

Orders of St John Care Trust

OSJCT Chilterns End - Oxfordshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

This inspection took place on 8 December 2014. The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day. The previous inspection of this service was carried out in November 2013. The service was found to be meeting all of the standards inspected at that time.

We completed a responsive inspection due to two separate anonymous reports of alleged low staffing levels at the home.

This location is registered to provide personal care and accommodation for up to 46 people. At the time of our

Summary of findings

inspection 46 people used the service. The service was divided into four units: Stonor unit (14 people); Fawley unit (11 people); Harpsten unit (11 people) and Hambledon unit (10 people).

The home had a registered manager. 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.

The provider had not consistently ensured that people were safe at the home. All of the people we spoke with told us that there were enough staff to meet their needs. However, all of the staff we spoke with told us that they thought the service was short staffed and that sometimes staff did not always work as a team.

The registered manager had identified a need for more staff, but additional staff had not been put in place at the time of our inspection.

All staff we spoke with felt generally supported by the registered manager. However staff told us that their morale was low. They told us this was due to their belief that concerns around staffing levels had not been addressed by the provider.

People were satisfied that staff had the right competency to meet their needs. Staff received on-going supervision and appraisals to monitor their performance and development needs.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them. People we spoke with and visitors praised staff and told us they were caring, friendly and helpful.

People received care that was responsive to their changing health needs. Staff responded quickly and professionally in an emergency during our inspection and ensured the person's changing health needs were met.

People were supported to take part in activities and events. People were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation.

People were encouraged to comment on the service provided to influence service delivery and how the service was developed. There were audit processes in place intended to drive service improvements.

Not all staff we spoke with had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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 not consistently safe.

People could not be assured that there were enough staff on shifts to consistently meet their needs at all times of the day.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to start work with vulnerable people.

Requires Improvement



Is the service effective?

The service was effective.

People told us they were satisfied with the competency of staff.

Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were satisfied with the quality of the food. People who used the service could make choices about their food and drink and where required were encouraged and supported to eat and drink.

Arrangements were in place to request health, social and medical support to help keep people well.

Good



Is the service caring?

The service was caring.

People told us and we observed that staff provided care with kindness and compassion.

People told us and we saw that staff treated people with respect and dignity.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their changing health needs.

People were supported to take part in activities and events. They were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation.

People could raise concerns with the provider and the provider took action to improve the quality of care.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

All staff we spoke with felt generally supported by the registered manager. However staff told us that their morale was low. They told us this was due to their belief that concerns around staffing levels had not been addressed by the provider.

People were encouraged to comment on the service provided to influence service delivery. People were able to influence how the service was developed in line with their preferences.

There were audit processes in place. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

Requires Improvement



OSJCT Chilterns End - Oxfordshire

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day.

The inspection was undertaken by one inspector. We spoke with inspectors who had previously had responsibility for

monitoring the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We used a number of methods to inform our inspection judgements. We spoke with ten people who used the service. We spoke with the registered manager, the regional manager, four members of care staff and a visiting health care professional. We looked at six people's care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We asked people if they felt safe living at the home. One person told us: "Staff are attentive to me. I feel safe here" and "I do feel safe here." Everybody we spoke with said that they felt safe living at the home.

We asked people about staffing levels at the home. People who were able to speak with us, said there were enough staff to meet their needs. One person told us: "I have no complaints. There are enough staff" and another person said: "If you want staff they are there. They are excellent." Everybody we spoke with told us staff responded to call bells quickly when they required support and assistance. The provider had a policy in place which stated staff should respond to calls within no more than five minutes. Call bell records we looked at demonstrated that staff responded to people within one to five minutes.

However, all of the staff we spoke with told us that they thought the service was short staffed. Staff told us they responded to call bells but they were not always able to monitor people and had to wait for staff to become available from other units to support them when people needed help from two staff members. One member of staff told us: "Sometimes we are short staffed in the morning. We have a lot of people to get up. Sometimes there is teamwork, but some staff don't help out as much as they could. Sometimes the night shift is manic, as the call bells are always going off."

Another member of staff said: "I think we should have [more] staff on shift in the mornings. People have higher needs on Harpsten unit which makes it harder. On Harpsten unit there is one person who has regular falls usually in the afternoon."

Another member of staff told us: "There are not enough staff. In Hambledon unit, most people need to be hoisted, so need two members of staff [to assist them]. In Harpsten unit most people have dementia and need support from two members of staff. New residents are coming to the home with higher dependency needs. In Harpsten unit people are more prone to falls. We need a member of staff to monitor in the lounge which is not always possible. Sometimes in the afternoon we have to wait for staff to

become available from Hambledon unit to support people on Harpsten. We have to prioritise people's care needs. We have less time to support people with their emotional needs."

A visiting professional told us: "Sometimes they seem to be short staffed. For example, I needed help to reposition someone. I went into the communal lounge and there was no one there as staff had to assist in another unit."

Prior to the inspection we received two anonymous reports that there were not enough staff at the home. We discussed staffing concerns with the registered manager. She told us and we saw she completed a monthly analysis of falls. She told us the majority of falls had taken place in the late afternoon and evenings in one unit. The registered manager told us she was seeking authorisation for one additional staff member to cover this shift. At the time of our inspection an additional member of staff had not been agreed. People could not be assured that there were enough staff available to consistently meet their needs at all times of the day. The provider was in breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulation 2010: Staffing.

The registered manager reviewed incidents and accidents to ensure risks to people were reduced and falls were investigated. We reviewed accident forms. They had been appropriately followed up. The registered manager told us and we saw that where people had falls they had been referred for an assessment and where required equipment had been put in place to reduce the risk of future falls.

The staff told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the registered manager. We looked at training records which confirmed this. The provider had policies and procedures in place for dealing with any allegations of abuse.

We saw one person's care plan where staff had recorded that the person had had a recent fall. We saw that the person's risk assessment had been reviewed and that they had a sensor mat in their room to alert staff should they have a fall while getting out of bed. This helped manage the person's risk of falls whilst minimising restrictions on their freedom.

Is the service safe?

We saw recruitment checks had been made to ensure staff were of good character before they started work at the home. The staff records contained references and criminal records checks had been made.

The provider followed relevant professional guidance about the management and review of medicines. The medicines management system provided staff with descriptions for all medicines, a clear code system to

document when they had administered medicines and a clear process for monitoring medicine stock levels. Staff carried out monthly audits to ensure people were provided with the correct medicine. This was confirmed in audits that we looked at. We spot checked four Medicine Administration Records (MAR) and found staff had accurately recorded medicine administered.

Is the service effective?

Our findings

People we spoke with were happy with the skills and competency of staff. One person told us: "Staff are good, excellent, brilliant." Another person told us: "I can't fault the staff."

Staff we spoke with said they had regular supervision to discuss their work and had lots of training. Staff had completed an induction before working at the home which included training in safe moving and handling, fire, health and safety, and infection control. Staff had the basic training they needed to complete of their role. This was confirmed in staff training records we looked at.

One member of staff told us: "I have done all my training, for example safeguarding and moving and handling training." Another member of staff told us: "We get loads of training here. I have recently completed enhanced first aid training." Another member of staff told us they had recently been promoted and said there were opportunities for career development at the home.

Not all staff we spoke with had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity to consent and what guidelines must be followed to ensure people's freedoms are not restricted.

Although staff had not had formal training on the MCA 2005 and DoLS, staff told us that if people's capacity to make decisions changed, they would seek advice from the registered manager, the person's family and their GP, to ensure decisions were made in people's best interests. The registered manager told us she would ensure that all staff received this training. She told us she had booked a meeting with the provider's learning and development officer to identify additional training courses that staff should attend.

As part of our visit we completed observations in the dining room at breakfast and lunchtime. We saw where people were independent in eating meals, staff were available if people wanted support, extra food or drinks. People ate at their own pace and were not rushed to finish their meal. Staff checked whether people liked their meals and whether they wanted more food and drink.

Everybody we spoke with told us they enjoyed the food provided and were offered choices. One person told us: "Top marks to the chef, I think the food is great. There is plenty of it." Another person said: "You can always ask if you want something else. I am happy with the food." Another person commented: "The food is very good. The chef is great. She knows what we like. She comes around and asks what we think of the food. She accommodates your needs." We observed the chef talking with people in the dining room and asking for their feedback about the food.

Care plans contained risks assessments and the actions staff should take to reduce the identified risks for each person. We found records contained detailed information on people's health and social care needs. Staff told us they read people's care plans. They told us they attended handover meetings before every shift to ensure they had up-to-date information on people's needs.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw the relevant healthcare professional had been contacted to assess their needs. One person was identified as being at risk of choking. We saw from their care plan, they had been assessed by the Speech and Language Therapy team and were on a soft diet to reduce the risk of them choking. We spoke to a member of staff about this person's nutritional needs. They told us the person was on a soft diet and was regularly weighed to monitor their weight. The staff member demonstrated knowledge of this person's nutritional needs.

We observed one member of staff respond quickly to an emergency situation in the home. They responded quickly to someone's emergency call bell and observed that the person presented with potential symptoms of a stroke. The staff member immediately contacted the paramedics who came to the home to treat the person.

A visiting health care professional told us: "I have no concerns about the care provided. Staff are responsive and call us when they need us to visit. They call us when new people come to live at the home. Staff follow guidelines that we give them. If staff are unsure of anything they ask us for advice."

Is the service caring?

Our findings

People had praise for staff and spoke positively about the care and support they received. One person told us: “The staff are helpful, friendly and caring.” Another person told us: “Staff are attentive to us. They are very friendly” and: “Carers are helpful. They help me when I need it” and: “You just have to ask and they are there. Staff are friendly.” Another person told us: “Everybody is helpful. Staff are nice. They are mainly local so we know a few of them. I can’t fault the staff.”

We saw recently written thank you cards provided by people and their relatives. One comment read: “A huge thank you to staff for all the work you do.”

Staff we spoke with told us that 'communion' was held every Thursday. This was provided to enable people to have their religious needs met.

Nobody we spoke with commented on whether they were involved in reviews about their care. They did tell us they were happy with the care they received. Staff we spoke with said people and their relatives were involved in making decisions about their care.

Some people had ‘end of life’ care plans in place. We saw that these were completed in consultation with people to

support them to make decisions about their care and to ensure their views were recorded as to how they wanted to be cared for. We read a thank you card from a relative of someone who had been cared for at the end of their life. They wrote: “I would like to take this opportunity to thank [the staff] for their wonderful devotion and care of [my relative] during their last few days.”

We observed staff had warm, positive relationships with people who used the service. Staff engaged in conversations with people and referred to people by their names at all times. We observed a member of staff completing the medication round discreetly at lunchtime so as to maintain people’s privacy.

We asked people whether they felt their privacy and dignity was respected. One person told us: “I feel respected by staff.” Everybody we spoke with said that staff treated them with respect and that staff ensured their dignity.

We spoke with staff who were aware of the need to treat people with dignity and respect. One staff member told us: “I ensure that people’s privacy and dignity is maintained. I cover people with sheets when I support them with personal care. I maintain people’s confidentiality unless it would put them at risk.”

Is the service responsive?

Our findings

People we spoke with during the inspection did not express any concerns about the care they received. During our inspection we found evidence that people and those acting on their behalf were involved in the assessment and planning of people's care. People we spoke with said they were happy with the care they received. One staff member told us that during a care review the person and their family requested that they have breakfast in their room each morning before getting up. The staff member who had responsibility to care for this person told us they ensured the person's care was provided in line with their wishes.

We saw in one person's care plan that they had reduced ability to maintain an upright position in their chair. We saw that the provider had made a referral to the physiotherapy team to assess the person's change of need. The person had a special chair made to better support their posture and ensure they were seated comfortably at all times.

Staff we spoke with were knowledgeable about the people they supported. We talked through people's care plans and staff were able to confidently give a summary of people's needs. We saw that people had personal history sections in their care plans. This information was used to reflect people's personal history and interests. However, not all personal history sections were completed in the care plans that we looked at. The regional manager told us this was not always possible as some people did not have any family and were not able to communicate this information directly to the provider.

We found an activities board in the corridor which showed pictorial information on activities and events that people could take part in. One person told us: "There is plenty to do here. They [staff] organise things. We are going to a carol service in Oxford and a pantomime in Reading." Another person told us: "I go to church and late night shopping. We say what we want to do. We have meetings to discuss things." Another person told us: "There is always something to do. They let you know what is going on and you can get involved in meetings."

People were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation. One person told us: "Staff are welcoming to my family when they visit." We read a thank you card which thanked staff for supporting someone to be reunited with a sibling they had not seen for some time. They said: "It was such a special day for both of them."

The provider had complaints policy which informed people how to make a complaint. This was on the wall in the main entrance to the home. People told us they were aware of how to make a complaint and were confident they could express any concerns.

People told us that they had not needed to make a complaint, but would feel confident to talk to staff if they needed to. The provider kept a record of all complaints and ensured they were appropriately responded to. We saw one complaint, which confirmed that the provider had followed their internal policy to ensure the person's complaint was investigated and resolved to their satisfaction.

Is the service well-led?

Our findings

People told us they attended regular meetings to talk about matters arising at the home. They told us staff listened to us. One person told us: "Vicki [the registered manager] listens to us." People attended meetings each month to talk about the service and to make suggestions about how the service could be improved. We saw minutes from these meetings. They documented ideas and suggestions people had to improve the service.

The registered manager told us she had discussed changing mealtimes at the last meeting. She explained to people that research findings in dementia care identified that where people had a meal at lunch time (rather than an evening meal) this had a positive impact on people's wellbeing. We saw meeting minutes which demonstrated that people who lived at the home agreed to trial this to see if it had positive outcomes for them. People used these meetings to decide which outings and trips they would like to go on. Meeting minutes recorded feedback from people that they 'thoroughly enjoyed the trips' they had taken part in.

The registered manager told us she was a member of the provider's policy and governance team. She shared changes in policies and guidance with staff on a regular basis. Staff told us they were informed of any changes occurring within the home and policy changes through staff meetings. This meant they received up to date information and were kept well informed. Staff told us that there was an open door policy and they could talk to the registered manager if they had any concerns. However staff did not feel that their views on staffing levels had been addressed.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about poor care practices.

We had been informed of reportable incidents as required under the Health and Social Care Act 2008 and the registered manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a registered manager.

All staff we spoke with felt generally supported by the registered manager. However staff told us that their morale was low. They told us this was due to their belief that concerns around staffing levels had not been addressed by the provider. Staff told us that they discussed this issue in staff meetings with the registered manager, but in their opinion this issue had not been resolved.

The registered manager told us that two unannounced night visits were conducted quarterly by the regional manager to assess whether the provider was meeting essential standards of care. A monthly operational meeting was held to identify and discuss service improvements. Monthly health and safety and infection control audits were completed to ensure standards of cleanliness were maintained at the home. These audits were evaluated and contained actions to drive improvements. For example the infection control audit in November 2014 identified the need to replace carpets in two rooms. This audit demonstrated that this had been followed up and those carpets had been replaced.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>In order to safeguard the health, safety and welfare of service users, the registered person had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.</p>