

Saint John of God Hospitaller Services

Saint John of God

Hospitaller Services - 1-2

Cuthbert Close

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

On the 16 March 2016 we inspected 1 - 2 Cuthberts Close. This was an unannounced inspection.

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

Saint John of God Hospitaller Services situated at 1 and 2 Cuthberts Close is registered to provide care for a maximum of 12 people with learning disabilities. The accommodation comprises of two bungalows each with six single rooms. The service is located in the residential area of Queensbury, close to Bradford and Halifax.

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 '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.

Medicines were not managed safely and appropriately and medicine audits were not robust enough to identify the concerns we raised.

There were safeguarding adult's policies and procedures in place to protect people from possible harm and incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health. Care records contained guidance to provide staff with information that would protect people from harm.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were appropriate levels of staff on duty and deployed throughout the home to meet people's needs.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and an annual appraisal of their performance.

Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's right to make informed decisions independently was respected.

People were supported to eat and drink suitably healthy foods in sufficient quantities to meet their needs and ensure well-being. People had access to health and social care professionals when required.

Interactions between staff and people using the service were positive and staff had developed good relationships with people. People were supported to maintain relationships with relatives and friends. Care records documented people's involvement in their care and where appropriate relatives were involved.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People were supported to engage in a range of activities that met their needs and reflected their interests.

There were quality assurance and governance systems in place to monitor the quality of the service provided. Concerns raised from audits fed into action plans to rectify problems or issues.

Relatives told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place and management was aware how to deal with complaints in line with the provider's policy.

The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not managed safely and medicine audits we're not sufficiently robust.

There were safeguarding adult's policies and procedures in place to protect people from possible harm. Incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and an annual appraisal of their performance.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink suitably healthy foods and sufficient amounts to meet their needs and ensure well-being.

People had access to health and social care professionals when required.

Good ●

Is the service caring?

The service was caring.

Good ●

Interactions between staff and people using the service were positive and staff had developed good relationships with them.

People were supported to maintain relationships with relatives and friends.

Care records documented people and their relative's involvement in their care.

Is the service responsive?

Good ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Detailed assessments of people's needs were completed and reviewed in line with the provider's policy.

People were supported to engage in a range of activities that met their needs and reflected their interests.

Relatives told us they knew who to speak with if they had any concerns.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance and governance systems in place for the monitoring of the quality of the service were on the most part robust.

The culture in the service was positive, person centred and open.

The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

Saint John of God Hospitaller Services - 1-2 Cuthbert 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 16 March 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) held about the service. During the inspection, we spoke with two people that used the service and one relative of a person. 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 deputy manager, Head of Northern services, Nurse on duty and two support workers. We looked at three people's care record documentation, three staff files as well as documentation relating to the management of the service such as training records, policies and procedures and information we had received about the service and statutory notifications we had received from the home.

We received 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. We reviewed all other information we held about the provider and contacted the local authority to ask for their

views on the service.

Is the service safe?

Our findings

We asked two people if they felt safe living in the service and with staff and they both told us, "Yes." Throughout the course of our inspection we observed that people appeared safe and comfortable in the company of staff. However we found that people's safety was not always maintained as medicines were not always stored and managed appropriately.

Nursing staff told us they were trained in medicines management and that only staff who were trained were able to administer medicines. Training records we looked at confirmed this. Staff competency assessments for the safe management and administration of medicines were undertaken.

We looked at the homes medicines folder which included individual Medication Administration Records (MAR) for each person using the service. We saw each MAR had a front sheet which had information attached about who the medicines related to. Further documentation included people's names, details of their GP, information about their health conditions and any known allergies to ensure safe and correct identification and safety when administering medicines. However medicines were not always kept securely although there were suitable facilities in place for storing medicines. Upon walking into the office we noticed five medicine pots with one tablet in and another two pots with other tablets in. We discussed this with the deputy manager when they arrived who told us the tablets were to be disposed of and agreed they should not have been stored like that. Temperature checks were not monitored in the medicine store room. This is a requirement as some medicines indicate they are to be stored within a certain temperature range in order for them to be safe for use.

There were appropriate medicines policies and procedures in place which included areas such as the use of covert medicines. People who received 'when required' (PRN) medication had a protocol in place to direct staff when they should administer this medicine. However the reason for administration was not always recorded, making it difficult to review the use of PRN medicines for each person. We found one person missed their medicine twice a week due to their attendance at a day centre. We queried this with the deputy manager who explained they had informed the doctor who acknowledged this practise was safe. However there was no paperwork to evidence this in the medicine file. We saw stocks of medicines had not always been checked for expiry date. One person had stocks of 15 PRN tablets that past their expiry date in October 2015. The deputy manager told us they would review all the stocks of medicines and appropriately dispose of any further expired medicines. Medicines audit processes were in place to ensure safe practice, however the audits had not identified the concerns noted above that we identified on the day of inspection.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistle-blowing procedure in place and staff understood the term whistleblowing and told us how they would use

the procedure if they needed to raise any concerns. Safeguarding adult's information was on display within the home for people and staff reference.

Incidents and accidents concerning the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and took appropriate actions to address these therefore minimise further risk of potential harm. Where appropriate, accidents and incidents were referred to the local authority and the CQC and advice was sought from health care professionals when required. The deputy manager showed us they monitored all accidents and incidents on a monthly basis to identify any trends.

Assessments were conducted to assess levels of risk to people's physical and mental health and care records contained guidance to provide staff with information that would protect people from harm by minimising assessed risks. Risk assessments were detailed and responsive to individual's needs, for example one person was at risk of self-injury. There was a detailed risk assessment contained within their care records which directed staff on how best to support the person when showing signs of distress. Information from health and social care professional's was also documented in care records to ensure people's needs were met and risks to people's health was minimised.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for their role. Staff told us that pre-employment checks were carried out before they started work and records we looked at confirmed checks were conducted such as employment references, fitness to work, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks are checks completed on people to evidence to a provider if someone is appropriate to work with vulnerable adults.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. We saw people received support when they needed it and staff were available. Staff we spoke with confirmed that there were enough staff rostered on duty to ensure people were safe. One staff member said, "If people need something, they get it very quickly." Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were available to supervise and support people when venturing out and when participating in activities. The deputy manager told us that staffing levels were managed according to people's needs and when people required extra support for arranged activities or events additional staff cover was sought. On the day of inspection we noted the deputy manager was working additional to numbers on duty, which included one nurse, three care staff and one domestic staff. There was also another member of staff who floated between two buildings and acted as a driver when people were to go out.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place within their care records which detailed the support they required to evacuate the home in the event of a fire. Fire signage was located throughout the service and indicated fire doors and fire exits. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that all staff were trained as fire marshals and were responsible for coordinating a fire evacuation. Records we looked at confirmed that staff had received up to date fire training.

There were systems in place to monitor the safety of the premises and equipment used within the service. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances and water legionella tests were conducted. The environment was clean, free from odours and was appropriately maintained.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. We asked one person if they thought staff were good and they said, "Yes." Staff completed an induction programme when they started working at the home. The deputy manager told us about this and said it covered all areas of mandatory training.

Staff received appropriate training that enabled them to fulfil their roles effectively. Training records showed that staff received training appropriate to meet the needs of the people using the service. Staff told us that apart from the provider's mandatory training, specialised training was also provided such as physical intervention, epilepsy and PEG feeding. Staff demonstrated good knowledge on topics such as the mental capacity act and deprivation of liberty safeguards, manual handling, first aid, safeguarding and fire safety. Staff were also supported to further develop their professional knowledge and skills by being supported to undertake recognised accreditations such as National Vocational Qualifications (NVQ) in health and social care.

Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis and had an annual appraisal in line with the provider's policy. Staff we spoke with told us they felt well supported through supervision and felt they could speak with the registered manager or deputy manager if they wished to discuss any issues or concerns. Supervisions and appraisals were booked in advanced so the meetings could be appropriately planned for by both parties. This helped ensure effective meetings between staff and management. We looked at supervision meeting minutes and saw effective communication around people who used the service, issues or concerns and personal development.

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 referred nine people for DoLS assessment and they were waiting for assessment by the DoLS team. We looked at the referral paperwork and saw the service had identified areas of potential deprivation on liberty. Care plans were seen to contain DoLS applications and email correspondence from the Local Authority about the delay in processing these.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), including about people's right to make informed decisions independently. Staff told us in some cases where people were unaware to make a decision for themselves it was necessary to act in someone's best interests. Staff understood the importance of seeking consent before they offered support. Where people could not communicate verbally and staff looked for signs from people's body language and behaviour to confirm they were happy with the support being offered. Records confirmed that staff had received training on the MCA and DoLS.

People were supported to eat and drink suitably healthy foods in sufficient quantities to meet their needs and ensure their well-being. Staff spoke positively about the food on offer at the home. One relative told us they often visit to see their loved one at meal times and the food always looked nice. They said, "Food is always good, [person's name] eats everything." We saw people who required support with eating, received support from staff. Staff were knowledgeable about people's food requirements, for example if people needed their food blended or a different consistency. People's weight was monitored on a monthly basis and when required the Malnutrition Universal Screening Tool (MUST) presented evidence to staff about the changes in people's nutrition risk.

People had Independent Living Plans (ILP) in place which documented and monitored any risk relating to people's physical health. Health care records contained guidance for staff on people's diet and nutrition which included monthly weight charts and any dietary requirements.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Health care records detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given. People's care records and documentation demonstrated the home worked closely with Physiotherapy, Epilepsy nurses, Occupational therapy, wheelchair services and Speech and Language Therapists to ensure people received the appropriate care and support. Recommendations and guidance made by health professionals were recorded within people's care records and we saw that staff followed them accordingly.

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and consideration. We asked one person if staff were nice to them and they said, "Yes." One relative spoke positively about the caring nature of the staff and how the service supported their loved one. They said, "Staff are great," and, "They always treat [person's name] with respect."

Interactions we observed between staff and people using the service were positive and indicated that staff had developed good relationships with people. During our inspection we saw staff treated people in a respectful and dignified manner. The atmosphere in the home was calm and friendly and staff took their time and gave people encouragement whilst supporting them with personal care and daily living tasks. Staff respected people's choices for example we saw some people preferred to spend time in their bedrooms and to eat their meals in the living room. We observed staff sitting with people engaged in meaningful conversations referring to daily news headlines and having discussions about what people planned to do for the day. People were involved in the recruitment of staff, as part of the recruitment process included a second interview where a candidate visited a service to spend time with people who lived there. People's reactions to candidates was observed through their preferred method of communication, for example their body language, or they were asked for their verbal feedback after the candidate had left. This process gave people who used the service, a say in who supported them.

We observed staff speaking with people in a friendly and respectful manner. Care records contained guidance for staff on how best to communicate with people including how people preferred to be addressed. For example care records had a section called 'How to best support me'. Staff were familiar with people using the service and knew how best to support them. Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends. Care records documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any other relevant meetings or events held. People and their relatives were also notified about any significant events or visits from health and social care professionals and evidence of this was recorded within peoples care records.

The deputy manager told us that they encouraged family and friends to visit the service. They told us people who used the service and staff could both benefit from relatives and friends visiting their family members. One relative told us they were free to visit the home whenever they wanted and they were able to see their relative in communal areas or in private. We observed one family member free to spend time with their relative and help them if needed.

People were provided with appropriate information that met their needs and were supported to understand

the care and support choices available to them. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender supported people appropriately to meet their identified needs and wishes.

The head of services for the North region attended part of the inspection. They told us about a group that had been set up called 'Taking Part'. The aim of this group was for people who used services to help review governance issues within the company. The ultimate aim of this group was to get someone who used services onto the board of directors. The head of services for the North acknowledged that the people who used the service should and would be given more power and control about what happens to them.

Is the service responsive?

Our findings

People received care and treatment in accordance with their identified needs and wishes. Detailed assessments of people's needs were completed upon admission to the service to ensure that the service could meet their needs safely and appropriately. Care records provided clear guidance for staff about people's varied needs and behaviours and how best to support them. For example one care record contained detailed information on how staff should support the person to dress and how to manage the person's emotional behaviour. Another person's care record documented how staff should support the person when attending health care appointments. Health and social care professional's advice was recorded and included in people's care records to help ensure staff met their needs for example advice around managing epilepsy. Care records also recorded people's progress that was monitored by staff and as advised by health professionals, such as fluid monitoring and weight charts.

Care records detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals where appropriate contributed to the planning of peoples care. A relative told us they had been involved in their relatives care planning and reviews and had attended care meetings when required. We saw that people's care needs had been identified from information gathered about them and consideration was given in relation to people's past history, preference and choices. Care records demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

Care records were written in a person centred way with the people who used the service at the centre of the process. Care records informed staff of the best way to communicate with people, what people can do for themselves, and specifically what they need help with. The service adopted documents that were specialised for people who lived with a learning disability. We saw such documents as Health Action Plans, Hospital passports and a 'Getting to know me' document. Each of these documents were individualised for each person. Care records had also been condensed with prioritised information on to a 'One Page Profile'. This enabled new or agency staff to find out the key areas of someone's life without spending excessive time reading through their care records.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example one person had a specialised chair that supported their body in a comfortable way, other people had tracking in place to aid their mobility and others used adapted plates and cutlery to allow them to feed themselves. Care records contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and servicing when required. This showed us the service actively supported people to be more independent.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to a bus that was owned by the provider and enabled people to venture out into the

community. People had individual activity programmes which detailed their weekly activities. Activities we saw included trips out for lunch, visits to theatre, shopping trips, day centre, visits to local attractions and visits to garden centres. We asked one person if there was lots to do and they told us, "Yes." A relative told us they took their relative out on occasions and also visited the home frequently. Staff told us that people frequently took holidays of their choice and this was something they really enjoyed. We saw pictures in people's care plans of the holidays they had taken.

Relatives we spoke with told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place which was on display in the entrance hall of the home for people and visitors to review. There was also an easy read version for people who may struggle with the text of the original document. We looked to see if the service had received any complaints in the past 12 months. The deputy manager showed us no complaints had been received. We asked the deputy manager about the process to be followed if they did receive a complaint, and they were able to tell us what a complaint was and how it was to be dealt with in line with the providers policy. The service also recorded compliments. We viewed a number of compliments and the deputy manager showed us this was passed on to the staff team.

Is the service well-led?

Our findings

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. The deputy manager told us they completed health and safety audits and medication audits. The deputy manager acknowledged that the medication audits had not identified the concerns we had on the day of inspection. Monthly management audits had been conducted by the management of the service. Information of importance from this audit was forwarded on to the service improvement manager. The service improvement manager would regularly visit the service to complete a baseline audit. A baseline audit was created around the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During each visit, a number of different regulations were evidenced against. We looked at the last baseline audit conducted in January 2016. Evidence was judged using the Commissions ratings against each Key Line of Enquiry (KLOE). The last base line audit rated the service 'Good' against regulations 16 Receiving and acting on complaints, and Regulation 17 Good Governance.

Systems were in place to audit and monitor people's care records and risk assessments to ensure that they remained reflective of people's needs and that any risks to people were effectively assessed and monitored. The service had a 'live' document called 'service improvement plan'. This document listed all the areas for improvement identified from audits or visits, who was responsible for them and a time frame for completion. We saw evidence improvements had been made and lessons had been learnt. We spoke with the provider's head of Northern services who informed us that the provider regularly reviewed their quality assurance program in order to learn from shortfalls and drive improvement forward.

The deputy manager told us the service was constantly striving for improvement. For example one of the ways they gathered new ideas was through regular informal meetings with people and a suggestion box in the entrance. Staff told us that there was a keyworker system in place to provide people with the opportunity to discuss their care. An audit was completed of supervisions and appraisals in November 2015 which identified gaps in support for staff members. Since this audit, staff had received regular supervisions. This demonstrated to us the service had a robust quality assurance framework in place and changes were made to improve services.

There was a registered manager in post at the time of our inspection but they were not present during the inspection. However the service benefitted from a deputy manager who was present for the whole day. Staff told us that the registered manager and deputy manager were very approachable and supportive and would listen to any concerns or suggestions they had about the service. One staff member said, "The managers are good and the home is run well." We observed there was a good atmosphere within the home and the deputy manager and staff were friendly and respectful. We observed the deputy manager was visible during the course of our inspection and spent time talking to people and staff. When the head of Northern Services arrived, their priority was to speak with the people who lived at the service before staff and inspectors. This promoted a positive culture that was person centred.

The deputy manager was knowledgeable about the role of management. We saw and staff told us that staff meetings were held on a regular basis and were well attended. Meetings provided staff with the opportunity

to discuss people's needs and the day to day running of the home. The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	We found medicines were not always managed or stored in a safe way.
Treatment of disease, disorder or injury	