

Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - Bedes Close

Inspection report

8,10,11 Bedes Close,
Thornton,
Bradford,
BD13
Tel: 01422 438540
Website: www.sjog.org.uk

Date of inspection visit: 23 June 2015 & 12 August 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

On the 23 June 2015 and 12 August 2015 we inspected 8, 10 and 11 Bedes Close. Both days of inspection were unannounced. The pharmacist attended the inspection in 23 June 2015, and due to high risk work being undertaken at the time, the lead inspector was unable to attend the remainder of the inspection until 12 August 2015.

8, 10 and 11 Bedes Close provides accommodation for persons requiring nursing and personal care to a maximum of 18 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. The Service is split between three, six bedroom bungalows.

Summary of findings

There was not a registered manager in place. The last registered manager deregistered with the Care Quality Commission (CQC) in 2013. The service had an acting manager who was in the process of registering with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were recruited in line with the provider's policy. Relevant background checks had been completed and were monitored.

People were protected from the risk of abuse as staff had received training in safeguarding people and had good understanding of their roles and responsibilities if they suspected abuse was happening. The manager also shared information with the local authority and the Care Quality Commission when required.

People received their medicines as prescribed and the management of medicines promoted people's safety. Medicines were audited regularly to maintain a high standard.

Staffing was maintained at appropriate levels to provide people with effective support. Staff had received appropriate training to maintain their competency. Staff felt supported however there were gaps in supervisions and appraisal meetings.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We saw best interest meetings had been held when required.

Staff encouraged people to be as independent as possible. Staff spent time getting to know people to provide a more person centred service.

Staff were aware of the basic principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when required.

People's care records were person-centred to ensure people received support in a planned and responsive way. People that used the service, or their representatives, were encouraged to contribute to the planning of care records.

People had unrestricted access to their families and their friends. They also had opportunities to participate in a variety of social and leisure activities to help them lead a fulfilling life.

Systems were in place to monitor the quality of service provision. We saw regular audits had identified shortfalls which had been remedied.

People that used the service or those acting on their behalf felt they could report any concerns to the management team and they would be taken seriously.

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 had their medicines administered in a safe and effective way. Medicines were stored in a safe way and administered in line with people's prescription.

We found sufficient staffing levels to meet people's needs.

We saw staff were recruited with appropriate background checks. We looked at two staff files and saw suitable checks on staff character had taken place.

Good



Is the service effective?

The service was effective.

We spoke with the manager who had a good understanding of what Deprivation of Liberty Safeguards (DoLS) was and the Mental Capacity Act 2005 (MCA).

We saw people were supported with food during meal times. Food was part of a balanced and provided in a way that suited people's needs.

Training was checked on a computerised system. Staff told us the training was good. We saw all permanent staff had completed their mandatory courses.

Good



Is the service caring?

The service was caring.

We spoke with people that used the service. They responded positively to questions about the service and staff.

We saw evidence of advocacy services being requested to support people where no family were involved.

We observed staff supporting people during the day of inspection. Staff spoke to people about their histories, hobbies and interests. This showed us staff had a good understanding the people they supported.

Good



Is the service responsive?

The service was responsive.

We looked at people's care records. Care records were written in a personalised way. Care records included documents specifically designed to support people that lived with a learning disability.

The manager told us they wanted to improve the activities in the service. We did see people went out for the day and activities were held daily.

Good



Summary of findings

The service was responsive to complaints and acted in a way that showed an understanding of the complaints policy.

Is the service well-led?

The service was not always well-led.

The home had not had a registered manager in place since 2013.

There was a manager in place that told us they were in the process of registering with the CQC.

We observed the manager had a presence in the service and had a good understanding of what happened and what people's roles were.

Staff were not always supported through supervision and appraisals in line with their policies and procedures.

Requires improvement



Saint John of God Hospitaller Services - 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 23 June 2015 and 12 August 2015 and was unannounced.

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

We looked at three peoples care records. We spoke with two 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 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. Before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

People told us they felt safe. Our observations during the inspection noted positive interaction and laughter that suggested people felt safe. We asked two people if they felt safe living at this service and one said, “Yeah” and the other person nodded. Six relatives told the service through the annual survey that they felt people that used the service were safe.

At this inspection we found that all staff had received training in safeguarding adults. Staff were fully aware of their roles and responsibilities in reporting any issues of concern relating to people’s safety to their line managers. They were also aware of the procedures to contact the local authority safeguarding team to share any information of concern about the quality of service provision. One

member of staff told us, “The whole team are confident about safeguarding the people that live here.”

Throughout our visit we observed staff promoting people’s safety. We saw people were asked if they wanted to move freely about the service and this was supported without restriction. We saw people could participate in a range of social activities within the home environment and the broader community. These activities had been risk assessed. This showed that positive risk taking was encouraged and people’s freedom and safety was promoted.

We found comprehensive risks assessments had been completed so ways to reduce the risk could be implemented to promote people’s safety and wellbeing within the service and the community. We also found that effective systems were in place to ensure the risk assessments were reviewed on a regular basis and people residing at the service, or their representatives were involved in this process.

We asked one person if there was enough staff to meet their needs and they told us, “Yes.” We made observations during our inspection. We saw when people requested support; staff were there to attend to them. Also we heard one person make a noise of distress and saw staff were quick to respond. Staff told us that they felt there was enough staff to meet people’s needs. One member of staff told us, “On the whole staffing is good.” The manager told us that an additional person was placed on shift to help

support during the busier times of the day. We observed a busy time over lunch and saw people received support with their meals when they required it. This showed us on the day of inspection sufficient numbers of staff were working to maintain a constant presence throughout the communal areas. We noted that staff were able to respond in a timely manner to support people when needed.

We saw checks had been made to make sure that staff employed at the service were suitable to work with vulnerable adults. We looked at five staff member’s recruitment records. People were only supported by staff that had been safely recruited and had undergone a pre-employment screening procedure. This included a Disclosure and Barring Service (DBS) records check, as part of the recruitment process. This check identified criminal activity from a person’s past. Staff told us they thought the recruitment process was effective in ensuring that only safe and competent staff were employed.

We looked at a sample of medicines; medication administration records (MARs) and other records for five people living in the home. We spoke with the manager and a nurse about the safe management of medicines, including creams and nutritional supplements.

Medicines were stored appropriately and were locked away securely to ensure that they were not misused. Medicines could be accounted for easily as records were clear and accurate. A check of records and stocks showed that people had been given their medicines correctly. Where medicines had not been given, nurses had clearly recorded the reason why. There was an effective system of stock control in place with little or no excess stock.

Risk assessments and care plans were in place to support people to take their medicines safely. These included detailed information for nurses to follow, to enable them to administer medicines consistently and correctly, whilst respecting people’s individual needs and preferences.

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

Regular checks were carried out to determine how well the service managed medicines. We saw evidence that where concerns had been identified, action had been taken to address the concerns and further improve medicines management within the home.

Is the service effective?

Our findings

When new staff started their employment they were required to undertake an induction training process to explain what was expected of them, and to provide an opportunity to familiarise themselves with the organisation's policies and procedures. The induction process was completed and signed off as a checklist by the new starter and the manager. Part of the induction process included shadowing a more experienced member of staff until new staff members felt able to work unsupervised. A staff member told us the induction process gave them the initial skills to do their job.

There was an on-going training programme in place to ensure staff received training in a wide range of subjects pertinent to their roles and responsibilities. We looked at the training matrix for the service and focused on four staff members' training records. All their mandatory training had been completed and was up to date. We also looked at additional courses that were specific to the service. For example, we saw these four people also completed epilepsy training. All of the staff we spoke with felt the provision of training opportunities met their developmental needs. One member of staff told us, "I enjoyed the training, it was good," whilst another said, "The training is good overall."

We asked one person that used the service if they were supported to make their own decisions and they told us they were. The manager told us some people had mental capacity assessments in place that deemed a person not to have mental capacity to make big decisions. However staff told us that on a daily basis, people were encouraged to make choices for themselves. For example, we saw one person had been supported to complete an application to vote. In people's care records we saw 'Empowerment Assessments' which was a document that informed staff of the best way to communicate and empower each person. Six relatives told the service through the annual survey that they felt people that used the service were given choice and were able to say 'No'. Throughout the day of inspection we observed that staff asked people for their consent before providing any care and support. This showed us people were asked for their consent prior to being supported.

People benefited from being cared for by staff that had a good understanding of the Mental Capacity Act 2005 (MCA)

and were able to describe to us how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw assessments that had been carried out to assess people's capacity to make certain decisions and where it was determined they did not have the capacity; a decision was made in their best interests. Staff also understood the use of

Deprivation of Liberty Safeguards (DoLs) which are part of the Mental Capacity Act 2005. DoLs protected the rights of people by ensuring that, if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. At the time of our inspection we found that mental capacity assessments had been undertaken and appropriate DoLs were in place.

One person when asked if they liked the food and did they have a choice of food responded, "Yes." It was clear from the chatter and laughter during the time when people had their lunch that meal times were relaxed and informal. We saw people were offered a choice of food and if people changed their mind, they were offered something else. People had recorded in their care records their likes and dislikes regarding food. Members of staff felt the choice and quality of meals was good and comments included, "People have a mix of foods to keep a balanced diet" and another member of staff said, "There's a good variety of food cooked fresh daily." We saw those people that required special diets received food of their choice in a form that suited their needs. People had their nutritional intake monitored with regular weight checks and use of the Malnutrition Universal Screening tool (MUST). We were told and we saw that supportive equipment such as plate guards were used as well as specialist diets, for example soft or pureed food.

We saw people were enjoying their meals, the portions were of a good size and food was appetising and nutritious. We also noted that fluids were readily available at meal times and

throughout the day to ensure people remained hydrated.

People had access to health care professionals and staff had sought advice from external health care professionals to support people with their health care needs. We saw people's care records included decisions made with support from dietitians, Speech and Language Therapist

Is the service effective?

(SALT), physio therapist and podiatrist. Staff told us if they noticed someone's needs had changed, then this would be mentioned to the manager and an appropriate health professional would be requested to support. We saw one

person's notes identified they did not always chew their food properly and a referral to the SALT was made. We saw six relatives responses to the annual survey said they believed people's health needs were met.

Is the service caring?

Our findings

We asked two people if they were happy living at the service and they both told us they were happy. We asked the same two people if they felt staff were nice and they replied yes and nodded to us. Staff spoke with people about individual things that had importance to that individual. For example they would talk about family members and previous experiences. We observed staff treated people with dignity and clearly had a good knowledge of people and their background. For example, one staff member knew a person liked a particular song, so they started singing and the person laughed. We asked staff about specific areas of support that had been recorded in people's care records. Staff were able to repeat specific details indicating to us they had a good working knowledge of people. Six relatives told the service through the annual survey that staff were caring and respectful.

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The manager told us they had a presence in the service and made constant observations. They also said any areas of concern could be addressed immediately or through a one to one process.

We observed staff helping people to carry out daily activities in a caring manner. We noted that staff spoke with people in a calm and patient manner and we saw they acknowledged people when they entered a room. All interactions we observed were empowering and positive as staff actively involved people in making decisions about what activities they would prefer to take part in, and where people preferred spend their time throughout the day. We also noted that staff respected people's decisions if they decided not to participate in the planned activities which further demonstrated the staff's commitment to provide a service which was caring.

We found the environment was conducive to providing people with private areas such as their bedrooms which they could access when they wished. We saw that staff responded to people's requests for assistance in a timely way to ensure they did not feel ignored or devalued. For example we saw one person wanted to leave the dining area and staff immediately confirmed what they wanted and supported them to leave the room. This intervention reassured and comforted the person by de-escalating their anxiety. During the inspection we saw staff assisted people with their personal needs in a caring and patient manner and promoted people's privacy by making sure bedroom doors and curtains were closed.

We found people residing at the home were involved in the development of their care records when able. The service called their care records Independent Living Plan (ILP) to reflect the involvement of people and their families. Care records started with the person's personal information and a pen picture. Further details on how to support people were written in a person centred way describing people's individual request of how they like certain support. This showed they were person centred and provided staff with detailed information on how to promote people's health and wellbeing.

The manager told us that people's families and friends were encouraged to visit the service at any time as they realised the importance of people having open access with their relatives. On the day of inspection there were no visitors to the service. Staff members also told us family members are welcome to the service and they usually arrange a convenient time as some people leave the service for activities. We saw the feedback from the last annual survey and no one raised concerns around visiting their relatives. For those people that did not have family involvement, advocacy groups had been accessed to support in best interest meetings. We saw evidence people had been supported by advocates in the past.

Is the service responsive?

Our findings

People's care and support was planned and delivered in a responsive way. We found people's care records to be person-centred. They identified people's individual support needs and how these were to be provided. The care records contained comprehensive information about the person's background, communication needs and abilities. They also provided information about people's preferred night and day routines.

Staff told us that they valued people's care records and felt the documentation was an essential tool in providing a good quality service which was responsive to people's individual preferences. They told us that they could access people's support plans at any time for reference and guidance, and we found staffs knowledge of people's needs was reflective of the information within the care plans.

We found staff were responsive to people's needs. For example where people were at increased risk when eating, we found documentation had been produced which provided staff with very detailed information on how to provide effective support. We also found staff were aware of the actions recorded in the documentation and said they were effective in managing this element of care. We observed this practice during lunch time and staff showed a clear knowledge of information in this person's care records.

Staff told us that the communication systems were good in the service. Each person had their daily activity recorded. Staff had a daily communication sheet for information to be passed on at handover as well as a diary for any appointments made for people. One member of staff told us, "We have good communication in the team, although

there is always room for improvement." Staff also told us they attended meetings which provided them with an additional forum to highlight and discuss people's needs to ensure service provision would be responsive. However staff did say team meetings did not always take place every month. The annual survey showed us six relatives had identified they had good communication from the service.

People had the opportunity to pursue their interests and hobbies. One person replied, "Yes" when we asked them if they got to go out and do the things that they wanted to do. We saw recorded in people's notes that music groups had been to the service, holidays were booked for people that wanted to go away and people had visited the Yorkshire Show amongst other activities. People also had recorded in their care records interests such as swimming, cinema and concerts. Staff told us they worked with people and their family's to find out people's interests so they could support them in achieving their goals. This showed that the service was proactive when they supported people to participate in activities and maintain hobbies and interests that were individualised and responsive.

The manager told us that any issues of concern or complaints would be listened to and taken seriously. The provider's complaints procedure was available to aid people residing at the home, or those acting on their behalf to highlight any concerns. The complaints procedure was also made available in a variety of formats such as an easy read version. We saw the service had received one formal complaint. This complaint was acknowledged, investigated and responded to in line with the provider's policy. We saw the outcome of the complaint was recorded as positive from the complainant. The manager told us they reviewed informal complaints so lessons could be learnt to improve the service.

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. There had not been a registered manager in post since September 2013. The person managing the service at the time of our inspection told us they were in the process of registering with the Care Quality Commission. We checked this information and found this was accurate.

One person that lived at the service responded, “Yes” when asked if the manager was good. We asked staff if they felt the manager was effective in their role. Staff told us they had confidence in the manager and the work they did. Another staff member told us the manager was approachable and things had improved since they had started working at the service.

On the day of our inspection the manager was visible around the home. We observed them interacting with staff and it was evident that a good rapport had been established. The manager led by example and explained and gave direction to staff during the inspection. Staff came to the manager regularly to share information and ask for decisions.

Throughout our inspection we saw staff supported each other and worked well as a team. This observation was supported by comments made by the staff which included, “It’s a nice place to work” and, “Staff work well and are committed to the delivery of good care.”

We found staff were aware of the organisation’s whistleblowing and complaints procedures and they were clear about their roles and responsibilities in this area. One member of staff told us, “We all know what to do if we see things that concern us.” We asked staff to tell us of the action they would take if they saw something and they gave us answers in line with the provider’s policies.

We asked staff about the support they received from line managers. They told us supervision provided them with the opportunity to discuss personal support and professional development needs to ensure they were knowledgeable and clear about their roles and responsibilities. One member of staff said, “I feel supported from the manager.” However, another staff member told us, “Some supervisions get missed.” We saw the service’s policy for

supervision was every three months. We saw three staff members’ supervision records indicated gaps between supervision in excess of seven months. We asked the manager about this and they told us supervisions were due but agreed there were gaps. We also viewed the annual appraisal documentation and found two staff members with no appraisal information or incomplete paperwork. This showed us that although some supervision did happen and was effective, large gaps between meetings were evident.

Processes to gain feedback and information were in place to allow the manager to obtain and analyse comments and concerns from people who used the service and their relatives. This included review meetings with people and also sending out surveys on an annual basis. The information from the surveys was correlated to identify their strengths, limitations and the impact the service was having on people who used it. Where people had made suggestions through the surveys or reviews, these had been actioned. We looked at the last survey sent out December 2014 and found six responses. Six out of six people told the service they were happy with the care provided, they liked the staff, felt people that used the service were safe, felt communication with the service was good and people knew how to complain.

Systems were in place to record and analyse accidents and incidents, such as slips, trips or falls with the aim of identifying strategies for minimising the risks and 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.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. The service was subject to unannounced quality audits from senior managers within the organisation to further

determine the quality of service provision. We looked at the last audit completed by senior managers in March 2015 and found five areas identified for improvement. We checked these five areas and found they had now been remedied. This showed us that the provider was proactive in developing the quality of the service for people whilst recognising where improvements could be made.