

The Orders Of St. John Care Trust

OSJCT Fernleigh

Inspection report

Fernleigh
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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

We undertook an announced inspection of OSJCT Fernleigh on 10 January 2019.

Fernleigh offers domiciliary care and 24 hour emergency cover for people living in self-contained flats. The accommodation is either rented or shared ownership and is contained in a new building, located in Witney Oxfordshire. On the day of our inspection 19 people were receiving a personal care service.

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

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.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. This included risks associated with infection control. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

OSJCT Fernleigh

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 checked whether the provider was 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 10 January 2019 and was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one 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 we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. In addition, we looked at 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 spoke with three people, two relatives, two care staff, the team leader, the area operations manager and the registered manager. We looked at five people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. People's comments included; "I feel very safe when I'm getting care. They're so friendly and do everything I ask them to do". A relative said, "Yes, safe. You can call on help whenever you need it. The flats are designed for safety".

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. One member of staff said, "If I had a concern I'd tell my team leader, registered manager and the local safeguarding team. I can contact the police as if it is really serious". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person mobilised independently with the use of a walking frame but was at risk of falls. Staff were guided to ensure the person used their frame and, where longer walks were planned, the person was to use their wheelchair. The person's care record also gave guidance for staff to ensure that mobility and walking aids were within reach of the person. Staff were aware of this guidance.

Staffing rotas confirmed and people and staff told us there were sufficient staff. People also confirmed staff were punctual and they had not experienced any missed visits. One staff member said, "Yes we do have enough of us to meet client's needs".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely and people received the medicines as prescribed. One person said, "I'm happy with the way medicines are managed. It's all locked away". Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. Staff competency to safely administer medicine was regularly checked.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE hand washing, safe disposal of sharps and information on infectious diseases.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, where people suffered falls the incidents were investigated individually and collectively to look for patterns and trends. Where patterns were identified people's, care was reviewed and referrals made to healthcare professionals.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager).

Staff spoke with us about their training and support. Staff comments included; "Training is informative and helpful", "I am well supported. I have supervision and I can go to [team leader] or [registered manager] with anything" and "I've learnt so much and I get supervision and spot checks so I get to have my say".

People were supported in line with current best practice and legislation. For example, people's communication needs were assessed in line with the Accessible Information Standards (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was meeting these obligations. One staff member said, "This is about individual's rights to make their own decisions. We support clients to do this".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. People also had access to healthcare professionals where necessary. One person said, "Yes, I can see the doctor if I need to. One of the staff comes with me".

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One person told us, "They prepare my breakfast, dinner time they make it for me. I have proper meals. Potatoes, cheese, beans, ravioli. Something soft for me to eat".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. Their comments included; "The staff are caring. I'm good if they're caring", "They are very kind and caring" and "The staff that are here do a fantastic job. They are almost part of the family, some of the girls". A relative said, "One carer on the late shift is fantastic. Always looks after [person]. She looks after me as well. Goes beyond. So good".

Staff spoke with us about positive relationships at the service. Comments included; "I love this job and the clients are great" and "I like the staff team and I love all the residents".

People were treated with dignity and respect. One person said, "Oh yes. They show me kindness and respect". When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. Staff told us, and we observed people's privacy was respected.

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. One person told us, "Yes, they support me with my personal and emotional needs".

People were supported to remain independent. Care plans guided staff to encourage people to do what they could for themselves, promoting their independence. One person explained how staff supported them. They said, "They encourage me to be independent as far as I can. I am able to wash, I wash, what I can wash. I tell them to choose the clothes for me".

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits, people were informed.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences. For example, one person liked music and going for walks. This person told us, "I have a walk along. They take me downstairs for quality time".

Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

Care plans were individualised and included information about people that enabled staff to know them well. One person described how the service responded to their needs to improve their life. They said, "Yes, they know my needs. [Registered manager] organised an occupational therapist to get me a new chair. Previously I had to keep standing. Now I only need to transfer once". A staff member commented, "We treat clients as individuals. They all have different needs and likes and special ways they like things done. So that's how we work with them".

Care records reflected people's diversity and included people's religious and cultural needs. Care plans also recognised the impact of people's disabilities on their lives and how care staff should be respectful of these feelings. One person spoke about their confidence in the service and its ability to respond to their needs. They said, "I have a care plan. There is no need for change just yet. What I want and need happens".

People knew how to complain and were confident any concerns would be dealt with appropriately. One person told us, "I'm confident things would change if I spoke about any concerns". A relative said, "Yes, I'm confident change would happen if I complained". Eight complaints had been recorded for 2018. All complaints had been dealt with in line with the providers complaints policy.

At the time of the inspection, no one was receiving end of life care. People's advanced wishes had been recorded and staff told us these would be respected. Some people had stated they did not wish to be resuscitated in the event of a heart attack.

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 told us they knew the registered manager and had confidence in the service. One person said, "Definitely a good service and well managed. Best thing I ever did coming here. I'm a lot happier than I was before". Another said, "Yes, (I know) the manager and yes, she is approachable". A relative said, "I know the manager and yes I can talk to them".

Staff told us they had confidence in the registered manager and felt well supported. Staff comments included; "She [registered manager] is approachable, always available" and "[Registered manager] is good. This is an honest service and there is no culture of blame. It works well".

There were systems in place to monitor and improve the quality of the service. A range of audits were conducted that produced action plans to drive continuous improvement. These included; medicine records, care plans, staff supervisions and visit rotas. The registered manager and the area operations manager monitored audit results for patterns and trends. For example, one audit identified a number of staff probation reviews were due. We saw these reviews were conducted and completed in December 2018, in line with the action plan.

People's opinions were sought through regular 'client care quality visits' and where people raised issues or concerns, action was taken. For example, some people had raised issues relating to the building and the registered manager was pursuing these with the building's provider.

The service worked in partnership with GPs, district nurses, social services and the local authority.

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission (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.