The Orders Of St. John Care Trust

Oxlip House

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

This inspection took place on the 9 November 2016 and was unannounced.

Oxlip House provides personal care and with a designated team of carers based within a housing with care scheme with 52 self-contained flats. On the day of our inspection there were 32 people receiving personal care support.

There was a registered manager. 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.
At our previous inspection in July 2014 we found the provider did not always protect people against the risks associated with the unsafe management of their medicines.

At this inspection whilst we found some improvements had been made, we identified a continued breach in relation to the management of people's medicines. However, in response to our findings, and within 24 hours the provider took immediate action to rectify the shortfalls we identified. This included swift action to review and update the provider's medicines management policy to reflect national guidance and include vital information within management audit tools. These were distributed to other scheme manager's throughout the organisation.

People's safety had been considered and they were at a reduced risk of harm as staff understood their roles and responsibilities in relation to action they should take to safeguard people from the risk of abuse. Training staff received supported them to have the required knowledge and procedural guidance as to the action they should take in reporting to the appropriate authorities, should they suspect people were at risk of being harmed.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs. Staff received training, supervision and support to provide them with the knowledge and skills they needed to meet the needs of people living at the service. Training included supporting staff to understand their roles and responsibilities with regards to the Mental Capacity Act 2005. This meant staff understood the legal requirements to seek consent and provide care and treatment in a manner which protected and upheld people's human rights.

Staff were provided with regular supervision and annual appraisals. This enabled staff to be supported and provided with opportunities to discuss their work performance and plan their training and development needs. The manager had systems in place to carry out spot checks on staff performance and in assessing the quality and safety monitoring of the service. The manager followed safe recruitment practices with steps taken to assess that staff employed were of good character, competent and had the necessary skills for the work they performed.

People were satisfied with the care provided. Everyone we spoke with expressed their satisfaction with the way the service was managed and the support provided by staff. People told us they felt safe and were treated with kindness and compassion. They also told us their dignity had been respected when staff supported them with personal care and their independence encouraged.

The care needs of people had been assessed prior to their moving into the service. Risks to people's health and wellbeing were clearly identified and actions in place to minimise these.

People were provided with opportunities to express their views regarding the quality of the service. Regular meetings were held and their views regularly surveyed. People were knowledgeable about the provider's system for receiving and responding to complaints.

The culture of the service was open, transparent and focused on the needs of people who live at Oxlip House. Staff were supported by the manager who they described as supportive and approachable. The quality and safety of the service was monitored regularly by the manager and the provider.

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.

Where we identified shortfalls in the management of medicines, prompt action was taken by the provider to mitigate the risks to the health and safety of people.

The provider had systems in place and staff trained to reduce the risk of people experiencing abuse and poor care.

There were enough staff employed to keep people safe and meet their needs. The manager followed safe recruitment practices with steps taken to ensure that staff employed were of good character, competent and had the necessary skills for the work they were employed to perform.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to provide them with the knowledge and skills they needed to meet the needs of people living at the service. Training included supporting staff to understand their roles and responsibilities with regards to the Mental Capacity Act 2005. This meant staff understood the legal requirements to seek consent and provide care and treatment in a manner which protected and upheld people's human rights.

People had been involved in the planning and review of their care. They were asked their preferences and choices. Staff supported people to maintain their independence.

People were supported to stay healthy, active and well.

Is the service caring?

Good

The service was caring.

People were positive about the care they received. Staff supported people in a manner that was kind and supportive of their privacy and dignity.

People had been consulted and staff guided in how best to support people in promoting their dignity and independence.

Staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences had been assessed and implemented in planning their care.

People were involved in making decisions about their support. Information was provided about the service and care plans were kept in people's flats where people had access to them. This meant that people knew what to expect in terms of their support visits.

People were confident in the management of the service and knew how to raise concerns. People's complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The culture of the service was open and transparent. Staff morale was positive.

Staff were supported by the manager and described an open, friendly, caring culture where they were able to raise any issues or concerns that they had.

People told us they received a good service and were confident in the management of the service.

The quality and safety of the service was monitored regularly by the manager and the provider.

Oxlip 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 inspection took place on the 9 November 2016 and was unannounced.

This inspection was carried out by two inspectors.

We reviewed the previous inspection report to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with 14 people who were able to verbally express their views about the quality of the service they received and three people's relatives. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to six people's care. We spoke with the visiting St John's Trust, regional Domiciliary Manager and six members of staff.

We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality and safety of the service.

Good

Is the service safe?

Our findings

At our last inspection in July 2014 we had moderate concerns about the safe handling of people's medicines and the lack of robust and effective audits which would identify and respond to medication errors. We asked the provider to send us an action plan describing how they would make improvements. We found at this inspection that whilst there had been some improvement, further work was required to meet the necessary requirements.

Personalised risk assessments were carried out in the planning to meet people's care and treatment needs. In relation to the management of people's medicines these were not always sufficiently detailed or accurate. Care plans did not always clearly state what support people required with the management of their medicines. For example, it was not always clear who took responsibility for the ordering, receipt and disposal of medicines. Following discussions with staff we identified a number of people whereby the service took responsibility for the ordering of people's medicines, took delivery of and staff administered people's medicines. However, this level of involvement had not been described in their plan of care.

We were unable to carry out any audit of medicines stock against administration records as the amount of stock received into the service had not been recorded. Staff told us they were unclear about the level of support and whose responsibility it was when unused stocks of medicines needed to be returned to the pharmacy for safe disposal. We found several people with an extensive stock of medicines in their flats. For example, one person had 10 boxes of paracetamol which amounted to 700+ tablets. Another person had 10 boxes of Warfarin, an anticoagulant medicine used for thinning the blood. This amount of medicines was far in excess of what was required. We also found another person where staff took full responsibility for the management of this person's medicines to have seven bottles of Senna, a laxative amongst other prescribed medicines. This medicine had not been recorded on the person's medication administration record. Staff were unable to tell us whether or not they were expected to administer this medicine.

During our inspection we discussed our concerns with the trust's regional, domiciliary area manager. They immediately responded as it was within their remit to do so to rectify the shortfalls we found. Action was taken to update the organisations medicines management policy and this was distributed to other scheme managers throughout the organisation. They also implemented a medicines stock received record to ensure a robust audit trail of medicines into and out of the service. This meant that checks could be made to ensure people had received their medicines as prescribed. The management audit tool used by manager's to check that people's medicines were managed safely was updated to ensure an audit of stock was carried out against administration records to enable them to identify medicine administration errors. We received within 24 hours of our visit to the service, confirmation from the provider that the care plans we had identified which did not record the level of support the service provided to individuals in the management of their medicines had been updated with the plan of care for the process for ordering receipt and disposal of medicines. This prompt action assured us that the provider had taken appropriate steps to mitigate the risks to the health and safety of people where staff took full responsibility for the management of their medicines.

Everyone we spoke with told us they did not have any concerns about their safety as there were sufficient numbers of staff available to meet their needs. One person told us, "They [staff] are kind and helpful. I don't worry, if I need help I just press the alarm [pointing to pendant alarm around their neck] and you get immediate attention." A relative told us, "They [staff] come when they are supposed to and I don't worry as I know [relative] is taken care of." However, people and their relatives did express concern regarding the decision taken by the provider to remove the team leader role. One person told us, "It is a shame they do not have team leaders anymore as there are times when there is no one in the office. At weekends there is no one in charge and if there is we don't know who that is."

We noted from discussions with staff and a review of policies and procedures available for staff that the provider had a whistleblowing policy in place. Safeguarding policies and procedures provided staff with guidance in what they should do in response to allegations of suspected abuse and steps for staff to take to protect people from the risk of harm. Staff told us they had received up to date training in recognising the signs of abuse and demonstrated their understanding of the provider's whistleblowing policy and what action they would be required to take. They were clear about how to make referrals directly to the local safeguarding authority if they ever had concerns about people's safety.

One member of staff who had received training as part of their induction told us, "The training I received equipped me to know what to do if I was worried about anyone. We know how to look for signs of abuse. We are told to speak to the manager if we have any concerns." The manager demonstrated their knowledge in reporting concerns to the local safeguarding authority for investigation if required.

People had their call bell within easy reach which meant they could call for staff support whenever this was needed if they had the capacity to do so. When we asked people if there was enough staff to meet their needs their comments included, "They do stay for the amount of time they are booked. If you press the button [alarm call bell] they are there", "They always turn up", "So far they have come when they are supposed to" and "The time of your call can vary. They have so many people who want to get up at the same time but that's life, they have enough staff around. There have been some agency staff but not so much lately." One person described to us recently falling at night and said, "I couldn't get up but the staff came quickly to help."

During the morning of our visit there was no manager on site until the regional trust domiciliary manager arrived later in the day. When we first arrived we asked staff who was in charge. There was confusion amongst the staff team as to whom amongst the team if anyone had been delegated to be in charge of the service in the absence of a member of the management team. We discussed this with the provider who told us there were arrangements in place to deal with foreseeable emergencies and would remind staff of the system of delegation in place.

The provider and staff told us there was an on call out of hours duty system which enabled staff to access senior staff advice and support evenings and weekends. Care plan documents contained up to date emergency contact information, including contact details for relatives and doctors. Personal evacuation plans were in place for each person who used the service and these explained what support the person would need in the case of an emergency evacuation of the housing with care site. This provided information to guide staff and emergency services should this be needed in the event of an emergency.

The service recruited staff in a way that protected people. A review of staff recruitment files showed us that application forms had been completed which identified any gaps in applicants previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this setting. References and DBS checks had been

confirmed before staff started working at the service. This meant that the manager followed safe recruitment practices, with steps taken to assess that staff employed were of good character, competent and had the necessary skills for the work they were employed to perform.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. They told us that staff had the necessary skills and knowledge to meet their needs. One person told us, "They are all very capable." Another said, "When the new ones start they are not very confident but they soon learn and pick up on what' right."

We spent time talking with people in a large group of people setting during their pre-arranged coffee morning. We asked if people had experience of staff responding to emergencies. People were positive in their responses and said staff supported them well with emergency first aid where required and appeared to be knowledgeable about what to do including how to access specialist emergency aid.

Staff said they were supported with access to their manager and that they received regular opportunities for one to one meetings with their manager as well as staff meetings where they could discuss concerns and plan their training and development needs. Staff performance including spot checks observing the quality of care provided were carried out by the manager on care staff. These checks were undertaken to look at the competency and knowledge of staff and provide support with further training if required. Records of these checks had been maintained.

We reviewed records of newly appointed staff induction programmes. These showed us staff had been advised of the providers policies and procedures which included safeguarding people from the risk of abuse and how to respond, responding to emergencies, health and safety within the workplace and the provider's admissions and discharge policy.

Newly appointed staff told us they had benefitted from a comprehensive induction programme. This included induction training; emergency first aid, safe food handling and safe procedures for moving and handling people. Staff told us at the start of their employment they worked alongside other staff shadowing them to get to know people and become familiar with their care and support needs before they started working alone. One member of staff told us, "The length of shadowing opportunities varies according to your needs. They listen to you and wait until you feel confident before you work alone. There is always someone to help and support you if you are unsure of anything."

Discussions with staff and training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld.

We observed and people told us they were asked their consent before they received care. Care staff demonstrated how they asked permission before doing anything for or with a person when they provided care. Staff told us how they supported people to make decisions about their everyday lives and gave examples of supporting people to maintain their independence. For example, people were offered a choice of the time they got up in the morning and their preferred time of being supported to go to bed. People told

us that the service provided was flexible if routines changed to accommodate trips out or hospital appointments. Staff also gave examples of how they supported people living with dementia citing examples of best practice where people may become distressed and anxious.

On-site catering facilities were provided for people to access a variety of hot meals. This service was provided by external caterers. Staff supported people with limited mobility to and from the dining room as part of their package of care. People were provided with a choice of what they ate and some chose to receive support from care staff with the heating up of pre-packed meals within their flat. We observed staff offering people a choice of food and they checked throughout the day to ensure people had access to drinks. People told us they were satisfied with the support they received from staff and were provided with enough to eat and drink. One person told us, "They [staff] prepare my breakfast for me. They always offer me a choice of what I want to eat."

Some people were able to manage their healthcare independently or with support from their relatives. People had access to their choice of GP surgery. People told us that when required staff had supported them to hospital appointments. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses and occupational therapists. Staff gave us examples of how they supported people at risk of developing pressure sores including their consulting with GP's and other specialists to enable people to access the professional support they required. This showed us that staff were knowledgeable regarding what action they should take to ensure people's health care needs were met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind, caring and polite. Feedback was consistently positive about the standard of care they received. One person told us, "They are all very kind." Another said, "They care for me like family."

We observed staff and people to have positive, enabling relationships. Staff clearly knew people well and spoke with empathy and respect when referring to people. There was lots of friendly interactions and laughter. People told us staff were kind and caring in their approach and that as they received consistent care from regular carers and described how this enabled them to develop good relationships with them.

We spoke to a visiting hairdresser who told us, "This is a good service and people are well looked after. I'm booking myself in."

Staff respected people's wishes and provided care and support in line with their choices and preferences. People told us staff always checked to see if they needed any further support before they left. They also told us that staff respected their dignity when providing them with their personal care support needs. One person told us, "They reassure you and chat to you, this helps put you at ease. They are a God send to me, if I want to have a chat there is always someone to have a chat to." Another said, "They protect your dignity when I have a shower and know how to make me feel comfortable."

People told us they had been fully involved in making decisions in the planning and review of their care. They said they had been given information before they moved to the service and provided with the opportunity to reflect on their care experience when the manager asked them on a regular basis how things were going in terms of the support they received.

People told us that they were informed when staff would be running late. One person told us, "They have a lot of people to see to and sometimes things don't always run according to plan but they do their best to get here on time. If they are running late they let you know." Another said, "I have a copy of my care plan. The staff write in the folder and you can see what it written, I can read it and so can my family, nothing is hidden from you."

Care plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one care plan we reviewed described how best staff should support the person with complex health care needs, describing in great detail their wishes and choices with regards to the support they required with their personal care.

Staff spoke to and about people in a respectful, caring, compassionate manner. Staff were provided with guidance in care plans as to how people chose to be addressed and how to support them with dignity when providing personal care and when responding to people who presented as anxious. We were therefore assured that staff had been guided appropriately and the values and ethos of the service valued people as individuals with a right to choose how they lived their lives.

Staff and the manager were aware of their responsibilities to protect people's confidentiality. They understood they were bound by a legal duty of confidence to protect people's personal information. People's records located in the location office were maintained securely. One person told us, "They [staff] don't gossip about other people. If you ask them about other people they don't tell you much. It's reassuring to know that you can rely on them to keep your business private."

Good

Is the service responsive?

Our findings

People told us that the care they received was personalised and responsive to their needs. We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning of their care. They gave us examples of when staff had responded to their changing needs. For example, in response to an emergency or when adjustments had been made to the timing of their support visits due to their need to attend health care appointments or in preparation to enjoy days out with their relatives. This meant that where possible care was provided in a flexible way in response to people's needs.

There was a variation in the amount of information provided and the quality of care planning, including risk assessments and guidance for staff to protect people from the risk of harm. Some care plans were very detailed whilst others were brief in the amount of information provided. The manager told us they were in the process of improving systems to ensure information was consistent and care plans regularly reviewed and updated to reflect people's changing needs. However, all care plans we reviewed were written in a manner which oriented towards recognising people's choices and supporting their independence.

Staff recorded in a daily log the care and support they provided which was kept in the person's home. Staff described how the person was feeling, the food prepared and any contact with others such as healthcare professionals.

Staff shift handover records were maintained to ensure that up to date information regarding people's changing needs and appointments scheduled were effectively communicated from one shift to another.

Everyone we spoke with was satisfied with the way care was provided. Staff were knowledgeable of people's needs. They described how they worked to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves. Access to mobility equipment and aids to enhance people's quality of life was supported and action taken to ensure people's needs were assessed and support planned effectively. This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them and shown what was needed to support people to have their care and support needs met.

People told us they had confidence in the management to deal with any concerns they might have. One person said, "We can always talk to one of the staff or the manager if you have a problem or anything worrying you." Another told us, "Any issues [the manager] takes in hand and gets it sorted eventually… although I don't think we have a lot to complain about."

There was a formal system in place for responding to complaints. Information which guided people as to

this process was provided to people on admission to the service. The provider had a clear complaints policy. The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. We saw that one complaint had been received within the last year. There was a clear audit trail which described the investigation and the response to the complainant.

Good

Is the service well-led?

Our findings

Everyone we spoke with was satisfied with the service they received living at Oxlip House. People told us the service was well led. One person told us, "They do checks on carers every few months. They run a tight ship, they are good, very good." Another said, "We always know where to find them If we need their attention to address any concerns we have." A relative told us, "There is a good atmosphere here. The staff team are all so helpful and if you need to have a moan the manager takes action to get things sorted."

Staff told us that they were supported by the manager and described the culture of the service as friendly and caring and the priority was meeting the needs of people living in Oxlip House. Spot checks on staff performance were carried out on a regular basis to assess the quality of the care people received and identify gaps where staff may require additional support with training.

All staff we spoke with told us that staff morale was good and that they enjoyed working at the service. Comments included, "This is a good place to work. There is a good atmosphere. We support one another"; "There is always support from the manager when you need it. I don't worry about having to go to the office" and "We are a solid, happy team."

Staff told us and records we reviewed showed us that staff were provided with regular opportunities to discuss any concerns they might have. For example, through staff meetings and regular supervision meetings. This meant that they had been provided with opportunities to meet with their manager to discuss their work performance and plan their training and development needs. Minutes of staff meetings we reviewed demonstrated a team of staff who looked at ways to improve the quality of life for people and promoting team working in their planning towards continuous improvement of the service.

The manager carried out a regular monthly quality and safety audit which included assessment and analysis of incidents and accidents including the monitoring of falls and emergency calls. This information was cascaded to the provider who analysed this information across all services to enable them to identify any trends and plan for future improvement of the service. For example, where the need had been identified to provide additional environmental resources and further staff training.

We saw from discussions with the trust domiciliary regional manager and a review of records that the provider also carried out annual quality audits of the service. These audits covered areas such as health and safety, medicines management, staff training and assessing the quality of the care people received. Where shortfalls had been identified action plans with timescales had been put in place. Annual surveys were conducted to enable people to express their views as to the quality of the service they received. This meant that the provider had systems in place with oversight of the service to monitor and mitigate the risks to people's welfare and safety.