

Saint John of God Hospitaller Services

The Minims (12 & 31)

Inspection report

31 The Minims
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 6 June 2017 and was unannounced. At our last inspection on 16 June 2016, the service was found to be not meeting the required standards in the areas we looked at. They were rated requires improvement. Medicine practices were not safe. At this inspection we found that the provider had made the improvements required in respect of the medicines. However, there were other areas that required further improvement.

The Minims provides care and support for up to twelve people with a learning disability. Accommodation is provided in two self-contained bungalows at 12 & 31 The Minims.

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

Staff had received training in how to safeguard people from abuse and report concerns, both internally and externally. However we found that staff had not consistently reported areas of concern that required reporting.

People were supported to take part in meaningful activities relevant to their needs, both at the home and in the wider community. However we found that not everyone was supported to pursue their interests.

Notifications were not always sent when required for reportable incidents. There were not adequate systems in place to identify and report concerns.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance. However not all staff understood their roles and responsibilities.

Trained staff helped people to take their medicines safely and at the right time. However further improvements were required.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People and relatives were positive about the skills, experience and abilities of staff who worked at the homes.

People were supported to maintain good health and had access to health and social care professionals

when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the homes.

Complaints were recorded and responded to in line with the service policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were not always kept safe by staff trained to recognise and respond effectively to the risks of abuse.

People were supported to take their medicines by trained staff. However further improvements were required.

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

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Requires Improvement ●

Is the service effective?

The service was effective.

People had their capacity assessed and staff promoted people's choice.

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

People were supported by staff that were trained to meet their needs.

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

People had access to healthcare professionals when required.

Good ●

Is the service caring?

The service was caring

People were cared for in a kind and compassionate way by staff that were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Good ●

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

The service was not consistently responsive.

People were not always supported to maintain social interests and take part in meaningful activities relevant to their needs.

Guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider had failed to notify CQC of reportable incidents.

Systems were not consistent to identify and manage risks.

Staff did not always understand their roles and responsibilities.

People and staff were very positive about the registered manager and how the home operated.

Requires Improvement ●

The Minims (12 & 31)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 6 June 2017 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, three relatives, three staff members, the deputy manager, service improvements manager and the registered manager. We looked at care plans relating to three people and three staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People who lived at the minims were kept safe by staff that supported them. One person said, "I like living here, happy here." One relative commented, "Totally safe because someone is always looking out for [name], they feel secure."

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also displayed in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "If I had any concerns I would report to my manager first." Staff were able to describe types of abuse and things that would concern them. For example, changes to people's normal behaviour. Staff verbally demonstrated they were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission. However we found in practice they did not always recognise or report concerns. For example one person's mattress had split and had been stained with urine. This had not been reported by staff and was only brought to the registered manager's attention by an outside professional. The Registered manager once aware of the situation had arranged for the mattress to be replaced immediately.

This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) 2014.

At our last inspection the provider did not ensure that medicines were safe. We found that there had been no medicine audits completed to ensure that medicines were managed safely and regular temperature checks were not completed to monitor room and fridge temperatures. Stock checks of medicines were not monitored to ensure all medicines could be accounted for. We also found that staffing levels did not meet people's needs; people were not always supported to go out due to staffing levels.

At this inspection we found that the provider had made some improvements. However, there were some areas that required further improvement. We found that medicines were regularly monitored and temperature and stock checks were now completed. There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by staff that were properly trained. Staff had guidance about how to support people with their medicines. Two staff completed the medicine round to ensure people received their medicine as prescribed. One staff member was responsible for checking the medicine was dispensed correctly by their colleague. However we found there had still been some medicine errors. The manager explained that they had recognised this and planned to introduce a checklist for the observer whilst they were checking the medicines were given correctly. We did see that staff received competency checks and completed reflective logs for learning. The service improvement manager assured us they were addressing this issue.

At our last inspection the provider did not ensure there were enough staff to support people's needs. At this inspection we found that the provider had made the improvements required to staffing levels. The registered manager had introduced an additional shift from 10:00 to 18:00 and there was a new registered manager and deputy manager to support staff. We were told by staff, that there was enough staff to meet

people's needs. One staff member said, "Most of the time there is enough staff." Another staff member said, "Yes there are enough staff and we have a good team here." The registered manager confirmed they monitored staffing levels to ensure they had enough staff to meet people's needs. For example, cover was provided by agency staff to cover staff shortages.

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

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This helped staff to provide care and support safely. For example, one person who had a complex health condition had clear guidance for staff in their support plan on how to manage this. Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire, to enable staff to support people safely.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person commented "I like hoovering." A relative said, "They know [relative] really well."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and infection control. The registered manager confirmed that staff received appropriate support. Staff confirmed they had completed inductions. One staff member said, "Training is good we have recently just completed our moving and handling training."

Staff felt supported by the registered and deputy managers and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "I feel supported I can go to the [registered] manager if I have a problem." Staff we spoke with told us they could approach the managers if they needed.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people with diabetes. Staff were aware of what was required to keep the person safe. We were told by one staff member that one person had experienced a hypoglycaemic episode this meant that their blood glucose levels were low. Staff had followed the protocols in place and managed the episode well. We spoke with the district nurse who confirmed they visited twice a day to support people with their diabetes, they confirmed that the home worked closely with them and staff followed guidance that was given.

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). The registered manager had submitted deprivation of liberty applications to the local authorities for people who had limitations to their freedom in place to keep them safe. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "We always ask for consent, we show different cereals or clothes to help

people make a choice. We always ask what people want, we always communicate what we are doing and we encourage people to do things for themselves."

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat and we observed staff showing people different food options to choose from. We also observed some people made their own lunch where they were able and staff supported others to do what they could. We noted that residents meetings held each Sunday in both homes discussed what people wanted to eat. This ensured people were involved in decisions and choices about the food they ate. One person said, "The food is good." Another person said, "I like the food, I like chicken."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required.

Is the service caring?

Our findings

People were cared for by staff that knew them well and were familiar with their needs. One person told us, "Staff are nice they are all nice, I trust them."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect, for example by closing doors to respect people's privacy and through good communication. We saw staff knocking on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "When giving personal care I use towels to promote their dignity, close doors and explain what we are doing."

People, and their relatives where appropriate, had been involved in the planning and reviews of the care and support provided. One relative said, "They [Staff] always call me when it's time to review [name of relative] care plan and [name] is always involved. Relatives we spoke with confirmed that the communication was good and relatives felt they were listened to and supported. One relative said, "Completely happy with the care, they [relative] are always happy when I see them."

We saw that staff had developed relationships with people they supported. We saw that staff had time to talk with people and support them where required. We observed one staff member engaging with one person, by playing the guitar. We noted in the persons support plan that they enjoyed using musical instruments. We also noted that some people had named advocates to support them with their decisions. One relative we spoke with told us that they had been to the garden party and was taken by one staff member who was really attentive and supportive to one person's needs. They also said, "Can't fault them [staff], there wonderful."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Staff understood the importance of confidentiality.

Is the service responsive?

Our findings

We found that not everyone was able to peruse their hobbies and interests. For example, each person had a keyworker. One area key workers were responsible for was activities and the keyworker role was to establish what the person's interests were and support them to achieve their goals. We found in one person's care plan they had swimming and horses as activities they liked however we found that there was little involvement from the key worker to support the person with these interests. Although the person was supported to go out into the community, their personal interests were not supported. We spoke with the registered manager about this and they confirmed that this was an area that required further improvement. They had introduced guidance that defined the keyworkers role. The registered manager confirmed they recently held a culture day for staff and people and observed the staff interacting warmly with people. Staff were being encouraged to develop people's interest and support them to do the things they were interested in.

People had access to the local community. We saw people go out shopping and going out to lunch with staff. We saw there were planned events such as a trip to the seaside and a barbeque for family and friends and some of the planned trips had taken place. We noted in one of the resident meetings under activities people had requested to go to the seaside and have a barbeque. This showed that people were supported to do the things they enjoyed. We noted other events included a boat trip and a trip to Paradise Island Park. People were supported to attend clubs where required and were supported by staff to go out if they wanted to. We saw activities inside included drawing, puzzles and games. One person loved to help out in the home and routinely vacuumed and mopped the floors. Another person who loved gardening was found pottering about the garden, they also loved to draw and we noted some of their drawings were hung on the registered manager's office wall.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. Care plans had all recently been updated and were personalised. For example, their likes and dislikes, individual cultural and religious needs were also documented. We noted one person who liked to go to church was supported by staff to do so. The registered manager told us about how they had supported one person with their medicine used to help them keep calm due to their challenging behaviours. The person no longer requires this medicine, and the registered manager explained this was achieved by good interaction from staff using distraction techniques. This included the person accessing the community and their daily routines were improved. The person was now more involved with house hold tasks or activities and frequently popped in to the registered manager's office. The registered manager felt that these changes had improved the way they felt and had enhanced their daily experience.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people lived at the Minims. We saw where complaints had been received these were responded to in line with the service complaints procedure. We also saw that people had sent in compliment letters thanking the staff for the care and support provided. Relatives who we spoke with confirmed they knew who to contact should they have concerns.

Is the service well-led?

Our findings

People who lived at the Minims, relatives and staff were positive about how the home was run. They were complimentary about the registered manager. One relative said, "They [relative] have always been extremely well looked after."

We found evidence that the provider had failed to notify the Care Quality Commission of incidents which had taken place, which under the terms of the regulation they had a duty to report. The service improvements manager had assured us that this was an error, the safeguarding had been reported by another professional organisation and the registered manager believed CQC would be automatically informed. However we found another reportable incident that at the time had not been reported.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found there were not always adequate systems to identify and report concerns. For example, one person's mattress was not fit for purpose. The registered manager had not been made aware of the problem and staff that routinely changed the bed linen had not recognised or reported any concerns. This was also an infection control issue because the mattress could not be cleaned properly. However the service improvement manager had now introduced further checks for all residents to regularly review mattresses and people's rooms to ensure they were of a good standard and met people's needs.

A staff member commented, "I know my role we have good training and communication." However, staff did not always understand what was expected of them. For example, the key worker role. The managers had been working to improve this with guides on medication, how to introduce new opportunities and interests and guidance on how to be a key worker and what was expected. The registered manager confirmed that this was changing and staff were embracing their roles.

Audits were carried out regularly in areas such as medicines, infection control, care planning and health and safety. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were audits completed by the service improvement manager that ensured best practice. Where issues were identified, action plans were developed to improve the service. This meant there were systems in place to monitor the quality of the service. However as stated previously the audits had not identified the issues about the mattress in the report.

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. They were clear about their vision regarding the purpose of the homes, how it operated and the level of care provided. They told us that they had found lots of issues that required improving and had been prioritising these. For example medicine practices. They also told us that they and the deputy manager completed regular walks about the homes where they talked with people and checked everything was alright they observed and checked staff competency. Staff we spoke with confirmed the managers were visible around the homes.

The registered manager received support from their improvement manager and deputy manager and they had regular meetings to support learning. The registered manager said, "I do feel supported I can call for support at any time." The registered manager told us they had regular supervisions and felt listened to and supported. They commented, "If I need support I can just pick up the phone or send an email." They also confirmed that they received updates from the provider via email and used web sites such as CQC to ensure they were abreast of best practices.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify CQC of all incidents that affect the health, safety and welfare of people who use the service. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that staff understood their individual responsibilities to prevent, identify and report abuse while providing care and treatment. |