

The Orders Of St. John Care Trust

# OSJCT Isis House Care & Retirement Centre

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

OSJCT Isis House Care and Retirement Centre accommodates up to 80 people in one purpose-built building. On the day of our inspection 76 were living in the home.

### People's experience of using this service

People told us staff were caring. Staff's commitment and compassion enabled people to receive care from staff who knew them well.

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. 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.

The registered manager and staff strived to provide safe care and support. The registered manager 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.

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. The registered manager was robustly supported by the area manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

At our last inspection in April 2017 the service was rated as Good.

### 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 in our Well-Led findings below

**Good** ●

# OSJCT Isis House Care & Retirement Centre

## **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 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

OSJCT Isis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 seven people and four relatives. We looked at five people's care records and five medicine administration records (MAR). We spoke with six care staff, two nurses, two kitchen staff, the area manager and the registered manager. We also spoke with a visiting healthcare professional. We reviewed a range of records relating to the management of the service. These included four staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. In addition, we received feedback from the local authority on their opinion of the service.

# 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, "I feel safe here, especially at night. I can ring my bell, and someone will come".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd report to my line manager and I can call CQC (Care Quality Commission)".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams 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, environment and emotional wellbeing. For example, one person was at risk of developing pressure ulcers. Measures were in place to manage this risk including pressure relieving equipment and regular monitoring of the person's skin.
- 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, "I think there is enough staff".
- Records confirmed there were sufficient staff to support people. Staff rotas evidenced planned staffing levels were consistently maintained.
- 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 register manager ensured people's medicines were administered by trained and competent staff. One member of staff said, "I have been trained, I know what I am doing. I am also checked regularly".
- Medicines were stored safely and securely, in line with manufacturers guidance.

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 gloves and aprons".
- Where people's condition exposed them to the risk of infection, additional guidance was provided to staff to manage the risk. For example, where people used a catheter.

#### 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.
- The manager had introduced systems to reduce the risk of incidents reoccurring. For example, following falls, people were referred to healthcare professionals for assessments".

# 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 guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- 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 do feel supported. I have regular supervision with my line manager".

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. One person said, "I like the food, I really like it". A relative commented, "The food always looks good and staff are really patient when helping [person]".
- Where people required special diets, for example, diabetic or pureed, these were prepared by the kitchen. Where people were at risk of malnutrition, staff monitored people's food intake and weighed them regularly.

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, speech and language therapist (SALT) 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. 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

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

- One person told us, "The girls [staff] never do anything without asking first, and I am never rushed".
- Staff respected people's choices and decisions. We observed staff routinely seeking people's permission to support them and respecting their wishes.
- Staff worked to the principles of the MCA. One staff member said, "Where residents struggle with decisions, I work in their best interests, but I am mindful to always respect their choices".

# 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 care they received and told us staff were caring. One person said, "I am well cared for here".
- 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, "The unit I work on is like a home from home. Residents are like family, all different".

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, "Am I part of things here, yes I am".
- Records showed staff discussed people's care on an ongoing basis.
- We observed staff involving people in their care. Staff explained things to people and offered choices. People's decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy.
- People's care plans highlighted the importance of respecting privacy and dignity. One staff member said, "I close doors and draw curtains when providing care".
- People were supported to be as independent as possible. One staff member said, "I try get residents to be independent". Care plans prompted staff to encourage people to be independent. We saw some people going out independently to the local area.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in office's which were 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.

# 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 meet their intended outcomes and goals.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. People told us their needs were met.
- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans. For example, one person enjoyed reading. We saw a range of books and reading material in their room.
- People were able to engage in a range of activities including; music, games, crafts, a shop and a hairdresser. People also enjoyed events and trips out of the home to local places of interest. One person said, "There's plenty to do if you want to".

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 observed staff supporting people to access information. For example, we saw a member of staff offering to clean a person's glasses for them.

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.
- People knew how to make a complaint and were confident that they would be listened to. One person told us, "I have a voice and I'm not afraid to speak up. I know they would listen".

End of life care and support

- At the time of our inspection no one at the service was receiving 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. Advanced wishes were shared with GPs and the ambulance service.

# 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. One person said, "The manager is very approachable and a visible presence in the home which is good as she is not locked in an office somewhere".
- 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 relating to infection control. We saw action had been taken to resolve the issues. The registered manager was robustly supported by the area manager who regularly visited the home.

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 manager and provider. One staff member commented, "[Registered manager] is very good and very supportive". Another said, "I find the manager approachable, a good listener who takes action".
- The Care Quality Commission (CQC) 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 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 views were also sought through meetings where people were able to discuss issues and raise concerns.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

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.
- Reflective meetings were held to improve the service. For example, where communication between the service and healthcare professionals needed improvement, action was taken, and a system put in place to ensure information was shared with district nurses and the Care Home Support Service on all admissions to the home.

#### 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.
- We contacted the local authority for their views on the service. We were told 'I have no concerns with Isis House. [Registered manager] knows what she is doing'.