Saint John of God Hospitaller Services

The Minims (12 & 31)

Inspection report

31 The Minims
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Date of inspection visit:
16 June 2016
20 June 2016

Date of publication:
29 July 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 16 and 20 June 2016 and was unannounced. At our last inspection on 24 April 2014, the service was found to be meeting the required standards in the areas we looked at. The Minims provide care and support for up to twelve people with a learning disability. Accommodation is provided in two self-contained bungalows at 12 & 31 The Minims. At the time of the inspection there were 12 people who used the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. At the time of our inspection the registered manager was not in work, there was an interim manager at the home.

Where people had been supported with medication the interim manager was unable to demonstrate that audits had been completed to help ensure safe practice.

People were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance. However we found that some refresher training was overdue and there was not always sufficient staff to meet people's needs.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to help keep people safe.

People were supported to maintain good health and had access to health and social care professionals when necessary. People enjoyed a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their families' access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were supported to take their medicines by trained staff. However this had not been monitored to help ensure peoples safety.

There was not always enough staff to meet people's needs

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions met the requirements of the MCA 2005.

Staff were trained and supported to help them meet people's needs effectively.

People enjoyed a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff

that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Opportunities were not always provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People received personalised care that did not always meet their needs, preferences and personal circumstances.

Guidance made available to staff enabled them to provide care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Effective systems were not in place to quality assure the services provided, manage risks and drive improvement.

People and staff were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities but felt there was not enough staff.

The Minims (12 & 31)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 16 and 20 June 2016 and was unannounced. The inspection was carried out by one inspector. The provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who lived at the home, two relatives, four staff members, the interim manager and deputy the service improvements manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people, two staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe here everything here makes me feel safe." One relative said, "They are safe there". They went on to explain that their relative is independent; when they go out on their own they have a mobile phone to enable them to contact the home if required.

Staff supported people to take their medicines. Staff confirmed two staff always administered medicines to ensure people's medicines were given safely. They explained that the role of the second staff member was to check that the process was completed correctly. However, we found that there had been no medicine audits completed to ensure that medicines were managed properly. We spoke with the interim manager about this and they put an audit in place following first day of our inspection. We also found that medicine training for staff was not up to date however the manager booked further training dates for staff. We found that regular temperature checks were not completed to monitor room and fridge temperatures and stock checks of medicines given when required for example, paracetamol were not monitored properly to ensure all medicines could be accounted for. Following the first day of our inspection, the audit the home performed identified that there had been some paracetamol missing that they could not account for. This meant that there was not a safe system in place to manage medicines.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

We found that there were not always enough staff to meet people's needs, the interim manager confirmed staffing levels were reviewed. However we found that people were not always supported to go out due to staffing levels. One staff member said, "We do not always have enough staff to meet people's needs." We found that people were supported to attend planned events as staff cover would be in place. However, when people wanted to go out on the spur of the moment this was dependent on the staffing cover at that time. We also found examples of where one person had not been supported to maintain their interests due to their changing behaviour. This had not been managed properly to ensure that measures were in place to support their independence. We looked at their recorded activities and found that the person had not been supported to go out for a period of two weeks. The interim manager had recognised this and had put in place a plan that staff needed to ensure the person was able to go out on a daily basis and this included visiting the other bungalow for a change of scenery and going out shopping with staff. We saw evidence that this was now happening. However, more needed to be done to ensure the person interests were being met.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were reviewed and all relevant checks were in place before staff were allowed to start their employment. People who used the service had the opportunity to be part of the interview process and coffee mornings were arranged to introduce potential staff. The interim manager said that people had an opportunity to feed back about how they felt about potential new staff.

We saw that information and guidance about how to recognise the signs of potential abuse and report

concerns, together with relevant contact numbers, was displayed throughout the home. Information was also made available in an 'easy read' format that used appropriate words and pictures. One staff member told us, "I have done my safeguarding training." Staff we spoke with were able to demonstrate that they understood how to recognise and report potential abuse. One staff member said, "I would report any concerns to my manager."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. People were supported to develop their independence. For example, we saw that people had received support with road safety sessions and had personal development plans in place to support them to take risks safely.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, one person who had difficulty with swallowing and was at risk of choking they had been assessed by the Speech and Language Therapy team. Measures to reduce their risk were in place with guidance for staff. For example, drinks were thickened and their food was prepared to a soft consistency and cut into small pieces. The interim manager told us they took appropriate actions to reduce risks.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Care plans we looked at contained personal evacuation plans for the people who used the service.

Good

Is the service effective?

Our findings

People who lived at the home and their relatives were positive about the abilities of the staff. One person said, "The staff help me make my bed." A relative commented, "It is absolutely excellent, they are looked after well. [Name] is healthier than they have ever been, they are eating well."

Staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. We found that not everyone's training was up to date. However staff were able to demonstrate they knew the people they supported and were competent to provide support. The interim manager reviewed staff training following the inspection and arranged training for staff to cover shortfalls. We saw training included areas such as moving and handling, food hygiene, medicines, first aid and infection control. One staff member said, "The training is good I have done the care act training." New staff confirmed that they work alongside experienced staff before being able to work unsupervised. The interim manager told us that agency staff who worked at the home had to complete an induction and they also worked alongside experienced staff before being able to work unsupervised. Agency staff we spoke with confirmed this.

Staff told us they felt supported by the interim manager and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. We saw and staff confirmed that they had regular supervisions where their performance and development was reviewed. A staff member commented, "I love working here, I love my job; there is always someone to turn to for support. We have good teamwork here."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were supported to have capacity assessments and best interest meetings to ensure that their best interests were met. The registered manager had applied for authorisations to deprive people of their liberty where appropriate.

Throughout our inspection we saw staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Staff always ask me what I want." Staff spoken with confirmed they understood the importance of choice and gave examples of how they promoted choice. One staff member said, "We offer choices with everything we do from what you would like to eat or what you would like to do." We observed people being offered choice for their lunch. One person chose to have soup and the staff member went to the cupboard and returned with three different soups for the person to

choose their preference. Another person said, "We are asked what we like and we all sit around the table and talk about what we would like to eat."

There were weekly meetings to discuss people's choices around food. Staff made considerable efforts, and used a variety of effective communication techniques, to help people decide what they wanted to eat and drink. For example one person was supported with the use of pictures and staff said when offering them a drink they would hold a glass for cold drinks or a cup for hot drinks. One person spoken with confirmed there were meetings to discuss the menu. Another person said, "I like the food. "Another person told us that they enjoyed baking cakes and that the food was good. We saw people were offered choices and staff were happy to support people. People were happy to talk about the food one person said, "The food is very nice and we have good dinners."

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We found people were supported to see other professionals such as: dentist's opticians and GPs. People received care, treatment and support that met their needs in a safe and effective way. Staff were knowledgeable about people's health and care needs. One relative said, "Staff always ensure that they see the GP if there are any problems; they are really good with things like that."

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I like the staff, they listen to me and they are kind." One relative said, "I am not as mobile as I once was but the staff bring my [Relative] to visit me on Sundays."

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I like the staff, they listen to me and they are kind." One relative said, "I am not as mobile as I once was but the staff bring my [Relative] to visit me on Sundays."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "My brother visits me when he can". The interim manager confirmed that people were welcome to visit at any time. One relative said, we can visit at any time and they also come to us. When we are there staff are always kind and caring and [Name] is happy there."

We saw staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us, "I am happy here." One staff member said, "We support people to be independent by encouraging them to do what they can."

We found people were fully involved in the planning and reviews of the care and support provided. One staff member said, "We speak with people about what they want every day." Staff told us they read people's care plans. The interim manager said people had a key worker who updated the care plans, with people. There were annual reviews with the person and their family, if appropriate. They were involved with updating their care plans. Where people lacked capacity they would be supported to do this with the appropriate professionals where required. We saw in one person's care plan that they had been supported with an independent advocate to support their best interests. One relative told us they had recently been involved in a review of their relatives care. They said, "The meeting lasted for two hours and [Relative] was the lead and was asked about what they wanted."

We found confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice, was made available to people and their relatives when required.

Requires Improvement

Is the service responsive?

Our findings

Opportunities were made available for people to take part in activities and social interests relevant to their individual needs and requirements, both within the home and the local area. For example, one person told us, "I like to do the gardening." The interim manager told us, "[person] enjoy the garden and see this as part of their job."

We saw people had been supported to do things they enjoyed; one person liked to go to the local tea shop and have a cup of tea and staff supported them to do this. Three people were leaving to go on holiday with support of staff. However whilst most people were supported we saw one person who liked to go swimming had not been supported to do so. The interim manager said the person's behaviour had changed and staff were not confident to support the person at the swimming pool. The interim manager had recognised that this needed to change and was working to improve staff confidence. However, there had been no review of the situation to see what support was required to enable them to go swimming. People did not always receive personalised care and support that met their individual needs.

We were told one person would stand by the front door to communicate that they wanted to go out. However this did not always happen and depended on availability of staff. We saw where appointments or trips were planned in advance staff cover would be available but this was harder to manage on a day to day basis. One staff member said, I love my job and I love working here but we are short staffed. The interim manager said there was enough cover to meet people's needs. However, they had recognised the need for more social activities and were actively recruiting staff. Social activities had recently been reviewed in a staff meeting, where managers had arranged for a person with experience in providing activities to attend and discuss how staff could develop activities with people. We were told in the day of our inspection by staff that one resident would not be able to attend their chosen activity that evening because they did not have the staff to support. The person did attend the activity as the interim manager told us they provided the cover required.

Staff had access to information and guidance about how to look after people , based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care. One person said, "I'm going to a meeting today". We saw two people had been supported to attend a meeting that encouraged people to have their say and discuss any issues or ideas people might have. People had been involved designing 'Your rights explained' easy read pamphlet" to support people to understand their rights and how to raise concerns if required.

Staff were provided with guidance about people's support needs. For example, we saw where people had requirements to maintain healthy skin the correct creams with guidance for staff were in place, to make sure their health needs were met. We saw where people required soft diets there was good guidance for staff on how to prepare them. In one person's care plan it stated they needed to be monitored with canned drinks as they might lay flat whilst drinking which would prevent a risk of choking. All staff spoken with were aware of the person's needs and how to support them.

We spoke with the interim manager about one person who loved to be outside in the garden. They were found placing a chair on top of some raised flower beds so they could stand to prune the tree next door. The interim manager said, "That this was on more than one occasion and was an accident waiting to happen." The interim manager did not restrict the person's access to the garden but covered the area with shrubs as a way of keeping them safe and continued to monitor the situation.

People said they were encouraged to have their say about how the home operated. They felt listened to and told us staff responded to any complaints or concerns raised in a prompt and positive way. Information with guidance about how to make a complaint was displayed at the home. We saw where complaints had been received these had been reviewed in line with the service complaints policy. We also saw a number of compliments had been received.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home and relatives were all positive about how the home was run. They were complimentary about the registered manager and interim manager, who they described as approachable. One staff member told us, ""I feel supported to do my job."

Regular audits were not always completed. The interim manager said other managers in the organisation completed spot checks. However issues such as no auditing of medicines and temperature recordings had not been picked up. Since the inspection these audits and checks have been completed. The interim manager had support from other managers within the organisation and could call them for advice at any time. There were manager's sharing meetings to discuss issues and ideas. The organisation also used other independent professionals to support best practice. This meant the interim manager had support and access to training and regular updates to best practice and new ideas.

The interim manager was knowledgeable about the people who lived at the home, their needs, personal circumstances and relationships. Staff understood their responsibilities and what was expected of them. The interim manager was providing cover for the registered manager and both deputy managers whilst they were off sick. They said, "I have had to learn a lot by myself." The interim manager completed routine tours of the home to ensure good practice was maintained and to maintain an open culture and be accessible to staff, people and their relative's. Staff spoken with confirmed the interim manager was approachable. One staff member said, "If I have any problems I can see the manager."
However, we found that people were not always supported to be independent and to follow their interests. We found that staffing levels did not support this. We were told and we saw from meetings that this had been recognised and plans to address this had been put in place. However, due to the registered manager and deputy managers being off sick these actions had not been completed. The registered manager has now returned. They confirmed that staffing issues were being addressed.
We found views, experiences and feedback obtained from people who lived at the home, their relatives and staff had been actively sought. We saw there was an improvement plan developed to improve the service. For example, the interim manager had started to address a range of issues, such as staffing levels and promoting better activities for people who lived at The Minims.

Information gathered in relation to accidents and incidents that had occurred were reviewed by the interim manager who ensured learning outcomes were identified and reviewed. We saw a number of examples where this approach had been used to good effect. For example, people had received reviews and were supported by other professionals such as: dieticians, Measures were in place to identify, monitor and reduce risks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not completed medication audits to ensure that safe practices were followed. Staff did not complete stock checks of medication or monitor room and fridge temperatures.