Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 1 Bedes Close

Inspection report

1 Bedes Close,
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Date of inspection visit: 3 & 7 September 2015
Date of publication: 09/02/2016

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

On the 03 and 07 September 2015 we inspected 1 Bedes Close. This was an unannounced inspection.

The service was last inspected in July 2014 and was fully compliant with the outcome areas that were inspected against.

1 Bedes Close provides accommodation and personal care to a maximum of four people who are living with learning disabilities. All the accommodation is in single rooms and the service is located in the residential area of Thornton, close to Bradford city centre.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'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.

Staff were recruited is a safe way. We found all staff had relevant training to work in the service. Staff records showed us staff had been interviewed, references checks and appropriate background checks completed.

People had one to one staffing levels during the day. We looked at the rota and saw sufficient staff working to keep people safe.

Before people came to live at the service, a needs assessment was carried out by the registered manager. This ensured people's support needs could be identified and met before they moved into the service.

Care records were created from the initial needs assessment for people. Care records were then developed in consultation with people and their family members. Care records were person centred and up to date.

People told us they felt safe and enjoyed living at the service. They told us they got to do activities they wanted to do and they could change their minds if the wished. People's independence was promoted and staff actively encouraged people to participate in activities.

People had risk assessments completed and these covered a range of areas including guidance around accessing the community and personal safety. People using the service and their relatives expressed positive views about the service and the staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People's rights were protected and where people were deprived of their liberty this was done lawfully.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe. Staff supported people to attend health appointments. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

People told us the food was good. Staff promoted balanced diets and supported people to create their own menus. People's religious beliefs were respected when food was bought. Staff supported people to complete shopping tasks, design menu plans and prepare meals. Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included annual surveys, tenants meetings and medicines administration auditing.

Medicines were administered by trained staff in line with their prescription. Medicines recording was complete and signed. Medicines were stored and accounted for appropriately.

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.

Appropriate arrangements were in place to protect people from the risk of

abuse.

Care plans contained up to date risk assessments that identified risks to people's safety and/or that of others.

People were supported to take their medicines safely.

Good

Is the service effective?
The service was effective.

Staff had received training during their probation period which covered aspects of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their health and independence and to access appropriate healthcare services.

People were given choices at mealtimes and supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were able to explain and give examples of how they would maintain and promote people's dignity, privacy and independence.

People and their relatives were encouraged to make decisions about the care and support they wished to be provided with.

Staff used a range of communication methods to support people to make choices in their daily lives in areas such as activities, meals and personal care.

Good

Is the service responsive?
The service was responsive.

People were supported to attend day centres, leisure facilities and the gym.

The service had a complaints policy which was available in an easy read format for people using the service and their family members.

People were asked their personal preference's throughout the day.

Good

Is the service well-led?
The service was well-led.

The service monitored the quality of care through regular contact with people and their family members either via phone, email or meetings.

Good

Summary of findings

Staff meetings were held on a bi-monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Relatives and staff told us the management was positive and the service had a clear direction of what they wanted to achieve.

Saint John of God Hospitaller Services - 1 Bedes Close

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 03 and 07 September 2015 and was unannounced.

The inspection team consisted of one inspector and one specialist advisor. The specialist advisor was a pharmacist.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. We spoke with one person that used the service and two relatives of people that used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing care and speaking with the registered manager and staff. We asked for feedback from the City of Bradford Adult Protection Unit. We looked at care plan documentation as well as documentation relating to the management of the service such as training records, policies and procedures

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.

Good

Is the service safe?

Our findings

We looked at a sample of medicines; medication administration records (MARs) and other records for all three people living at the service. We spoke with the senior care worker on duty about the safe management of medicines, including creams and nutritional supplements.

Medicines were locked away securely to ensure they were not misused. The provider was aware the storage area was at risk of becoming too warm, so care workers monitored the temperature daily to ensure that medication was stored appropriately. There was an effective system of stock control in place which protected people from the risk of running out of their medicines. Medicines could be accounted for easily and a check of records and stocks showed that people had been given their medicines correctly. On occasions where medicines had not been given, care workers had clearly recorded the reason why.

Medicines were only handled by trained care workers who had been assessed as competent to administer medicines safely.

Relatives told us they felt their family members were safe. One relative told us, "I feel [Person's name] is safe here." All the relatives we spoke with were confident staff would take any concerns they may have about the health, safety and/or welfare of their family members seriously and investigate matters further if and when required.

A range of risk assessments were completed in relation to the environment, self-inflicted behaviour and personal care. Records showed that risk assessments were reviewed annually or more frequently if required. Risk assessments listed the person's at risk, the hazard and risk control measures. These measures were in place to reduce or remove risk relating to a person's life.

The care plans we looked at contained up to date risk assessments that identified risks to people's safety or that of others. Risk assessments were both generic and specific and covered areas such as accessing the community, road safety and personal care. For example, people that used the service needed support when going out into the local community and the risks relating to this had been assessed and plans were in place to minimise the risks. Risk assessments were reviewed every six months or before if required and all of the risk assessments we looked at were up to date. We found some of the risk assessments were positive assessments. This meant that although risk may be higher, the person would benefit by doing something that they wanted to achieve.

Appropriate arrangements were in place to protect people from the risk of abuse. Staff were able to access information outlining the provider's policies and procedures relating to areas such as safeguarding adults and whistle-blowing. Staff we spoke with were able to explain their understanding of these key policies and provide examples of how they related to their duties and responsibilities.

Staff had completed training in adult safeguarding prior to working with people who used the service and knew what to do if they felt someone they supported was being abused. Staff understood how to recognise the signs of abuse. One member of staff told us, "I would act immediately and speak with my line manager. If this did not work then I could speak with senior managers, the police, adult protection unit or the CQC. But I feel people are safe here."

We asked one person that used the service if they felt safe living at 1 Bedes Close. The replied, "Yes, happy."

Relatives told us that changes in staff had sometimes affected the level of support their family members received. One relative told us, "Happier now the manager is back." The manager told us

they currently employed a mix of permanent, agency and bank staff but were in the process of recruiting new permanent staff members to join the team. During the inspection we saw people received support in line with their care records and staff were always present to react to any person's needs. People had one to one staffing levels during the day. This showed us there was sufficient staff to keep people safe.

We looked at how new staff were recruited and found they were shortlisted and invited to attend two interviews. Before staff were employed they were required to undergo criminal record checks and provide satisfactory references from at least two previous employers, photographic proof of identity and proof of eligibility to work in the UK. We reviewed four staff recruitment files which confirmed that people using the service were being cared for by staff that had satisfactorily completed these pre-employment checks.

Good

Is the service safe?

The service could support up to four people that lived with a learning disability. The layout of the building provided personal and communal areas for all people to access. This meant if one person wanted to have their own space, this was achievable. The provider had a maintenance person for the accommodation in the Bradford area. On one day each week the maintenance person would come to the service to makes repairs that had been identified during the week. If something was an emergency then they could respond immediately. This meant broken items in the service were not left for long periods of time and so did not cause unnecessary risk to people.

Good

Is the service effective?

Our findings

Each person that lived at the service had a separate health and wellbeing file which included information relating to health care needs and a health action plan. We looked at people's health and wellbeing file and found a list of medical appointments recorded with date planned for the next appointment. People also had a care passport which listed things important to the person and things someone supporting them must know. These documents created an effective way of working with health professionals.

Staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments. We saw evidence of people being seen by a wide range of healthcare professionals in the care records we looked at. These included mental health specialists, speech and language therapists, dieticians and community matrons.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as the management of epilepsy, the registered manager told us they sought relevant guidance from people's GPs and nurses with specialist training. Staff we spoke with confirmed that they would consult people's care records for any specific guidance relating to support needs or speak to their manager to ask for advice if they were unsure about anything. This showed us people received effective care based on best practise. A health and social care professional we spoke with told us that the service was closely monitored by their team of clinicians.

Family members we spoke with told us they were happy with the level of health care support their family members received. Relatives told us, "We get updates from staff if anything changes with [person's name]." Staff told us that if someone they were supporting became unwell they would contact their line manager or contact emergency services.

Staff at the service were able to demonstrate that they were working to meet people's communication needs. We saw that people had their own communication profiles describing how best to engage with them. Staff used a range of communication methods such as, picture charts, objects of reference, body language and assistive technology such as I-pads.

The registered manager told us that staff received training which covered aspects of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had refered people for further assessment and where waiting for replies.

We saw on the office wall a poster listing the five key principles of the MCA. A further poster explained what DoLS was. This poster listed a helpline number to raise any concerns or ask for further information. Staff gave us when asked specific details about the restrictions in place that had been referred to the DoLS team. This showed us the staff had a clear understanding of what the MCA and DoLS was and their roles within this Act.

Staff confirmed they received regular supervision sessions and one member of staff told us, "Supervision enables me to get things off my chest and see how well I'm doing and what I can improve on. I've learnt a lot." We saw evidence in staff records that supervision was conducted on a regular basis and in various different formats.

Records showed that staff had completed mandatory training in areas such as first aid, safeguarding, food hygiene and health and safety. Staff were also required and responsible for completing further training courses in areas such as epilepsy awareness and non-physical approaches to managing behaviour that challenges. Training records were stored on a training matrix. This matrix informed the registered manager when people were due refresher training.

Staff told us they had received training in food hygiene and were aware of food safety issues. Where appropriate, people were supported with menu planning, food

Good

Is the service effective?

shopping and meal preparation. People were supported at mealtimes to access the food and drink of their choice. We saw staff preparing meals using fresh ingredients and encouraging people to participate in and/or observe the proceedings. Where people had been assessed by speech and language therapists and dietitians, appropriate weight and food charts were in place and we saw that these were completed and up to date.

We asked one person that used the service if they had a balanced diet. They told us, “Happy please” which according to staff and their communication plan was a positive comment where they agreed with having a balanced diet. We observed over lunch time and saw food looked plentiful and hot. Staff told us they supported and encouraged people to have a balanced diet. Staff also said they were aware of people’s food requirements. For example one person has food in line with their religious beliefs. Drinks were plentiful throughout the day. We saw one person ask for a drink and staff supported them straight away. This showed us the service supported people to have sufficient food to eat, drink and maintain a healthy balanced diet.

Good

Is the service caring?

Our findings

Relatives told us they were happy with the care their family members received. Comments included, “We can go away any time and feel confident [person’s name] is just fine” and “Staff are very good and caring.”

We saw staff interacted with people that used the service, explaining their actions and offering reassurance when needed. Staff we met during our visit and those we contacted following our visit were friendly, polite and informative.

We looked at people's files which included their care planning documentation, risk assessments, healthcare documentation and other records. Care and support records that we read contained information explaining people’s normal routines and activity preferences, details about the ways in which people preferred to communicate and strategies for supporting positive behaviour. Family members told us they had been invited to support plan review meetings and asked for their input. We saw staff asked people what they liked and what they didn’t like. This information was repeated in people’s care records. This showed us people were involved in the planning of their care and where people could not comment, family members were also asked for their input.

We observed staff encouraged people to make choices with day to day decisions and allowed people time to indicate their preferences. Where people were unable to communicate their choices and preferences using verbal approaches, staff consulted family members and understood the importance of observing and interpreting people’s body language, facial expressions and other verbal and non-verbal cues. For example one person during a meeting pointed to a picture of swimming. This person now had a support plan for swimming and had attended the pool.

We spoke with one person that used the service. We asked them if they liked the staff and if staff treated them well and they told us, “Yes.” We also asked them what their favourite thing about the staff was and they replied, “Like staff yes yes.” We then asked if they got to choose what they wanted to do. They told us, “Yes please.” This showed us people appeared happy with the relationships with staff and they were encouraged to express their views.

Staff told us that respecting people’s privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people’s permission, telling them what they were going to do and making sure doors were shut whilst people attended to or we’re being supported with their personal care. They also told us people had goals they wanted to achieve and they were supported towards these goals. Some parts of these goals were about promoting their independence and supporting people to do as much as they can for themselves. Relatives told us they had no issue with the level of privacy and dignity they had observed in the service.

Good

Is the service responsive?

Our findings

Before moving into the service people's care needs were assessed by the registered manager. People's relatives told us they had been involved in the assessment process and were regularly invited to discuss the support and care needs of their family members. The registered manager told us family members, providers and professionals had been involved in people's care planning. Regular review meetings were held to monitor people's progress and welfare in order to ensure that people were happy and settled in well.

Staff told us that if people wanted to read their own care records, staff would support them to do so. Documents had been completed in full but signatures to demonstrate that people and/or their family members were in agreement were not always included. However, relatives told us that they had attended meetings and had discussed their family member's needs before support records had been agreed. One relative told us, "Things have improved since the registered manager returned." We asked one person that used the service if they got everything they needed? They told us "Yes."

Staff supported people to make choices in their daily lives in areas such as personal care and grooming, activities and meals. Care plans contained detailed information about people's preferences and staff were well informed about people's lives, their family members and favourite activities. We asked a member of staff to tell us specific information about one of the people they supported; they told us a detailed example of how they supported this person in the morning, including their likes and dislike and promoting their independence. This showed us staff had a clear and detailed knowledge about people.

Active participation in the local community was encouraged by people's families and staff. People were supported to attend day centres, walks, cinema and the gym. Transport was available to take people on day trips and outings. For example, we saw that people went out regularly for lunch, shopping and places of interest that they wanted to visit.

This showed us peoples care was personalised and responsive to their needs.

The registered manager told us they contacted people and their relatives on a regular basis to review the care and support they had provided. We were told that people's care was reviewed at least annually but more regularly if this was required. We saw recent updates and changes to peoples care records from May 2015. People were supported to feedback about their care at a 'monthly tenant meeting'. We read the minutes of meetings held for people who used the service. Discussions were based around activities and the needs of people who used the service and the ways in which these needs were being met. For example, one person said they liked small animals and with staff they discussed how they could achieve the goal of spending time with a small animal.

Relatives told us they knew how to make a complaint and to whom. One relative told us, "I had a concern about the homeliness of the service, but this is changing now." Relatives also told us although they had not made any formal complaints, they had confidence they would be dealt with appropriately and quickly if a complaint had to be made. The service had a complaints policy which was available in an easy read format for people that used the service and their family members. The registered manager told us that concerns were managed as soon as they were received and that formal complaints were investigated in line with the provider's policies. The service had not received a formal complaint in 2015 but had received a number of compliments from health professionals. This showed us the service listened to people's experiences and complaints.

Good

Is the service well-led?

Our findings

Relatives of people that used the service told us, “The registered manager is doing the job well, there’s been lots of improvements since they returned” and another person said, “We have confidence in the manager.” The registered manager told us they operated an open door policy and that people who used the service, their relatives and staff, were able to contact them at any time.

The service monitored the quality of care through regular contact with people and their family members either via phone, email or meetings. People’s relatives told us contact with the service was very good and outcomes from meetings were acted on. Relatives believed there was good leadership and felt communication with the service was open and honest.

We were told that the provider conducted friends and family surveys on an annual basis. The last survey carried out was in 2014. The registered manager told us that family members were contacted regularly and that any feedback received was used to monitor and improve the quality of the service.

Staff gave positive feedback about the registered manager of the service and said, “Different managers had been in place but the management is better now.” Staff felt they had a clear direction in the service and the staff team were well led. During our inspection we saw the registered manager had a positive presence in the service and staff and people came to them to answer questions. The registered manager would offer answers and explain the reason why. This gave clarity to staff and consistence approach to the delivery of care.

We looked at the audits that had been completed. Quality and compliance audits were last completed by a senior manager for the provider in September 2014. This audit raised a number of issues and areas for improvement. We spot checked some of the issues raised and found action had been taken against all of the areas checked. For example one area for improvement was the service would greatly benefit from its own vehicle. At the time of the inspection the service had its own vehicle. Another example was for the service to achieve a five star food hygiene rating which it had done. The registered manager also showed us weekly audits they completed. These included finance, medication, health and safety, emergency lights, hot water and smoke detectors checks. We saw checks were up to date and action taken where issues had been raised. This showed us, although the service would benefit from more frequent audits, they had a process to identify areas for improvement and action was taken to improve the service.

Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people’s daily communication records, accident and incident report log and report the matter to a senior staff member. We found systems were in place to record and analyse accidents and incidents, with the aim of identifying strategies for improving care. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

We looked at records of staff meetings which had been held on a bi monthly basis. This gave opportunities for staff to feedback ideas and make suggestions about the running of the service. Staff confirmed they received sufficient supervision sessions and one member of staff told us, “Supervisions and appraisals are booked in advance now and are better.” We saw evidence in staff records that supervision was conducted on a regular basis. We saw diary entries for appraisals being booked in for October and November 2015.