The Orders Of St. John Care Trust

OSJCT Petypher House

Inspection report

Petypher Gardens
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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

About the service
Petypher House offers domiciliary care and 24 twenty four hour emergency cover for older people living in self-contained flats. The accommodation is either rented or shared ownership and is contained in a single building, located in Kingston Bagpuize, Oxfordshire. On the day of our inspection 11 people were receiving a personal care service. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

People's experience of using this service
People told us staff were caring and kind. Staff's commitment and knowledge enabled people to receive care from staff who knew them well.

The registered manager, domiciliary care manager and staff strived to provide safe care and support. The team worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

The registered manager and domiciliary care manager continually looked for ways to improve people's lives. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and people told us staff were punctual. Medicines were managed safely, and people received their medicines as prescribed.

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 maintain good health and to meet their nutritional needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good, published on 26 July 2017.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 safe Details are in our Safe findings below	Good
Is the service effective? The service was effective Details are in our Effective findings below	Good
Is the service caring? The service was caring Details are in our Caring findings below	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below	Good
Is the service well-led? The service was well-led Details are on our Well-Led findings below	Good

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by one inspector.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager who was registered with the Care Quality Commission. This means that they, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on leave and the service was led by the domiciliary care manager.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We also looked at 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.

During the inspection
We spoke with three people and we looked at three people's care records and three medicine administration records (MAR). We spoke with two care staff, the domiciliary care manager and the area operations manager. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Yes I'm safe, they [staff] take care of me so well."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd report to my manager, I can whistle blow and go to the safeguarding team."
- The provider had safeguarding policies in place and the registered manager worked with the local authority safeguarding team and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and environment. For example, one person was at risk of falls. Guidance on how to keep this person safe was provided for staff, who were aware of this guidance.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Yes I think we have enough staff here. If we do get short, we use agency staff."
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. People told us staff were punctual. One person said, "The girls [staff] are always on time."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager and domiciliary care manager ensured people's medicine was administered by trained and competent staff. One member of staff said, "The medicine training was good, and I get spot checks to ensure I follow safe practice."

Preventing and controlling infection

● Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
● One staff member said, "We have ample supplies of protective equipment."

Learning lessons when things go wrong
● The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, guidance had been provided to all staff following an incident involving dangerous liquids at another scheme.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience
- People were supported by skilled staff that had ongoing training relevant to their roles. One person said, "They [staff] know how to care for me. They are well trained."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I believe I am well supported here. I've been made to feel so welcome."

Supporting people to eat and drink enough to maintain a balanced diet
- Care plans contained details of people's meal preferences, likes and dislikes. Any food allergies were highlighted.
- People were supported with their meals appropriately. Care plans included guidance and advice from healthcare professionals where appropriate. For example, speech and language therapist (SALT).
- One staff member said, "A lot of clients have micro-wave meals so it is really all about preparation."

Staff working with other agencies to provide consistent, effective, timely care to support people to live healthier lives and access healthcare services and support
- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. We checked whether the service was working within the principles of the MCA

Ensuring consent to care and treatment in line with law and guidance
● Staff respected people's choices and decisions. One person said, "The staff always ask my permission if they can help me."
● Staff worked to the principles of the MCA. One staff member said, "I assume they [people] have capacity, if I have doubts I would seek advice. I make sure I observe changes in behaviour."
● Care plans contained consent to care documents signed by the person or their legal representative.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us staff were caring. One person said, "They [staff] are superb, they girls are brilliant."
- Staff knew people well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "I treat residents (people) as individuals, as if they are my grandparents."

Supporting people to express their views and be involved in making decisions about their care
- People told us they were involved in their care. One person said, "Yes, I am involved in all aspects (of care). I have my say."
- Records showed staff discussed people's care on an ongoing basis.
- Care plans evidenced people and their relatives had been involved in planning their care and support. Plans included personal information and people's preferences.
- People's emotional needs and preferences were included in care plans. For example, one person could become anxious when taking their medicine. Staff reassured to the person to reduce their anxiety.

Respecting and promoting people's privacy, dignity and independence
- People's care plans highlighted the importance of respecting privacy and dignity. One person said, "They [staff] treat me with utmost respect."
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, with washing or getting dressed.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals. For example, one person requested specific support in relation to the person preparing their own meals.
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans.
- The service responded to people's changing needs. Where people's conditions changed, care and support were updated to reflect the person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recognized. Care plans identified, recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.
- We saw some care plans were presented in large print at people's request.
- One person said, "I'd be lost without their [staffs] help with my hearing aids."

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition. For example, one person raised an issue with visit times and this was resolved.
- One person we spoke with told us they knew how to make a complaint and was confident that they would be listened to. They said, "I'd see the manager, I know something would be done."

End of life care and support

- At the time of our inspection the service was not supporting anyone on palliative or end of life care. The registered manager said they would work alongside other health professionals if care was needed in this area.
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us they thought the service was well run. Their comments included; "I think it is a good service, I know the manager quite well" and "I couldn't walk last year. Now I am starting to get mobile, albeit slowly with the work they [staff] have done so yes, it is a good service."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified issues with medicine records. Staff received advice and guidance and we saw the recording of these records had improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest. One staff member commented the registered manager and domiciliary care manager were, "Lovely, very approachable". Another staff member said, "Yes, we are open and honest here. We solve problems here."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought during 'client care quality visits' where they were able to discuss issues and raise concerns. For example, one person raised a concern relating to arranging transport for a hospital visit. The domiciliary care manager resolved the issue for the person.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. Information was also shared with staff at handovers and briefings.

Continuous learning and improving care

● The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.

● Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

● Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.