

# The Orders Of St. John Care Trust

## OSJCT Windmill Place

### Inspection report

Windmill Road  
Thame  
Oxfordshire  
OX9 2DR

Date of inspection visit:  
06 July 2017

Date of publication:  
26 July 2017

### 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

This inspection took place on 6 July 2017 and was announced. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us.

Windmill Place is a domiciliary care service and provides extra care housing to people in their own homes in Thame. At the time of the inspection the service was supporting 18 people. The service also supported a number of people with other services such as shopping and housekeeping.

There was a registered manager in post. 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.

People who were supported by the service told us they felt safe receiving care from staff. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. The service employed enough suitably qualified and experienced staff to meet people's needs. The provider had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People's care plans outlined individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments and risk management plans were in place to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff told us they received adequate training and support to carry out their roles effectively. People felt supported by competent staff who had access to regular supervision (one to one meetings with their line manager) and appraisals to help them meet the needs of the people they cared for.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have choices and control of their lives and staff supported them in the least restrictive way possible. The provider had systems in place to support this practice. The registered manager and staff had a good understanding of the MCA and applied its principles in their work.

People were supported to meet their nutritional needs. Food choices were available and people were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their needs.

People were supported to maintain good health, had access to healthcare services and were referred for specialist advice as required. Staff knew how to adjust the support to people when their needs changed.

People's needs were assessed to ensure the service could meet them. People's care plans outlined their needs, wishes and preferences. People, their relatives and representatives, where applicable, were involved in care planning and reviews. People knew how to complain and concerns were managed in accordance with the provider's complaints policy. The service looked for ways to continually improve the quality of the service. People had opportunities to provide feedback about the service and the care they received. Staff knew the people they cared for and what was important to them. Staff supported and encouraged people to engage with a variety of social activities of their choice within the service as well as in the community.

Windmill Place had a clear management structure which was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives and staff were complimentary about the management team and how the service was run. The provider had effective quality assurance systems which promoted good quality care.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the management support and leadership they received from the management team.

## 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 was safe.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively.

People were supported to have their nutritional needs met.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People were supported to access healthcare support when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

The provider systems in place to monitor the quality and safety of the service and drive improvement.

# OSJCT Windmill Place

## 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 inspection was carried out by an 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. The inspection took place on 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 notifications we had received for this service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 10 people. We looked at three people's care records and medicine administration records (MAR). We spoke with the registered manager, the area manager, care team leader and four support staff. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, minutes of meetings with people and staff, 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

People told us they felt safe living at Windmill Place. One person told us, "I feel very safe here. I have my own fob key and front door key. Visitors do not have access to the fob keys. When the office is closed, the front door is locked and visitors have to ring the bell. I keep my alarm bell by my bed". Another person said, "At home I lived in a bungalow at the end of the road and did not see anyone and felt alone. I feel so safe here. I see people and have made friends. There is no-one to be afraid of. I wear my alarm button on my wrist". A third person echoed, "I feel safe as we are not numbers, but treated as actual people here. I would recommend this place others".

People told us they felt safe receiving care from staff. One person commented, "The girls [Staff] regularly check on me three times a day. I am comfy with all the staff". Another person told us, "I feel safe that we have night staff too to keep an eye on us and they are always there when we call for them".

The provider had a safeguarding policy in place which staff followed to safeguard people. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. Staff told us, "We report any abuses to manager. We have numbers on the board that we can report to outside our organisation" and "Abuse can be in form of physical, verbal, neglect or financial. We report any concerns to the manager".

People told us they were supported by sufficient numbers of staff. Records showed there were safe numbers of staff to match people's needs. People commented, "I think that there are usually enough staff", "The staff are busy, but not rushed and give time to chat to me" and "The staff have time to chat and are not rushed". Staff told us they had good numbers of staff available. One member of staff said, "I think our staffing levels are reasonable".

Risks to people's wellbeing were identified. Where risks were identified there were management plans in place to manage the risks. Risk assessments included risks associated with: mobility, medicines, bathing, nutrition and environment. For example, one person's care plan identified they were at risk of falling. There was a risk management plan in place to guide staff on how to minimise the risk. We asked staff about this person and they knew how to support the person in line with the person's risk management plan.

We looked at the arrangements for safeguarding people's money. We saw that where people were supported with shopping, appropriate arrangements were in place for staff to support them safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse.

People supported with medicines received them as prescribed. The provider had a medicines policy in place which guided staff on how to give medicines safely. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been given or if not taken the reason why. Staff had completed medicines training and their competencies were

assessed regularly. One member of staff said, "We have medicines training and competency checks every six months and whenever people's medicines change".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.



## Is the service effective?

### Our findings

People told us staff were skilled. Comments included, "Yes, the staff all know about my needs with my condition and how to handle me", "The staff know my needs and are knowledgeable" and "The staff are on top of things and are nice and helpful".

Staff told us and records confirmed they received training that enabled them to carry out their roles effectively. Training included: safeguarding, living well with dementia, infection control and equality and diversity. Newly appointed staff went through an induction period which gave them the skills and confidence to carry out their roles. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. Induction incorporated e-learning as well as face to face training. One member of staff commented, "Training was very good and gave me all the information I needed. Induction was in-depth and gave me more insight".

Staff told us they felt well supported. Records showed staff received regular supervisions (a one to one meeting with their line manager) and annual appraisals. Staff told us this was an opportunity to discuss any ongoing issues or training requirements with their line manager. One member of staff said, "We have one to one and spot checks with team leaders. They are good in refreshing practice".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were knowledgeable about how to ensure the rights of people protected. Staff understood their responsibilities in relation to MCA. They told us, "We always assume people can make decisions either right or wrong. If they lack capacity, we refer to manager and social services" and "We assume capacity in the first instance and give people choices". At the time of the inspection, the provider had not made any applications to the court of protection and no person was being restricted of their liberty.

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain support to be given and sought the person's consent. One member of staff said, "We ask for people's permission before we offer support". We saw in care files that people, gave consent for care they received and family members and advocates were consulted to ensure decisions were made in people's best interest. For example, all files reviewed showed people gave consent for sharing information with healthcare professionals as well consent to photographs.

People's nutritional needs and preferences were outlined in people's care plans. Where required, staff supported people with preparation of meals. One person told us they had specific requirements around

food preparation and staff were aware of this. People told us they were supported to have meals of their choice. Their comments included; "I eat in the flat. Sometimes they will make me toast if I do not feel up to it", "Staff help to get my breakfast of porridge or scrambled egg, as they know I cannot stand too long to cook" and "The staff are helping me a lot with my diet at present as I had a bad fall recently. I have to eat a soft diet. They make sure that I have no solids and eat things like mashed potato and they get me yoghurts".

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "I use the podiatrist here and drive myself to the dentist" and "[Staff] says that she will sort out my appointments for the dentist when the time is ready. They called an ambulance for me when I fell".

## Is the service caring?

### Our findings

People were complimentary of staff and described them as being caring and thoughtful. Comments included; "The girls are fantastic. There is nothing that they won't do for you. They are very caring", "They are wonderful here. They just seem to know what help I need since my fall. We are not numbers, we are people" and "I could not be any happier. They help to wash me and give me time to chat. Nobody is horrible".

Staff told us they were caring and treated people with kindness and compassion. They explained how much they enjoyed working at the service and helping people. They said, "I enjoy the job, talking to people and doing something good for someone" and "I love working with our residents here. I never dread to come to work. It's a rewarding job". Staff were enthusiastic about their jobs and they enjoyed working with people they knew well. One person said, "Staff get to know you as a person and likes and dislikes. Things are never too much trouble for the staff".

People told us staff promoted their independence. They said, "They help me with my bath, but try to help me to be more independent", "Carers encourage me to be independent" and "They help me with putting on my socks and cream my feet and legs, but also encourage me to be independent". People's care plans highlighted the importance of promoting independence. For example, one person's care plan stated, 'Prompt and occasional assistance of one carer with bath'. Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time and did not rush people. This enabled people to still do as much as they could for themselves with little support. One member of staff told us, "We let them do what they can". Another member of staff echoed, "We give praise and encouragement. We also give options and get them to do things for themselves".

People told us staff respected their dignity and privacy. Comments included; "They knock on your door and respect your privacy. They don't judge you" and "They knock on the door before coming in and call out my name. When they bath me they make sure that my towel keeps my privacy as much as possible". Staff told us they knew how to maintain people's privacy and dignity. They said, "We close doors during personal care", "We put a towel over lap during strip wash. We keep things covered and do not stare" and "We treat people as individuals and respect their choices".

People were confident their personal information was kept safe and they told us staff did not discuss other people with them or in their hearing. People's personal files were kept secured, locked in provider's office. Staff received training about handling information and confidentiality. Staff told us they understood and respected confidentiality. One member of staff said, "We don't discuss clients with other clients". Another member of staff told us, "Only staff have access to people's information".

## Is the service responsive?

### Our findings

Before people came to live at Windmill Place their needs had been assessed to ensure they could be met. People's care and support was planned with them. The registered manager assessed people's needs prior to accessing the service to ensure their needs could be met. They met with people, their relatives and healthcare professionals to complete the assessments. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs and interests.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's daily visit schedule emphasised on how the person liked to do tasks at their own pace and for staff to maintain that.

The provider used an 'All About Me' document which captured people's life histories including past work and social life enabling staff to provide person centred care and respecting people's preferences. Care plans were personalised and contained detailed daily routines specific to each person. We asked staff about specific people and they knew how those people wanted to be supported.

Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person fell and lost their teeth. Staff referred the person to a dentist and nutritionist. Staff updated the person's care plan to reflect the changes and daily records showed staff followed the advice. The service adjusted and increased the person's calls to accommodate more support. People told us they were involved in the review of plan of care. They said, "I am involved in my care and it is reviewed I think six monthly", "The staff discuss with me my care package and I have it reviewed every six months" and "I am involved with my care and see the views and sometimes make suggestions that they agree with".

People said they never felt their care was rushed and staff made sure there was nothing else they needed before leaving. One person said, "Carers are kind and compassionate. If I need a stamp or tea bags and they can't get it while on shift, they will go shopping afterwards and bring it in to me the next day. Only a special person will do that type of thing".

People told us they had access to a range of activities which they could be involved with, including group and one to one activities. For example, coffee mornings, seated chair exercises, bingo and Thame carnival and fete. People told us they enjoyed attending activities. Comments included; "I am doing the six week exercise class here. Some of us meet and have a chat in the lounge", "I enjoy the bingo, quizzes and film nights here. I organise the lottery bonus ball" and "I know about the activities, but choose not to go to many. I went to a party once. I know that I can join in if I want to, but that I do not have to". Some people chose not to attend activities and staff respected that. One person told us, "I choose not to go to the activities. I prefer to be on my own and watch my TV, like I used to do when at home". One member of staff said, "We encourage people to join in activities. They get a newsletter with activities schedule".

People's views and feedback was sought through care plan reviews, tenant meetings and suggestion box.

People told us they attended meetings and were involved in care plan reviews. In one meeting people discussed possible ways of raising money for charity. People's comments included; "I have been to residents' meetings and found them helpful", "I go to the residents' meeting and raised one problem and it was sorted quite quickly" and "I get minutes from the meetings. I also have filled out surveys".

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and was also available on request. People told us, "I know how to complain, but have not needed to" and "I would go to [manager] if I needed to complain". Records showed no complaints had been raised in the last year. People spoke about an open culture and felt that the service was responsive to any concerns raised. The service had received many compliments and positive feedback about the staff and the support people had received

# Is the service well-led?

## Our findings

Windmill Place was led by a registered manager who had support from an area manager and a team leader. The registered manager had been in post for nearly a year and had a clear vision to develop and improve the quality of the service. The service was a clear leadership structure which aided in the smooth running of the service.

People told us they felt the service was well managed and they complimented the registered manager. Comments included: "Yes the service is well managed and it is easy to make contact with everyone. [Manager] is an excellent manager for the team", "[Manager] is very approachable and leads the team very well. She leads by example" and "The office is open house and [manager] is a very good manager and approachable and the rest of the office team are too".

Staff were complimentary of the support they received from the management team and they told us the service was well run. Staff comments included; "Management team are approachable and easy to talk to", "Management team is brilliant. They are always available to us" and "Manager is very good, I can discuss anything with them". Staff told us the registered manager and head of care had an open door policy and were always visible around the service. The registered manager also said, "This is a really good company to work. Support from peers and above is brilliant. We have a good management structure".

Windmill Place had a positive culture that was open and inclusive. During our visit, management and staff were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff said, "It's nice to be able to talk anything through". Another member of staff told us, "This organisation is very open and honest. We get debriefs and learning is shared across services". The service valued staff contribution. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. One member of staff told us, "All our comments and suggestions are taken on board".

Staff told us and records showed there were good communication systems in place which aided in excellent team work. Staff had daily handovers and regular team meetings were held where staff could raise concerns and discuss issues. Staff meeting minutes showed discussions were around good practice, documentation and policies. The management team also used staff meetings to thank staff for their continuous hard work. One member of staff said, "We use fact sheets for information sharing". Another member of staff told us, "We have really good communication and we work together as a team". The registered manager commented, "We have a good quality team, fantastic".

Windmill place had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits included medicine safety and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, care plan audits had identified shortfalls in recording and these had been action and recording in care plans improved. The provider also facilitated client care quality visits to monitor the quality of care. The last results showed people were happy with the care.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff said, "We had an incident and we reported it to the manager. They investigated it".

The provider had a whistle blowing policy in place that was available to staff. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "We have a whistleblowing policy and can ring any of the numbers on it".

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.