

The Orders Of St. John Care Trust

# OSJCT Old Station House

## Inspection report

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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?

**Outstanding**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

Old Station House provides residential care for up to 43 older people. At the time of our visit the home was fully occupied. At our last inspection on 5 August 2014 the service was rated as Good. At this inspection, we found the service remained Good.

Why the service is rated good:

People mostly remained safe living in the home. The service had not always followed policies and procedures around recording of medicines. The service immediately put measures in place to address this issue. We have made a recommendation about the recording of medicines.

The registered manager had effective procedures for ensuring that any concerns about people's safety were appropriately managed and reported. Risk assessments were appropriately assessed, managed and reviewed.

There were sufficient staff to meet people's needs and staff had time to spend with people. The service had a robust recruitment and selection process. Records confirmed that staff had received training appropriate to meet the needs of the people they cared for.

People continued to receive effective care from staff that had the skills and knowledge to support them and meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice.

People were supported to access health professionals when needed and staff worked closely with people's G.P's to ensure their health and well-being was monitored.

People told us they were happy with the care and support they received at the service and valued the relationships they had with staff.

People's care needs were accurately recorded with clear guidance for care staff to follow on how to support them. People knew how to complain and the provider's complaints policy was displayed around the home. All the complaints we saw had been dealt with appropriately in line with the policy.

People's emotional wellbeing was considerably enhanced due to a highly motivated activities team which involved the local community and volunteers. People had the choice of many activities taking place within the home and also lots of trips out. This was helped by the volunteers assisting with trips out. We heard high praise from people about enjoying their life by having a wealth of activities and outings to take part in. We heard that people's lives had been improved by feeling involved and included.

Regular residents and relatives meetings were held and people's opinions and suggestions were recorded

and acted upon. People told us they knew the senior management of the service and they were accessible and approachable. People told us they felt listened to and could change things about the service.

The registered manager monitored the quality of the care provided by completing, analysing and auctioning regular audits. People's opinions were sought and acted upon to improve the service. Regular meetings with people took place to gain their views.

## 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 always safe. The rating has changed from Good to Requires Improvement

Medicines were not always accurately recorded.

**Requires Improvement** ●

### Is the service effective?

The service remained Good

**Good** ●

### Is the service caring?

The service remained Good.

**Good** ●

### Is the service responsive?

The service improved to outstanding.

People's quality of life was enhanced due to the involvement of the local community, volunteers and a varied and full range of activities for people to take part in.

Care plans gave clear guidance for staff on how to support people. Staff were motivated and committed to delivering personalised care.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

**Outstanding** ☆

### Is the service well-led?

The service remained Good

**Good** ●

# OSJCT Old Station House

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 14 March 2017 and was unannounced. The inspection was carried out by two inspectors and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We looked at the information we held about the service. This included previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with 12 people who used the service and four relatives. We spoke with the registered manager, head of care, area operations manager, four members of care staff, the chef, two activities co-ordinators, the housekeeper, two volunteers and one intern (an intern is a student or trainee who works, sometimes without pay, in order to gain work experience or satisfy requirements for a qualification). We looked at six people's care records, people's medicine administration records, four staff records and other records relating to the management of the service.

Following the inspection we requested feedback from health and social care professionals and received feedback from one person.

# Is the service safe?

## Our findings

We found controlled drugs were not always recorded correctly to evidence people had received them as prescribed. Controlled drugs were stored in a locked cabinet within a locked clinical room. The head of care or manager carried out a weekly check of controlled drugs. On the day of the inspection we saw that one person's medicine record had been signed by two staff. However, we found the person had been asleep at the time of the administration and the medicine had been left in a locked cabinet in the person's room. We checked the Medicine Administration Record (MAR) which showed the medicine had been given when the person woke up. We discussed this with the head of care and the registered manager. We were told they would ensure that the person was awake before removing the controlled medication from the cupboard.

We recommend that the service consider current guidance on the safe recording of medicines.

Staff who administered medicines had received training and had an assessment of competence. The health and safety file stated that the assessment was carried out every three years, or more frequently if there was an indication for further training, such as a medicines error. The service conducted a monthly medicines audit.

We saw that there were PRN protocols for medicines that were to be given 'as required'. These included information such as the conditions under which the medicine should be given and the maximum dose in a twenty-four hour period.

We observed the administration of medicines for some people at lunchtime with a care leader. Each room had a locked wall cabinet for medicines. The care leader brought the MAR chart to the person's room, before removing the medicines to be given.

The provider had a comprehensive medicines policy that referred to appropriate legislation and guidance, for example the National Institute for Health and Care Excellence (NICE) guidance on 'Managing medicines in care homes'. This policy included error reporting and actions to be taken such as seeking medical advice, informing the person or their representative and recording the error on the MAR chart and personal profile. The policy had been reviewed in February 2017.

People told us the service was safe. Comments included, "I feel much safer since I've been here. Used to fall down a lot when I was on my own" and "'Shut the door, get in to bed and feel safe. I know they check on me during the night". Relatives were sure people were safe. One commented, "Know that she is safe and that's the most important thing for us".

There was information relating to safeguarding and whistleblowing procedures displayed around the home. We asked people who they would talk to if they were concerned. Comments included, "Two or three people I would talk to if I had a problem-know that they would put things right" and "[The registered manager]. About all the time, comes and chats every day, could talk to her".

Staff were confident and knowledgeable about how to report concerns and had received training in relation to safeguarding. This included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). Records relating to safeguarding showed the service had carried out thorough investigations and taken appropriate action where safeguarding concerns had been raised.

People told us there were enough staff to meet their needs. Comments included; "Very good. If ever you need anything press the bell and they come more or less straight away" and "Buzz and they get to me quickly, right by my bed". Staff told us staffing numbers were sufficient to meet people's needs and that there was good team working. This was supported by our observations throughout the day. We saw staff taking time to talk with people and interact with them.

People's care plans contained risk assessments which included risks associated with nutrition, moving and handling and falls. Positive risk taking was encouraged. For example, we saw people had been risk assessed so that they could manage their own medicines. We also heard comments such as "I like to be independent had a few falls but no harm done" and "Like to go down town on my electric scooter, go to the Abbey grounds".

There was a falls lead who was responsible for analysing the falls that took place each month. This meant information could be reviewed to try and reduce the number of falls within the home. The falls lead also liaised with the Care Home Support Service to discuss individual residents, addressing any need for equipment, medication changes and ensuring that equipment was used correctly.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We saw that equipment checks, water testing, fire equipment testing, hoist/lift servicing, electrical and gas certification was monitored by the maintenance staff and where required was carried out by certified external contractors. A grab bag containing personal evacuation plans (PEEPs) were kept in a prominent position for use by the emergency services. There were details of people in the home and the suggested means of evacuation should the need arise.

# Is the service effective?

## Our findings

People continued to be supported by staff that had the skills and knowledge effectively support people. A senior staff member told us "The training is brilliant." They had completed training in dementia care and end of life care.

Staff told us they were well supported through a new system called 'Trust In conversations'. This involved having a personal development review once a year and regular conversations with a senior staff member. These were developed to ensure staff got the support they needed at the right time. Staff were positive about this and said they felt supported by management. The registered manager carried out unannounced night visits each quarter so that the routine during the night could be observed and improved upon if necessary.

People continued to be supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. A staff member told us that "Everybody has the right to choose" and went on to say that a person with dementia could make every day choices such as what to wear or what to eat or whether to take part in activities. Where people lacked capacity, assessments and best interest meetings were held with the person's family and other multi-disciplinary teams before a plan of care was agreed.

The service continued to ensure that any people who were deprived of their liberty had applied in line with the Deprivation of Liberty Safeguards (DoLS). The deputy manager had a clear understanding of DoLS.

People liked the food and we heard many positive comments. These included, "Food good no problems", "Food good. Lovely Sunday roast. Can have what you like" and "I'm a good eater, when I ask for more I get it". Meals were prepared in house by a chef supported by two kitchen assistants and the kitchen had a food safety agency rating of five stars having been recently inspected. We saw that people were given choices and if they appeared not to be enjoying their meal staff offered them alternatives.

Where people had specific dietary requirements these were met. Procedures were in place to ensure that people, including those who had just arrived, got the correct meal/nutrition. Detailed dietary sheets provided an effective link between the office and chef detailing medical conditions/allergies, such as diabetes or people who may have swallowing difficulties. Peoples' weights are monitored if necessary and the chef alerted if changes are needed to supplement people's diet.

People were supported to maintain good health. People were referred to health professionals appropriately and records showed people had accessed GP, district nurses, care home support service (CHSS), speech and language therapist (SALT), mental health team, physiotherapy and occupational therapy. Where people had accessed services this was recorded in their care files. We had feedback from a health professional who said Old Station House was "A high quality care environment".



## Is the service caring?

### Our findings

People continued to receive support from a dedicated staff team who had genuine warmth and affection for people. People benefitted from kind and caring relationships with staff. Comments included, "'Wonderful care, can't fault them", "Carers send pictures of them on holiday to me here", and "Could not have chosen a better home". Brilliant my salvation - well looked after" and "The staff are all so friendly, makes you feel good when you come in". We saw caring interactions between staff and people. For example, a person was sitting waiting for their hairdresser appointment. A carer sat down beside them and chatted to them making them laugh..

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred name and staff knocked on people's doors before entering. One person said, "Very good, knock on my door and wait. If I don't want anything they respect my decision and come back to check later". Another person said "Brilliant at washing me and looking after me. Do respect dignity and privacy". A relative said "Good care- she has always looked smart, nice that it continues here".

Throughout the inspection we saw staff encouraging people to be independent. We also had comments including, "They know that I like to be independent and do as much for myself as I can. They don't impose". A relative commented, "They like her to be independent know what's what. Definitely staff know what they are doing.' Where people did need support, we saw this was offered in a dignified way. For example, we saw a staff member offer her arm for support to a person who was struggling to maintain their balance and giving quiet reassurance. People also had access to a range of mobility aids to assist their independence. For example, frames, tripods, sticks and mobility scooters. We had comments such as "I go out by myself, go to see the doctor in the surgery. Got my electric scooter" and "Some restriction on movement, but I can still get about. Walking frame helps".

The home supported people to remain in the home at the end of their life, if this was their choice. Advanced care plans had been completed with people and their relatives that wanted this and identified how people wished to be cared for. In a care plan we reviewed, we saw that a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) form was in place. This had been discussed with the person or relevant other.

## Is the service responsive?

### Our findings

People's feedback was highly positive about the activities and the community feel that Old Station House had created. The home had developed excellent links with the local community which subsequently enabled people to access the wider locality and impacted positively on people's quality of life. For example, we saw that networks had been developed and sustained to build up relationships with local groups and schools. The home had long established links with a local school who visited once a week to run quizzes and engage and talk with people. The school had a tea party at the end of each term, and people in the service were invited with the school providing the transport so people could attend. The Brownies and Beavers held their meetings every six months in the home. The children engaged with people in the home and the interaction between the age groups was enjoyed. The younger people gained from interacting with older people and it provided them with a positive experience of engaging with older people. People spoke positively about these visits with one commenting, "So much better since I've been here".

The service had also developed a volunteer programme that had proved very successful and had contributed to people having meaningful social interaction throughout the week. The volunteer programme included younger people volunteering following work experience at the home. Other volunteers had become involved following their relatives being supported by the service and wanting to continue the benefits that their relatives had received. The use of volunteers helped to ensure that outings could take place more frequently. This was enabled as the volunteers provided increased numbers to support people in the service to go out and safely enjoy the activity. Recent research by the National Council for Voluntary Organisations found bringing volunteer members of the public into care homes can have a profound positive impact on residents' wellbeing, according to a pilot project that linked care homes with local volunteer centres. We saw evidence of this in the service as people were supported to engage in more social activities which lessened the risk of social isolation. A volunteer said, 'I get satisfaction from seeing people's faces. If I make them laugh, my good deed for the day. Wonderful here, the best.'

We saw that there was a varied and lively programme of activities and events. Activities were organised and overseen by a full time coordinator (a musician and entertainer), a part time member of staff and a large team of volunteers. Activities included; Tai Chi, game show and quiz, film club, sing along bingo, bowls, crossword club, reminiscence, Abbey Church and Golden Toes dances. The home also had a cinema. We saw that there were DVD's of old news bulletins and we were told these were popular and would often be used for reminiscence sessions. Off-site events included numerous excursions to garden centres, ten pin bowling, bus museum and visits to local school events. We heard comments from people including, "Enjoy taking part in things. Enjoy quizzes, so pleased when I get one right", "Do an awful lot of trips, enjoyed the Bus Museum", "Since I have been here I have felt valued. A rapport with me in the activities which I appreciate", "Join in all the physical activities, Tai Chi, exercises to music, dancing" and "I never thought exercise could be so much fun". We saw photographs displayed around the home of activities that had taken place.

During the day we saw a number of activities taking place. People were taking part in word quizzes led by a volunteer, musical Bingo and singing. Those people who chose to take part were told us they were having a

"great time". There was also a range of one to one activities happening such as nail painting, dominoes and chat sessions.

The activities co-ordinator described a person and said "[Name] came in looking as if he was reaching the end of his life. Gaunt, head down, given up. Three years on he goes on every trip, joins in with everything he can. Like a young person again who has got his life back". We spoke to this person who confirmed that they were enjoying life saying "I was all on my own, let myself go. Couldn't have chosen a better place - my salvation."

Another person had come to the home withdrawn and didn't want to join in. We saw this person was now involved with the social activities and enjoying going shopping with volunteers, and told us "I've done more since I've been here than in the last ten years". The activity co-ordinator said a number of people in the home supported people who were less able with activities. People were encouraged to pursue their interests and participate in the running of the home. For example, a person who was a gardener all his life, had taken charge of the garden and another person who was a chicken farmer kept chickens in the garden, collecting the eggs, cleaning them out and feeding them daily.

The coordinator produced a monthly newsletter 'The Old Station House Familigram' magazine with monthly articles, photographs and records of events and future events, for people, families and friends and staff.

The home also benefited from the design of the building which is built around a central atrium. The atrium provided internal spaces with natural daylight and high ceilings in rooms give a feeling of spaciousness. There was a garden area which had sound effects of running water, church bells and bird sounds. Each person had a flat with a living area, kitchenette and wet room style toilet and shower area. The flats facilitated independence [people could make their own tea and snacks]. The building was situated opposite a local supermarket with café facilities, and a short walk from a local park and a river walkway, providing the residents with recreational opportunities. The small garden provided a safe recreational area and an opportunity for interested residents to join in with gardening activities.

The home supported learners with additional needs through a work placement scheme run by and overseen by staff members and a support worker. The programme was designed to provide the young people's employability/life skills and boost their confidence and self-esteem. We observed an intern who was being trained in housekeeping and was supported by a member of staff. The young person had also spent time as a kitchen assistant and learnt the basics of care.

People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's support needs. The home encouraged people and their families to complete a 'Life Story' to help understand and get to know their likes and dislikes. This also helped staff to engage in conversations about things that meant a lot to people. Care plans were developed with people, although some people told us they did not want to be involved. An Admiral Nurse also supported the home in writing care plans for people with complex needs. An Admiral Nurse is a specialist dementia nurse who supports families facing dementia.

Care plans were reviewed at least once a month or when a change in care needs occurred. Six monthly care reviews took place with people and their relatives to ensure that they were happy and discuss anything that may need addressing.

We saw many compliments had been received from families. We saw a relative had thanked the home for sending flowers to a person's funeral.

People knew how to complain and were confident action would be taken. One person said, "Never a single complaint if I did then I'd tell [registered manager] or a carer what is wrong and take it from there. They listen to me". We saw records of complaints received and saw these had been investigated and responded to in line with the organisations complaints policy. For example, one person had complained about the temperature of their room. Action had been taken to resolve the issue. The home also had a 'niggle sheet' for minor issues so that things could be addressed before becoming official complaints. For example, someone had reported four pairs of trousers were missing but these were later found in the person's wardrobe.

Resident meetings were held every three months and were well attended. People had put forward suggestions on food and outings. We had comments such as, "I went to a resident meeting last week. Can raise things you want to. They do listen to views" and "I know what's going on, meetings, posters, word of mouth".

Two relative meetings a year were held. It was reported that these were sociable occasions and the Admiral nurse came to the last meeting to meet families and offer support if they wanted it. It also enabled the relatives to network with each other and this has proved to be a valuable part of the meeting for everyone.

People's opinions were sought through regular surveys. We saw the results of the last survey which were very positive. People were also encouraged to put reviews on Carehome.co.uk and on NHS Choices website.

## Is the service well-led?

### Our findings

A registered manager was in place. 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 registered manager had worked in the service since the home opened and had clearly created a positive and supportive culture in the home. There was a positive atmosphere throughout the home and we saw staff interacting well and supporting each other. Staff sat, talked and interacted with people throughout the day, creating a homely atmosphere. We had comments from people such as "Brilliant atmosphere, girls [staff] good" and "The staff are all so friendly and to each other. A volunteer said "Staff a very good happy team" and "This is the tops. Friendly as soon as you walk in the door – happiness".

Staff we spoke with told us that the manager was approachable and supportive. Comments included, "Best manager I've had", "She's very good, like a mother to us", "I can go to (the manager) with anything" and "Very supportive". The registered manager walked around the home at least once a day and her door was always open to staff, people and visitors. The registered manager and head of care worked on the floor if needed.

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, medicines, infection control, health and safety and catering. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends.

The registered manager ensured kept their skills had knowledge up to date. This was assisted by attending training and regular manager and area manager meetings to share good practice. The home had also developed lead roles for staff so that each area could be focussed on by a staff member. The staff member then ensured the team were kept up to date with relevant information. There were leads for medicines, falls, pressure care, nutrition, infection control, dementia and dignity. There were team meetings every three months and staff surveys also took place yearly. In response to the last staff survey, a change to how staff received one to one support from their manager had taken place.

The home engaged with external organisations such as Dementia UK, NICE, and Age UK. The home learnt from serious incidents in the Trust and elsewhere by sharing 'Serious Incident Learnings'. The service was also invited to Oxfordshire County Council meetings for providers.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.