

The Orders Of St. John Care Trust

OSJCT Isis House Care & Retirement Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Isis House is a registered care home providing care and support to 80 older people. The home offers residential care, nursing care, intermediate care and dementia care. The home is part of The Order of St John Community Trust.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have 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.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 took place on 6 April 2017 and was unannounced. The 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.

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 information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 11 people, four care staff, two nurses, an activities coordinator, the chef, the registered manager and the operations manager.

During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. 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

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. One person said, "I've never been happier. I feel safe and well cared for, my daughter is very happy I'm here". One relative said, "Safety is right on the button. We're in seventh heaven".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd speak to the nurse then go to the manager. I can speak to you guys as well (Care Quality Commission)" and "I would tell the manager who would take action, or I can call the local authorities". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One nurse said, "We do have enough staff. We don't use agency staff hardly at all". During our inspection we saw people's requests for support were responded to promptly. Call bells were answered in a timely manner.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and there were systems in place to manage risks. For example, where people were at risk of falls people had been referred to healthcare professionals and their guidance was recorded and followed. For example, one person required two staff to support them to mobilise and we saw two staff supporting this person in line with the care plan guidance.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One staff member said, "We do get good training. I get regular supervision and I'm now signed up to complete (national qualification) in healthcare".

People were 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. 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, "I always offer choices and the care plans guide me. I work in their best interests".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection one person at the service was subject to a DoLS authorisation.

People were positive about the food. One person told us, "I went to a hotel with my daughter at the weekend and our cooks are better than that. The food is marvellous". People enjoyed the food and were supported to meet their nutritional needs. 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. The Chef was very keen to support healthy and alternative diets to promote good health.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "The care is superb", "Extremely good, the staff are fantastic" and "Each and every carer is wonderful".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "This work touches you, these people, I want to be here for them", "I never thought I'd have such a bond with these people. It's a nice warm feeling" and "You cannot help but care. For some we are their family".

People were involved in their care. Care plans contained documents stating people had been involved in the creation of their support plans. Throughout our inspection we observed staff involving people in their care. One staff member said, "I involve one resident with their paperwork. They like to help me so I let them".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. One person said, "Staff are caring with a sense of humour which is terrific and helps". Another commented, "Staff show respect and dignity, and a bit of fun".

People were supported to be independent. Throughout our inspection we saw staff encouraging people to be independent. One staff member said, "I encourage residents to do what they can. I would never take anything away from them".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Is the service responsive?

Our findings

The service continued to be responsive. 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 personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan stated the person could have difficulty verbalising. Staff were guided to be patient and 'give [person] time to express themselves'. We saw staff talking to this person in line with the guidance.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's needs fluctuated due to their condition. The serviced worked closely with the person's GP. Records were updated to reflect the person's current support needs.

People received personalised care. This included, nutrition, moving and handling and emotional support. Staff spoke with us about ensuring people received personalised care. One staff member said, "Care is always different for each resident. It's about individuals".

People were offered a range of activities they could engage in. There were two activity coordinators employed by the home providing activities from Monday to Friday with occasional weekend 'special events'. There were twice monthly trips out in the home minibus and outside entertainers were booked to come into the home. Activities were based around a monthly theme culminating in a special day at the end of the month. Group activities were generally in the mornings with more one-to-one activities after lunch. Throughout our visit we saw staff engaging with people on a personal level, playing games, reading with them or supporting them with activities in the garden.

People knew how to complain and were confident action would be taken. The provider's complaints procedure was held in people's rooms. There had been nine complaints since our last inspection, all had been dealt with compassionately in line with the provider's policy.

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive. People told us the meetings were useful and effective. Comments included; "You get to say what you want to say and it gets to the right people" and "They do take notice of what you say".

Is the service well-led?

Our findings

The service continued to be well led. 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 were positive about the service and the registered manager. Comments included; "She's very nice, she likes everything to be right for everyone, she's very caring" and "I don't think anyone can have a bad thing to say about this place and if they do they're not nice people". One Relative commented that the registered manager had "Made a difference".

Staff told us the service was well led, open and honest. Staff comments included; "I definitely think we are open and honest here and the manager is approachable and always there when you need her" and "I've never been so supported. She is a great motivator and like a mother to us".

The registered manager promoted a caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner.

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, and staff support systems. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. For example, where people suffered falls they were referred to the care home support service who's guidance was implemented into people's care. The registered manager was supported by the operations manager who regularly visited the home and conducted checks and audits to improve the service.