?

Our findings

The service continued to be caring. People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:

- People were positive about the care they received and told us staff were caring. One person said, "The carers are good and they listen. They are very kind and caring".
- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant.
- Staff knew people very well and knew how best to support them.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in their care. Records showed staff discussed people's care on an on-going basis. One person said, "They discuss it with me and we agree on the best way forward".
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, we saw one person was prescribed to wear hearing aids but refused to wear them. The care plan guided staff to 'Speak slowly and give enough time to respond'. We saw staff followed this guidance.

Respecting and promoting people's privacy, dignity and independence:

- People's care plans highlighted the importance of respecting privacy and dignity.
 - People told us staff treated them respectfully and maintained their privacy. One person said, "They are discrete when I need washing and personal care".
 - People were supported to be as independent as possible. One person commented, "They don't take over, they are patient and let me do what I can".
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- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone in the same way. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
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- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the nurse's offices which were locked and only accessible to authorised persons. Staff were aware of the implementation of the GDPR. From May 2018, GDPR is the primary law regulating how companies protect information.

Is the service responsive?

Our findings

The service continued to be responsive. People's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- People's care plans were regularly updated to reflect people's changing needs. For example, one person fell and was hospitalised. On their return to the home they had new equipment and medicines. We saw the person's care plan was reviewed and updated to reflect those changes.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

- People had access to a full programme of activities which included in-house, days out and one to one activities. People had enjoyed sports days, Christmas meal dinners and skating days out.
- The home facilitated monthly visit from a Mother and Toddler Group and there were regular visits and liaison with a local school. People were able to reminisce about these events through photos displayed in big scrap books around the home. Pupils had a Christmas party with people and brought presents for each resident. There was a buddy system arranged between pupils and residents.

- People told us they enjoyed the activities. One person said, "I only go out (to any activities) if there is a good concert". A relative told us, "[Person] loves the children when they come in".

- The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them. One person commented, "Recently I went out for first time in a long time. Staff were very helpful to make it a success, I was able to go out for lunch with my husband to celebrate his birthday. They arranged my pain medication and it worked well. Hoping I can do it again for golden wedding anniversary soon".

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint, but never needed to. People told us any concerns were dealt with immediately. Comments included, "Always talk to management, they are always around if I have any problems" and "Yes, I'd be very confident that they would handle any issues well".
- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. The team often supported people with end of life care and the home worked closely with other professionals to ensure people had dignified and pain free death.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support.
- The home had established close links with a local hospice. Staff knew how to support people and families during end of life care
- The home provide the opportunity for relatives to have their funeral wake within the home. Families had given positive feedback, especially around taking away the stress and worry of finding a venue and dealing with catering. Staff attended funerals and the feedback had always been positive.

Is the service well-led?

Our findings

The service continued to be well-led, the leadership and management assured person-centred, high quality care and a fair and open culture.

Planning and promoting person-centred, high-quality care and good outcomes for people:

- People and relatives we spoke with praised the management and told us the service was well run. One person said, "Both managers are good, they work together well and are very hands on. You can talk to them, they are always around". One relative told us, "There is always a nice atmosphere, very welcoming".
- The registered manager had been in post for four years which contributed to the stability and continuity of the service. The registered manager had successfully created a pleasant working atmosphere that contributed to good teamwork. One member of staff told us, "The manager is fantastic. There is great team work here and I love being part of it".
- Throughout the day we saw the registered manager and management team interacting with people. It was clear people knew the registered manager well.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The Meadows had effective quality assurance systems in place. These included, medicine records, care planning, staff files and quality satisfaction surveys.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager and a head of care. Staff took pride in their roles and supported each other in developing champions in areas such as dementia, falls, medicines and infection control. Information was often shared within teams for the champions with the aim of improving and promoting high quality care.
- The registered manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open door policy at any time.
- Feedback and communication was shared through newsletters.
- The staff told us they felt listened to, valued and able to contribute to the running of the service.
- During the inspection we observed effective team working. Staff worked so well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

Working in partnership with others:

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a

timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.