

Saint John of God Hospitaller Services

The Minims (12 & 31)

Inspection report

31 The Minims
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21 March 2018
26 March 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on the 20, 21 and 26 March 2018 and was unannounced. At the last inspection in June 2017 the service was rated as overall requires improvement. The provider was in breach of two regulations 13 and 18 of the HSCA 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that staff understood their individual responsibilities to prevent, identify and report abuse while providing care and treatment. The provider had not notified CQC of all incidents that affect the health, safety and welfare of people who use the service.

We received an improvement action plan following the last inspection, which the provider had updated so we could monitor the progress. The action plan told us how they would make the required improvements. At this inspection, we found the provider had made some improvements. However, they had not met all the actions set out in their action plan. For example, the management team had not successfully implemented the key worker role or the regular monthly mattress audit checks.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, we found that the right support and best practice was not always been promoted.

12 and 31 The Minims is a residential care home for 12 people who have a learning disability and some who have a mental health diagnosis. The home comprises of two separate bungalows within the same street, numbers 12 and 31. Each Bungalow can accommodate six people. There were six people living at number 12 and five people living at number 31 at the time of this inspection.

People had their own personalised bedroom and en-suite facilities. There were shared communal areas such as the lounge, dining area, kitchen and laundry facilities. The registered manager's office is located at number 31.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Safe medication practices were not always followed by staff when administering people`s medicines. The guidance for medication given when required (PRN) was not present for one person we looked at.

Not all staff we spoke with were familiar with people's personal evacuation plans in the event of an emergency. When asked they did not know all actions required in the event of a fire.

Deprivation of Liberty Safeguards (DoLS) applications were not always applied for when required. Staff

understood the Mental Capacity Act (MCA) and the importance of promoting people's choice.

Staff supported people to access the community and follow their interests. However, the provider had not successfully developed the key worker role and this area needed to be improved.

Complaints that were recorded were not always documented in the correct files.

Audits did not always have action plans and some audits had not identified areas of concern we found at the inspection.

Staff had not always completed the shift duties documentation. Fire alarm tests were not always completed as required to ensure people were safe.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

People felt safe, happy and well looked after at the home. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Staff obtained people's consent before providing personal care and support; they developed positive and caring relationships with the people in their care.

Staff received the appropriate training to meet people's needs. Staff received inductions and they were supported with their supervisions.

People were supported to eat and drink enough to maintain a balanced diet. Staff supported and involved people with choices about the food they ate.

People were supported to maintain their health and had access to health care professionals when required.

Care was provided in a way that promoted people's dignity and respected their privacy. Staff developed positive relationships with people who lived at The Minims.

People received personalised care and support that took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff understood the importance of confidentiality and information held about was kept secure.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Accidents and incidents were documented and reviewed to identify trends and patterns and to ensure people were kept safe.

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 not consistently safe.

Medicines were not always managed safely by staff and guidance for 'as required' (PRN) medicine was not always in place.

Fire alarm tests were not always completed and some staff were unaware of the personal evacuation plans for people who lived at The Minims.

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 help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Requires Improvement ●

Is the service effective?

The service was not always consistently effective.

People had their capacity assessed and best interest decisions completed however not all deprivation of liberty authorisations had been applied for by the registered manager.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff who were trained to meet people's needs effectively.

People were provided with a healthy balanced diet, which met their needs.

Requires Improvement ●

Is the service caring?

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.

Good ●

People 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's confidentiality of personal information had been maintained.

Is the service responsive?

The service was not always consistently responsive.

There was no key worker system in place at the time of the inspection.

People were supported to raise concerns which were dealt with promptly. However not all concerns were documented in the complaints file.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

People were supported to maintain social interests.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider had failed to meet their own action plan for all the required improvements needed to improve the service.

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

Staff did not always complete the required documentation.

Staff understood their roles and responsibilities and felt supported by the management team.

Inadequate ●

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 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 20, 21 and 26 March 2018 and was unannounced. One inspector undertook the inspection.

We reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events that the provider is required to send us by law. We found that there were no recent concerns.

During the inspection, we spoke with three people who lived at the service, two deputy managers the registered manager and improvements manager. We also spoke with four staff members.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records for three people and associated risk assessments. We checked medicine administration records to ensure these were reflective of people's current needs. We looked at staff recruitment records and the training records for staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored.

Is the service safe?

Our findings

At the last inspection in June 2017, we identified a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) 2014 because staff had not always recognised or reported concerns. At this inspection, we found the provider had made the required improvements.

At the last inspection, we noted that medicine management required further improvements. We stated in the last report, we found there had still been some medicine errors. The manager explained that they had recognised this and planned to introduce a checklist for the observer whilst they were checking the medicines were given correctly.

Staff did not always have the guidance in place about how to support people with their medicines. At our last inspection two staff completed the medicine round to ensure people received their medicine as prescribed. One staff member had been responsible for checking their colleague dispense the medicine correctly. We were told that this had now changed and that staff would check the medicines separately but on the same day. However, on a random sample of people's medicine we found that the protocols for one person who took their medicines as required rather than at regular times were not available to inform staff how and when to give the medicine. We also found that the amount of medicine carried forward had not been noted on the medicine administration record (MAR). We noted that staff gave one person their medicine; we found that the staff member had not documented the amount of tablets left as required. They had also replaced the tablets in the wrong box. This meant we were unable to find them when we checked stock levels; we only located the medicine because we checked other medicines whilst completing the stock checks. We were informed after the inspection that the provider has returned to the old system of two people giving the medicines.

We found that medicines were regularly monitored and temperature and stock checks were completed. There were suitable arrangements for the safe storage and management of people's medicines.

Plans and guidance were available to help staff deal with unforeseen events and emergencies. This included relevant training, for example in first aid and fire safety. Everybody who lived at the service had personalised guidance in place to help staff evacuate people quickly and safely in the event of an emergency. However, we noted that the staff at number 31 did not complete the weekly fire checks. For example in October 2017 and January 2018, there had been no test of the fire system carried out. This meant staff would not identify any faults. We noted that since the return of the acting deputy manager they had identified this and had sent a memo reminding staff of the processes for testing the fire alarms. We asked to see the fire certification for both bungalows and these were not in date, they were last completed on the 22 February 2017. The deputy manager has now requested an appointment to have the fire safety inspection completed.

We spoke to staff about what they would do in the event of a fire, but not all staff we spoke with were up to date with the procedures in place. For example, staff knew where the fire meeting points were but some staff did not know what the protocols for individual people who lived at The Minims were to keep them safe.

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

We observed cleaning duties completed on the days of our inspection. However, staff failed to always document these tasks as required. This meant that we could not be sure that all the cleaning tasks were regularly completed. This required improving at number 12 and 31 to demonstrate that these tasks been completed. We also found at number 31 that the store cupboard for chemicals such as oven cleaner, disinfectant, bleach and ant powder was open. There was a clear sign on the door that read, "Please keep this door locked." This was an unsafe practice as people could gain access to these products. We spoke with the registered manager about this and they spoke with the staff. We regularly checked the door during our inspection and we found that it locked.

We saw displayed safeguarding information and guidance about how to report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. Staff were able to demonstrate they could recognise signs of abuse and knew to report any concerns both internally and externally should they need to. One staff member said, "If I had any concerns I would report them to the manager. I could also report concerns to CQC."

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures that involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references had been verified as part of this process.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff were happy with the staffing levels. One staff member said, "Yes there is enough staff." Staff confirmed if people wanted to go out that there was enough staff to support this. We observed during the inspection that the atmosphere was calm and staff were not rushed when meeting people's needs. The registered manager confirmed they monitored people's needs to ensure the correct staffing levels.

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. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person we looked at who needs were changing had been seen by the appropriate health care professionals and the care plan had changed to reflect the changes in their needs. We saw that risk assessments had been completed. This meant that people's risks and changing needs were monitored and reviewed and action taken to keep people safe. Accidents and incidents were monitored for patterns to ensure people's changing needs were identified.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA.

However, we found that DoLS applications where appropriate had not been made to the local authority. For example, the DoLS standard authorisations that had been authorised had expired. We asked the registered manager had they applied to have the DoLS renewed and they told us they had not. Standard authorisations are not permanent and need for the provider to re-apply if the restrictions are still required. However, the quality improvement manager was able to demonstrate that out of the five DoLS authorisations there was one that had not been applied for. The other four were still valid and in date.

Staff we spoke with understood the MCA and we observed staff continually offered people choice throughout the inspection. One staff member said, "You should always assume they [people] can make their own decisions, I think it is a form of abuse to make decisions for people without their consent."

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. People had individualised their own rooms and some people who wanted were involved in the daily chores to keep the home clean. We noted the environment was clean and tidy.

Staff completed an induction programme during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member said, "I had an induction, I looked at their policies. I have had medicine training, personal boundaries and safeguarding. I shadowed for two weeks. (Shadowing is when a new member of staff works with another competent staff member until they are competent to work independently). I feel I have the skills to do the job."

We saw staff provided people with food and drink throughout the day. At lunchtime, we saw people eat their meals that they had chosen. We observed that people were supported when required. One person told us, "Staff are nice to me, they ask me what food I like and they listen to me." We noted where people required special diets such as soft diets and thickeners for drinks staff were aware of these requirements. People had weekly meetings where they also had the opportunity to discuss food options.

We saw in people's care plans that people received care, treatment and support that promoted their health and welfare. For example, one person who suffered with levels of anxiety had seen a healthcare professional to support them; Staff had also introduced them to regular exercise classes, held at the home weekly. The registered manager confirmed that this had a positive impact on their mood. People had access to GP's and other care professionals when required. Staff confirmed they received regular supervisions. One staff member said, "Yes I have had supervisions. I like the [registered manager] they care about the residents. [Registered manager] is someone I feel comfortable to talk to and they would take me seriously."

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 living here," Another said, "Staff are nice, they are good to me they talk to me nicely. They help me when I want to go out."

We saw staff support people with dignity and respect their privacy. Staff we spoke with were able to tell us how they promoted people's dignity and respect. We saw staff take time to engage with people and staff were observed offering choices and asking people what they wanted.

Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "We have meetings with the residents on Sundays and talk about things that are important to them like activities and we discuss the menus." Another staff member commented, "I know people well, I can tell if there is something wrong." Staff demonstrated they knew people's support needs.

Staff worked in both bungalows to ensure they developed relationships with people in both homes. We saw that staff had time to talk with people and support them when required. Staff supported people to be involved with their care and care plans we looked at evidenced this. We observed one staff member engaging with one person, they sat with them in the kitchen as the person played their musical instruments. We noted in the person's support plan that they enjoyed playing instruments. The staff member also put some classical music on for the person. We were told that the person enjoyed listening to this type of music. We saw people where required were accompanied to go out when they wanted. For example, staff supported one-person with their interest in swimming and they attended the swimming pool weekly.

Confidentiality and information held about people's health, support needs and medical histories were kept secure. Staff understood the importance of confidentiality.

Is the service responsive?

Our findings

At our last inspection in June 2017, we had found that not everyone was able to pursue their hobbies and interests. Each person was assigned a key worker whose role was to establish what the person's interests were and support them to achieve their goals and encourage them with activities. However, at the last inspection we found this was not completed.

Following the last inspection the provider had sent CQC an action plan that outlined their strategy to improve the key worker role. The improvements were for each resident to have a designated key worker of their choice and receive monthly sessions where their key worker would support them with achieving their goals. This was to be reviewed by the registered manager to ensure that the support structure was working.

However, at this inspection we found that this had not happened. There had not been a key worker system implemented successfully. The improvement manager explained that the system was not working and that they were now promoting three staff members into the key worker role. This role was a promotion and had clear guidance on the duties and tasks that were to be completed. However, this role was not active at the time of our inspection. This was still an area that required improvement.

Staff had involved people in making choices about the things they wanted to engage in. For example, one person was going swimming on a weekly basis and this was an improvement from our last inspection. We saw that staff supported people with going out into the community to go shopping and to attend clubs. However, the key worker role had not been implemented; to ensure people were supported to grow and develop their goals. For example, one of the key worker roles were to have one to one time to discuss and document people's goals and interests to formulate an action plan to help people achieve their goals and develop and follow their interests.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people lived at the Minims. We saw where complaints had been received these were responded to in line with the provider's complaints procedure. However, we found noted in one person's care plan that following an incident that they had spoken with staff and had confirmed they wanted to make a formal complaint. We looked at the complaints folder and found the complaint had not been documented. We spoke to the improvement manager about this and we were given further evidence to demonstrate that the complaint had been resolved and actions had been taken to provide support, which included meetings with the learning disability team. However, it is important to document these events appropriately in the complaints folder for auditing purposes. We also saw that people had sent in compliment letters thanking the staff for the care and support provided.

We noted in one person's care plan that they had been asked about the support and funeral arrangements they would like. This meant that people had the opportunity to discuss these matters if they wanted to and to ensure things that were important to them were respected and actioned when appropriate. We also saw that people were supported to deal with the loss of a person they knew. We saw people had the opportunity to attend meetings to discuss their feelings and were involved with suggestions about what type of flowers

people would like to send. One person had wanted to say their goodbyes and we saw that this was done in a way that supported the individual and promoted sensitivity and respect for people's preferences and needs. We noted people were involved in their care plans. Staff confirmed they sat down with people to discuss their needs.

Is the service well-led?

Our findings

At the last inspection in June 2017, we had identified a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014 because the provider had failed to notify the Care Quality Commission of incidents that had taken place. At this inspection, we found the provider had made the required improvements in this regard. However, we found that other areas of improvement had not been addressed.

Following our inspection June 2017 the provider sent us an action plan stating the improvements they would make. At this inspection, we found the provider had failed to meet their action plan for all the required improvements needed to improve the service.

The provider has consistently failed to ensure improvements to improve the service. For example, at the inspection we completed in June 2016 the provider did not ensure that medicines were safe. We found that there had been no medicine audits completed to ensure that medicines were managed safely and regular temperature checks were not completed to monitor room and fridge temperatures. Stock checks of medicines were not monitored to ensure all medicines could be accounted.

Following this inspection, we completed another inspection in June 2017. At this inspection, we found that the provider had made some improvements these now included regular medicine audits. However, some areas required further improvement. We found there had still been some medicine errors. The manager explained that they had recognised this and planned to introduce a checklist for the observer whilst they were checking the medicines were given correctly.

We completed a further inspection in March 2018 and found the provider failed to ensure medicines were safe.

The provider has only achieved a rating of requires improvement for the last three consecutive inspections. This is because they have not made the improvements to ensure that people using the service receive care and support that is safe, effective and responsive to people's individual needs.

We found that during the inspection the registered manager was unable to answer some of our questions and was unsure of what was needed for "registering the right support". People with learning disabilities and or autism have the right to the same opportunities as anyone else to live satisfying and valued lives. To be treated with dignity and respect. They should have a home in the community, be able to develop and maintain relationships and get the support they need to live healthy safe and rewarding lives.

The registered manager was unsure about where some of the documentation we requested were kept. For example, we looked at audits completed for January 2018 and found that audits that had looked at infection control stated that for further information to see the quality file. However, the Registered and deputy managers did not know where this file was. The improvement manager told us that they had discussed this with the management team. However, the registered manager and deputy manager were unaware of this information. The registered manager told us they felt things were changed and they were not always updated about these changes.

Staff confirmed they felt supported by the registered manager, Staff told us they attended regular meetings and discussed issues that were important to them. However some staff told us when they needed guidance the registered manager was not the person to ask, as their knowledge was limited. We found that the communication between the management team and the organisation of documentation required improvement. The management team confirmed that communication needed improving. We found the provider had failed to ensure that the service was improving and that the right support was in place for the registered manager to ensure that the required improvements were being made.

We found that staff did not always complete documentation as required. For example, the "shift duty sheet" had not always been completed to demonstrate they had completed their daily tasks. These tasks included personal care and cleaning tasks. We also found records in the communication book for number 12 The Minims that clearly identified staff were not recording food temperatures. This meant that we could not be sure if staff had recorded the temperatures. This meant people might have been at risk when eating their food.

Fire checks were not completed at number 31 The Minims; the registered manager had not identified this. We found no evidence to suggest that audits had identified these areas of concern and we found no action plan in place to ensure these were rectified. We found no clear leadership in place to manage these issues appropriately.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure proper and safe management of medicines. The provider had not ensured equipment was tested to ensure peoples safety, not all staff understood what was required in the event of a fire to keep people safe.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The providers had failed to meet their own action plan for all the required improvements needed to improve the service. Systems to monitor and identify areas of concern were not effective.</p> |