

The Orders Of St. John Care Trust

OSJCT Madley Park House

Inspection report

Madley Way
Witney
Oxfordshire
OX28 1AT

Tel: 01993890720
Website: www.osjct.co.uk

Date of inspection visit:
20 August 2021

Date of publication:
20 September 2021

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

Madley Park House is a residential care home providing personal and nursing care to 47 older people at the time of the inspection. The service can support up to 60 people.

People's experience of using this service and what we found

People living at Madley Park House were supported to lead purposeful lives, engaging with their families and the local community. Whilst adjustments had been made due to the restrictions of the Covid-19 pandemic, measures had remained in place to ensure meaningful relationships and people's overall health and wellbeing was maintained.

People were safe. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. On the day of our inspection, there were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment.

People were supported to meet their nutritional needs and complimented the food at the home. People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suite people's preferences. Staff supported people to maintain food and fluid intakes, including, through the use of snacks, and making people hot drinks to help them relax and maintain their comfort.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that included the use of technology to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

The last rating for this service was Good. Published 18 December 2018.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 in our Well-Led findings below

Good ●

OSJCT Madley Park House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

Madley Park House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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.

Notice of inspection

This inspection was unannounced. We visited the service location on 19 August 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 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. In addition, we contacted the Local Authority commissioners for their views on the service.

During the inspection

We spoke with eight people and one relative. We looked around the home and observed the way staff interacted with people. We looked at three medicine administration records (MAR). We spoke with eight members of care staff and the registered manager, operations manager, head of care, the chef, kitchen assistant, and a member of the house keeping team. We looked at three recruitment and training records as well as health and safety processes.

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 felt safe living at Madley Park House. Comments included; "Oh yes staff lovely, unfortunately some staff have left" and "Yes I am safe".
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff told us, "If I had a concern I would tell my manager and contact you guy's (CQC)".
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and pressure area management. Staff anticipated people's risks, were familiar with them and followed risk management plans.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- On the day of our inspection, the service had enough staff to meet people's needs. We saw people were attended to in a timely manner but staff were busy. The registered manager and staff told us they were recovering from a period of staff shortages. One staff member said, "It was really tough for while, we struggled to cover shifts but we got through it. Things are now getting much better". The registered manager said, " We are now in a much better place. New staff are coming on line and we now have, almost a full compliment of staff".
- People and relatives told us there were enough staff to meet their needs. One person said, "They have been quite short staffed lately. There have been some agency staff and they have been lovely". Another person commented that when they pressed their call bell staff, "Come as quickly as they can".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were in place throughout the service, in line with government guidance.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk management plans were in place where there were limitations on space such as in the people carrying lift and stairways. People were supported to access spacious, communal seating areas, while maintaining social distancing for example, at the dining table.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date. The provider's policy was up to date and reflected best practice.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A visiting policy was in place and people had individual visiting risk assessments.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- 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. Learning was shared across the organisation.

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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Madley Park House.
- People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support 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

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. Staff told us they had enjoyed the induction process and said, "I had induction. It was confidence building and useful. Training was very interesting and very good".
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- Mealtimes were not rushed and were supported by enough members of staff who provided personal support. The dining environment was pleasant, and food was well-presented. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "Nice meals" and "I can have snacks as well."
- We spoke with the chef who told us, "I know our residents preferences and dietary needs so I work to give them what they want and need. I can always provide an alternative if that's what they want".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.

- Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were several highly decorated sitting areas around the home where people could spend their time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas. The outside space had quiet areas for people to see their visitors

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives. One person told us, "I choose, I go to bed when I want and I like to get up early so I do."
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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 were positive about the caring attitude of the staff. People said, "
- Relatives told us staff were caring and provided compassionate care. They commented, "Staff are very kind and very patient" and "[Staff] are very busy but kind, they have a nice manner".
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. For example, one person was supported to take part in religious services. Staff treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. We asked one person if they felt involved in their care. They said, "Absolutely, all fine, no problems."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "I think [person] is treated with respect, yes."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept

in secure office's and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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 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

- The service understood the needs of different people and groups of people, and delivered care and support in a way that met those needs and promoted equality. Staff knew people well and understood their individual needs. We saw some very caring and meaningful interactions between people and staff.
- People told us how staff provided personalised care. One person said, "Yes it is very good. I asked to move rooms and they moved me."
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a programme of activities which were overseen by staff. Activities included exercise classes, flower arranging, painting, games and music sessions.
- People told us they were involved with the activities and said, "I was taken to the garden centre by staff when I couldn't get out myself" and "There has been more activities since new staff have been arriving".
- Some people chose not to attend activities and staff respected their wishes. They told us that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.
- The service had an proactive approach to using technology. The management team and staff used technology to engage with people and their relatives during the lockdown period.

End of life care and support

- At the time of our inspection no one at the service was on end of life care.
- People's advanced wishes were recorded in their care plans and staff told us these wishes were, "Always respected".

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.

- The provider complied with the Accessible Information Standard by identifying, recording, sharing and

meeting the information and communication needs of people with a disability or sensory loss.

- People had communication needs assessments completed as part of the care planning process. For example, guidance was provided for staff in relation to people's sight and hearing needs.
- Information was accessible to people in different formats. We also saw staff showed people meal choices during lunch.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place, clearly displayed around the home.
- People and their relatives told us they knew how to make a complaint. One person told us, "I would never dream of complaining". Another person told us how a concern was addressed. They said, "They [staff] were very good. They quickly found my missing items".
- Complaints were dealt with compassionately, in line with the providers policy.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well-led. They said, "Well-led, yes, I would say they are. Under the circumstances I am very pleased" and "I am happy, they are very kind and helpful".
- Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is good, she listens and is very supportive" and "[Operations manager] is great. You know where you stand with her but she has helped me both in work and with a personal crisis".
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through the providers monitoring and audits systems. This provided effective oversight of what was happening in the service, meant concerns were responded to in a timely way and allowed reviews of care to be completed consistently. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.
- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "I get emails about what is going on in the home." The service involved people, their families. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, adjustments to the menu we implemented following people's feedback.

- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The registered manager said, "Staff have been amazing, not only during the worst of the pandemic but during the period of staff shortages. I can't thank them enough".

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

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- 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.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- The registered manager was a member of the National Activities Providers association and the National Care Forum. They told us this was "A good source of knowledge and support".