

# Saint John of God Hospitaller Services Station Road

## Inspection report

2b-2c Station Road, Clayton  
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Date of inspection visit: 21 May 2015  
Date of publication: 14/12/2015

### 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 

### Overall summary

We inspected Station Road on 21 May 2015. This was an unannounced inspection.

Station Road provides accommodation for up to 12 people with learning disabilities who have nursing needs. The accommodation comprises of two purpose built bungalows, each with six single rooms. The service is located within the village of Clayton, on the outskirts of Bradford.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with staff who told us they had received safeguarding training and could tell us what action they would take if they had a concern. The service had a safeguarding policy in place. Safeguarding was discussed in team meetings as a set agenda item.

The service used equipment to help in moving and handling. We saw equipment had been serviced. Staff

# Summary of findings

told us they received training on how to use the equipment and felt confident when they used it. We observed staff completed visual checks on equipment each time they used it.

Staff told us they had received regular training and felt they were competent to complete their role. We looked at the training matrix. Although the majority of training had been completed by most staff, there were gaps where staff needed to update their knowledge on some courses.

The registered manager told us how they set the staffing levels in the service. Staffing levels were maintained to support people with their needs at all times. We saw morning shifts started with three members of staff with an additional fourth member joining later on in the day to support with the busier times. During the day of inspection we saw everyone had their needs met within a swift time frame.

People received their medicines in line with their prescription. Medicines were stored appropriately and administered by trained staff. We observed staff followed good practice. For example handing out one person's medicines at a time and signing after people had taken it. All bottles with one exception had stickers on that listed the date of opening.

Staff were recruited in line with the provider's policy. We saw staff had been interviewed and had been ID checked, references checked and criminal background checked. Staff told us they received an induction program to work through when they started with the provider.

We observed practices in the service. We saw people were given privacy and had their dignity respected. Staff knocked on people's doors before entering and explained what they were doing before they did it. Staff told us they had a good knowledge of people and how they communicated. With this knowledge staff could identify if people did not want to do an activity or refused a request made by staff. This told us people had the opportunity to have their choices heard by staff who understood them.

People were encouraged to maintain a level of independence. Staff told us they get people to do as much as they can for themselves. We observed one person being supported to prepare their own lunch.

Before people moved to live at the service, an assessment of their needs had been carried out. One of the two properties was in the process of being decommissioned and people were moving to the second property or elsewhere. Checks to see if their needs could still be met had been completed.

Care records were reviewed on a regular basis. Records were written in a person centred way and reflected the person's needs. Records and documentation were in the process of changing which could cause confusion. Staff felt the new documents were positive and easy to follow. Care records had involvement from health professionals and advocates. Daily notes reflected interaction with other health professionals. Staff told us they would refer people to health professionals if they felt they would benefit from professional advice. Care records included people's personal preferences, goals and activities. Activities were on going and people were given a choice if they wanted to do an activity or not.

We saw the service had made Deprivation of Liberty's Safeguard referrals which had been granted to deprive people of their liberty in legal way to keep them safe. We looked at the documentation and saw appropriate information had been captured.

People had individual meal plans created. Staff supported people to make their own food. We asked staff about the different way in which people ate their food. Staff were able to tell us people's dietary needs and how they supported people with eating. We observed people eating their food over meal times. People had a choice of food or drink and could change their mind.

The registered manager completed quality audits to analyse performance and identify improvements. Audits completed created an action plan. Feedback to team members was given during team meetings.

The service had a complaints policy in place. We did not see any complaints recorded in the previous 12 months of the date of inspection. The registered manager told us that complaints would be responded to in line with their policy. The complaints policy was available as an easy read document for the people that used the service. The service notified the Care Quality Commission of events in line with their registration.

# Summary of findings

## 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.

People received their medicines in line with their prescription. Medicines were administered by appropriately trained staff.

People's care records included assessed risk. Risk assessments were completed for each individual risk and included ways to reduce the risk.

Staffing levels were sufficient to meet people's needs.

Good



### Is the service effective?

The service was effective.

People received food and drink in a way that supported their needs. People had access to health care professionals.

Staff told us they received training to complete their roles. We looked at the training matrix and saw most staff had completed sufficient training but there were some gaps in staff training.

Good



### Is the service caring?

The service was caring.

We asked staff about people that used the service. Staff told us specific details about individuals. We observed staff supported people in line with their care records.

We observed people were treated with privacy and dignity. Staff respected people's choices and knocked on their doors before entering.

People were encouraged to maintain their independence.

Good



### Is the service responsive?

The service was responsive.

Care records were written in a person centred way. Care records reflected people's personal preferences and were reviewed regularly.

The service had a complaints policy in place. No complaints had been received in the past 12 months.

People had their needs assessed before moving to the service.

Good



### Is the service well-led?

The service was well-led.

The service had a registered manager in post.

The registered manager completed audits of the service. Audits completed identified shortfalls and areas for improvement.

The service recognised lessons learnt and improvements that could be made.

Good



# Station Road

## 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.

The inspection took place on 21 May 2015. The inspection was unannounced.

The inspection team included two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information held about the provider.

As part of the inspection we spoke with the new registered manager. We spoke with four members of care staff. We looked at three people's care records and two staff members' files. We also completed general observations and a Short Observational Frameworks for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We observed people who used the service as they were unable to talk with us. People appeared calm and relaxed with laughter and content at times. People showed body language that suggested they felt safe.

Systems were in place to make sure people received their medicines safely. We observed staff supported people to take their prescribed medicines when required. Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle. Medication administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked four people's medicines and found the service used a blister pack system. The nurse told us they were confident people received their medicines in line with their prescription. Nursing staff who administered medicines told us they understood the procedures for safe storage, administration and handling of medicines. However, we found one bottle of medicine was to be disposed of three months after opening. Although the bottle was open, there was no date to see when it was opened. The nurse told us it had been opened recently but agreed there should have been label indicating the date of opening. Other bottles had labels on.

The room medicines were stored in was monitored for temperature. We saw a medication time table for stock checks. We looked at four people's stocks of medicines and found them to match the indicated number of stock. Ointments were used for people. A basic description of where to apply the ointment was available for staff. We discussed the use of body maps with the registered manager who agreed to ensure they were filled out correctly.

We asked staff how they made sure people who lived at the home were safe and protected. One staff member told us, "Safeguarding covers everything and comes into everything. It's about taking care of people. Different types of abuse I would report to the nurse in charge or the manager." Staff we spoke with said they would recognise changes in people's emotional behaviour if they had concerns. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the service. Staff were aware of, and had access to the provider's safeguarding policies. Staff had

received safeguarding training. The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received. We saw a notice board in the entrance had a leaflet and poster listing action to be taken and contact numbers. Safeguarding was a standard agenda item that was discussed in team meetings. This showed us staff had a good understanding of safeguarding adults and how to report concerns.

The provider had plans in place for an unexpected emergency. This provided staff with the action to take if the delivery of care was affected or people were put at increased risk. For example, in the event of a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation that made sure people's safety was maintained. This was forward planning for potential events to keep people safe.

Staff managed risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, one person changed to a liquid diet. All of the staff we spoke with knew about these changes and what they needed to do, to keep this person safe. We saw care records had been reviewed and provided up to date information for staff as to how to ensure this person was kept safe. This meant as people's needs and risks changed, staff changed how they supported people to suit their needs and keep them safe.

Each person had risk assessments that had been created alongside their care records. We saw risk assessment documentation for areas such as holidays, bathing, manual handling, eating and drinking. Each assessment identified the activity, person at risk, hazards and had a risk indicator. This showed us risks had been monitored and reduced where possible. However, we saw two different types of paperwork was being completed and reviewed. This made it difficult to determine which assessment reflected a person's most up to date risks. We mentioned this to the registered manager who acknowledged the duplication of paperwork and said work was underway to use the new risk records.

Records showed incidents and accidents had been recorded and where appropriate, people had received the

## Is the service safe?

support they needed. The system identified any trends or patterns that emerged so they could be responded to. The registered manager told us the system was reviewed to make sure people were not placed at additional risks.

We looked at the files of two members of staff. We saw the service had taken appropriate steps when recruiting new staff into the service. We saw staff had been interviewed for their roles and the service had requested and obtained the necessary references. Each file had evidence the service had carried out Disclosure and Barring checks. The Disclosure and Barring Service (DBS) helps service providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This meant people who used the service had been protected from harm because the service had taken steps which ensured staff had undergone the necessary checks.

There was enough staff to meet people's needs. The registered manager told us two support workers and one registered nurse would work in the morning and another support worker would start work towards lunch time. This made a total of four staff at work through the day. At night there was two support workers and one qualified nurse on

duty. We looked at the rota for May 2015 and saw each shift reflected what the manager had told us. The staff we spoke with told us they felt there was enough staff on duty at any one time to meet people's needs. One staff member said, "Staffing levels are usually good and meets the needs of the service." We saw everybody had their needs met during the day of inspection.

The registered manager told us they had flexibility in staffing levels to increase staff numbers when required. For example, if a person was admitted to hospital. The registered manager and staff told us they also operated an on call duty rota if staff required assistance or had issues that may impact on people who used the service.

We asked staff if they felt confident and competent when they used equipment in the service. Staff told us they felt the training enabled them to feel confident using the equipment in the service. Observations we made in the service showed us staff were confident in the use of equipment and they completed visual check before they used any equipment. One member of staff told us they always checked the equipment on a daily basis before they used it.

# Is the service effective?

## Our findings

None of the people who used the service could give verbal consent regarding their care plan. The staff we spoke with told us they would sit down with the person and discuss the care plan with them. They felt people understood what the care plans tried to achieve and people gave consent using nonverbal communication. One member of staff told us, "If they don't want us to do something, they will soon let us know."

Staff told us how they gained consent from people they provided care to. Staff said they told the person what their intention was, and observed them for a reaction. We observed staff telling people what they were intending to do. For example, we saw staff asked a person if they wanted to move to the living room after their breakfast. Another staff member asked if a person that used the service wanted the channel changing on the TV. The responses we observed showed us staff recognised the importance of ensuring people agreed to care and support before they carried it out.

People that were involved in moving from the bungalow that was being decommissioned had family members and advocates involved in this decision. We saw regular meetings had taken place with advocates to ensure decisions made about the person's new accommodation and support was made in their best interest.

We saw people enjoyed the food and drinks and were given a choice of what they wanted on a daily basis. The service did create menus for people but we saw on the day of inspection, one person changed their mind and an alternative dish was available. One staff member told us, "We always show people food and drinks so they can make their own choice of what to eat or drink." People were supported with their food in line with their care plan. The registered manager told us they were keen to involve people as much as possible in food preparation. The menus reflected a balanced diet. We observed people during meals times. Food was freshly prepared and appeared appetising. People that used the service had a nutrition plan in place which included notes from the food standards agency and good practice for daily intakes of food, drinks and vitamins. We saw one person had been supported by a dietician to create their menu. Staff were able to tell us about people's dietary needs and requirements.

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, one of the two bungalows was in the process of being decommissioned. This meant the people that lived in that bungalow were in the process of moving. These people required additional support when they visited potential new homes. For example they required emotional support to assist against people's anxieties.

We spoke with two members of staff and they told us they felt the training in the service was good and appropriate for the work they did. One staff member told us, "If I need any other training away from what they offer, all I have to do is ask." We looked at the training matrix for the service. We saw that some refresher training for care staff was out of date. For example Mental Capacity Act and Deprivation of Liberty Safeguards awareness training. However, we found staff were knowledgeable in these areas. A member of staff we spoke with told us they had recently had a medication competency assessment from their manager. Other training such as safeguarding and fire safety was in date. Staff told us they completed an induction when they started at the service and they completed all their training during their induction period.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. Two members of staff we spoke with told us they had training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) although three staff required the refresher training. One staff member told us, "You can't assume people can't make their own decisions." In the care records we looked at, we saw evidence the service had carried out capacity assessments in relation to specific issues. For example, where a person should live once the bungalow was closed. There was evidence the person's next of kin and local advocacy had been involved. The registered manager understood the requirements of the Mental Capacity Act 2005 and made sure people who lacked mental capacity to make certain decisions, were



## Is the service effective?

protected. Authorisations had been granted to deprive people of their liberty where this was required to help them stay safe. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

Records showed people had received care and treatment from health care professionals such as physiotherapists, GP and occupational therapists. Appropriate referrals had been made and these were made in a timely way to make

sure people received the necessary support to manage their health and wellbeing. For example we saw one person who was not acting in a normal way for them was supported to see their GP. This showed us staff supported people to access healthcare professionals and gain professional advice and guidance to support and care for them effectively.



# Is the service caring?

## Our findings

We saw interaction between staff and people who used the service was warm and respectful. Most of the people who used the service had limited verbal communication but could understand what was being said to them. The staff we spoke with told us people communicated through facial expressions and body language. Staff told us people had been treated with dignity and respect. One staff member told us, "People would let us know if they weren't happy with us." We saw staff knocked on people's bedroom doors before they entered. We observed staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the home was calm and relaxed and we saw people laughed with staff and each other.

We saw people were laughing and looked happy. Staff spent time with people, communicating day to day subjects such as the weather, what people wanted to do and where they wanted to go.

We saw evidence people's next of kin had been kept updated about their relative's progress. People were supported to keep as much of their independence as was possible. Staff told us they would encourage people to make their own decisions. We saw evidence staff involved people in decisions relating to their personal care. It was clear from our observations staff had a good understanding of people who used the service.

One of the care records we looked at had a 'Do Not Attempt Cardio Pulmonary Resuscitation' document in place. We saw this had been signed and dated in consultation with the person's next of kin. Both the care records we looked at had an end of life care plan in place with instruction about how the person wanted to be treated at the end of their life. This meant people's wishes had been considered.

Two of the staff we spoke with told us they felt people had been treated very well. One staff member told us, "I know what mood (they) are in by their facial expression and their body movements." This showed us staff members had a good knowledge of people and knew what people liked and disliked and how they would react in relation to how they felt.

Staff told us they cared for people in a way the person preferred. This was evidenced by staff working in a way that supported information in people's care records. For example we saw care records contained information in relation to the individual's background, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. We saw staff communicating with people about their likes, about their family and the goals they wanted to achieve. This meant all of the staff were able to demonstrate a good knowledge of people's individual choices.

# Is the service responsive?

## Our findings

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. Care plans took into account people's activity preferences and these had been recorded in both the care records and the daily records. Both the care records we looked at stated people enjoyed going out for lunch and/or shopping. In the daily records, we saw people had only been on trips outside the home twice during the first three weeks of May 2015. Most of their time was spent doing activities in the home. We spoke with the registered manager about this. They told us people had been out but the outings hadn't been recorded and they would ensure staff record all outings outside of the home.

Each person had a daily sheet staff used to record people's activities. We saw that people enjoyed playing games and taking part in aromatherapy sessions. On the day of inspection, we saw staff played board games with people and other staff used the sensory room with people. In the afternoon, we saw the aroma therapist visited the service. We saw people were able to spend time how they wanted. Some people had chosen to listen to music on their own in the communal lounge, others wanted to play games in the dining room. Staff spoke openly with people about the activities they had enjoyed that day and what their plans were later in the week. Staff told us they set people individual goals, with their permission and agreement, to maintain people's levels of independence. We saw people's independence was promoted by staff, by encouraging them to complete domestic tasks in their bedrooms, during personal care and when eating. For example we saw one person was supported to make part of their meal. Staff told us they felt the activities in the service are okay. Staff told us people liked to go out into the community, just for a walk or to the canal to feed the birds. One staff member said, "It's important to find out what people like to do." This showed us people had a range of activities they could take part in.

We looked at three care records and found they contained detailed information that enabled staff to meet people's needs. Care records contained physical and mental health, wellbeing, life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care record for a

person who was supported by a GP to assist with a historic health problem and advised staff on how to best manage it. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines and how to support them with their diet. Records also contained charts for staff to complete that identified weight change and what support could be offered to keep people safe. One of the care records had been changed by crossing out the sentences that didn't reflect the person's most up to date needs. This made it difficult to establish what the needs of the person were. The paperwork used in the care records was in the process of being updated and the care records contained both the old and new paperwork that made it difficult to navigate round the care records.

When people who used the service became ill or staff became concerned about people's health and wellbeing, we saw the service referred people to the appropriate professional. For example, one person had a history of falling out of bed onto the floor. The service referred them to the occupational therapist who recommended a low profile bed and a sensor mat on the floor. The service responded to this and a new bed and sensor mat had been put in place. In another case, staff became concerned about the health of a person and their GP had been contacted. The person was prescribed medicines in response. This meant people had been protected from harm because the service prevented people harming themselves and prevented deterioration in their health.

Records showed the provider had not received any formal complaints in the last 12 months. Staff we spoke with told us the registered manager was approachable and if they had any concerns, they would speak with them. The service had a complaints policy in place that was last reviewed in June 2013. We saw people were given access to an 'easy read' version of the policy. The registered manager told us any complaints received would be investigated and acted on and they would look for lessons learnt.

On an annual basis the provider sent out a questionnaire to gain feedback from people that used the service and their relatives. The registered manager told us this was due to be sent out. Staff we spoke with told us they looked for instant feedback from people when they were being supported. For example they would ask people questions and look for a response. Another example was staff would try something new, and if the person showed signs through

## Is the service responsive?

body language that they did not enjoy it, staff would support them to do something else. People who used the

service had regular meetings with the staff to discuss any issues they had. Any issues could then be addressed. This showed us the service routinely listened to people about their experiences and concerns.

# Is the service well-led?

## Our findings

On the day of inspection, we spoke with the registered manager. The registered manager had their interview with the Care Quality Commission as part of their registration on 20 May 2015.

The registered manager told us they supported staff by investing in training that enabled staff to support the people they looked after. The staff we spoke with acknowledged the service had gone through a difficult period of change. They felt the new registered manager was very supportive and had a lot of good ideas. The staff felt there was a lot of good will within the team and they supported each other.

Staff told us they enjoyed working at the home and felt it was a good place to work. Staff that spoke with us told us there was regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss people's needs, but also any learning opportunities or training needs for them.

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had to the registered manager. Staff told us the service supported whistleblowing and staff felt concerns would be taken seriously. The service supported this through training, policy's and team meetings. None of the staff spoken with had raised any concerns to the managers. The registered manager told us they would encourage whistle-blowers to come forward if they had information.

The registered manager told us they were persistent in seeking out the best options for people, where there was an impact on their care or welfare. For example, we saw evidence staff involved people in the decorating of their service. This showed us the service promoted a person centred and positive culture. The registered manager said they accepted advice and guidance, but were prepared to challenge this if it was not in people's best interests.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed. Some of these audits identified areas for improvements, for example, medication errors and learning from incidents. Action plans had been produced to make sure any improvements were implemented so people received their care and support in a way that continued to protect them from potential risk and improve the quality of service people received.

People's care records and staffs personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. However as the last questionnaire was over 12 months ago so could not show us recent feedback. The registered manager also told us families spoke with the service on a regular basis and would voice their concerns or thoughts then. As this was done on an informal basis, it was not always documented. This showed us the culture in the service was positive, open and inclusive and that issues could be monitored and addressed by the registered manager.