

Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 22 Sandown Road

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Saint John of God Hospitaller Services - 22 Sandown Road, is a care home providing accommodation and personal care for up to nine people living with a physical, learning disability or autism. At the time of inspection, nine people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured people who lived at the home can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People living at the home received planned and co-ordinated person-centred support that was appropriate and inclusive for them. Although the home is larger than current best practice guidance, there were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found.

People experienced care which was exceptionally person-centred, placing great emphasis upon ensuring people lived the best lives they could. Feedback received from relatives and a variety of visiting professionals described how the service had literally transformed people's lives. They told us the change in people was amazing. One relative told us how as a result of the outstanding effort and level of care their loved one received from staff, they now were able to enjoy a relationship with their loved one, which was something they had not had previously.

Relatives and professionals told us people were safe living at the home. Risk assessments were in place to help staff keep people safe. Regular safety checks of the building were completed. Only suitable staff were employed. The manager used incidents as a learning opportunity to improve things.

People's needs were assessed before they came to live at the home. Staff had appropriate skills to care for people. Staff received regular training. Relatives were very complimentary about how staff cared for their loved one, one relative told us, "Since [person's name] has moved to Sandown Road, their quality of life has massively improved. They are doing things that would never have been possible in previous environments, and I believe that Sandown Road is enabling them to reach their potential. It has been wonderful to see." People enjoyed a healthy and varied diet. People attended regular healthcare appointments. People's bedrooms were decorated and furnished to their liking.

People received care from staff who were very caring and committed to their role. Staff were aware of the importance of maintaining both people's dignity and independence. People were encouraged to be involved in their care to ensure their preference and choice were the focus of care delivered.

Regular reviews of people's care were completed, to ensure good progress was made against planned

outcomes. A complaints policy was in place, but no complaints had been received. People had access to documents in various formats to support their understanding and communication. End of life wishes were included in people's care plans (where these could be established).

The service was without a registered manager. However, the provider had arranged for a peripatetic manager to oversee the service until the new manager came into post early 2020. They managed the service very well. The manager ensured information was shared with the appropriate authorities. When things had happened, action was taken to address any issues. A service improvement plan was in place and was updated monthly. The manager worked closely with various healthcare professionals. Staff, relatives and visiting professionals were very complimentary about the new manager. Comments included, "There has been a recent change in management, and I feel that the new manager has worked swiftly to identify areas of improvement."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 14 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Saint John of God Hospitaller Services - 22 Sandown Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Saint John of God Hospitaller Services – 22 Sandown Road, is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager at the service. However, there was a peripatetic manager who was managing the service until the new manager came into post. A registered manager is someone who, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the manager, the operations manager, three support workers, one senior support worker and one domestic. We were unable to speak with people living at the home as people were unable to communicate with us. However, throughout the inspection, we observed positive practices and outcomes, which demonstrated how well staff knew the people they cared for.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff personnel file and records related to the management of the service.

After the inspection

We continued to receive information from the manager to confirm the inspection findings. We spoke to two relatives. We also received written feedback from two professionals and spoke to one professional on the phone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Assessing risk, safety monitoring and management

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority.
- Staff had received training in safeguarding. Staff told us they were confident to recognise and report any safeguarding issues.
- Relatives told us people received safe care, comments included "Care is brilliant and safe" and, "It's the best care facility [Person's name] has been in."

Using medicines safely

- People's medicines were managed safely.
- Staff who administered people's medicines had received appropriate training. They also had regular competency assessments about how safely they managed medicines. Staff told us they felt confident to administer people's medicines
- The manager completed regular audits. These helped the provider to identify and address any shortfalls in medicines management and to promote the application of best practice in medicines management by staff.

Assessing risk, safety monitoring and management

- The provider had completed environmental risk assessments. These were reviewed and updated on a regular basis. Regular health and safety premises checks were completed, including regular fire testing and fire drills.
- Accidents and incidents were recorded and reviewed by the manager. Any follow-on actions were updated in people's care plans to help prevent reoccurrence.
- People's care plans included appropriate individual risk assessments which also supported people to be as independent as possible. They supported staff to keep people safe both inside and external to the home.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people and levels were reviewed where a change in people's needs were identified.
- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the home.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles.

- Staff had access to personal protective equipment including gloves and aprons to help prevent the spread of infection.
- The home liaised with the local authority infection control team which supported best practice protocols to carried out within the home.

Learning lessons when things go wrong

- The manager reviewed incidents as a point of learning via a reflective learning log. They shared with us how during a recent 'mock event' they had reviewed each step in the process and highlighted where improvements could be made. These improvements had been implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were fully assessed prior to moving into the home. This was carried out in line with best practice guidance.
- People (where able) and their relatives had been involved in the creation of care plans.
- Care plans included lots of detail, including people's likes, dislikes, and their interests. They also included information regarding how staff should care for each person in a way which was important to that person.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people.
- Staff told us they received regular training. New staff who were employed attended an induction programme. This induction programme supported staff to understand the vision, values and ethos of the organisation through the practice of LOVED approach which stands for 'Live Our Values Every Day.' They were also appointed a 'staff mentor' to support them in their new role.
- Relatives and visiting professionals told us staff had the right level of skills and experience to care for them safely. One visiting professional told us, "We currently have on person living at the home that we case manage and the support that Sandown have been able to offer has been excellent in meeting their needs. We have contact with the management system in place which has always been responsive and supportive to the individuals. I have been visiting Sandown for many years now in various roles and staff have always been welcoming, families are always involved, and professional advice taken on board."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were catered for.
- People had access to a very healthy and balanced diet and had a choice of meals.
- Where needed, people's weights were monitored. If any concerns were identified with people's eating and drinking, they were referred to the appropriate healthcare professionals for their input and guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People living at the home had complex care needs The provider worked closely with various healthcare professionals to ensure people's care was consistent and appropriate to their needs. Professional comments received included, "Professional advice is always taken on board," and, "The service has done remarkably well, caring for [Person's name], they always keep in contact with the learning disability team – they liaise well."
- Staff knew people very well and were quick to recognise if people were poorly. They told us they would not

hesitate to seek professional advice if needed.

Adapting service, design, decoration to meet people's needs

- At the time of our inspection the home was undergoing major refurbishment. The manager shared with us how the provider hoped to convert one of the existing rooms into an immersive sensory room for people to enjoy.
- People's bedrooms had been decorated to reflect peoples' preferences and interests. They were comfortably furnished and held lots of personal items.
- The home had an outside garden for people to access and enjoy.

Ensuring consent to care and treatment in line with law and guidance

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, 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made when needed. Where DoLS included conditions, action had been taken to ensure those conditions were implemented.
- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff had a very good understanding of the MCA and applied this in their work.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception all relatives and visiting professionals told us how committed and how well staff cared for people living in the home. Comments included, "This home is a totally different experience. It is a home-from-home. We as parents feel welcome. [Person's name] is non-verbal but I have never seen them so happy! Staff manage them so well and [they] have trust in their carers. I've never met such a caring bunch of individuals – they go above and beyond," and, "I have always found the staff there to be caring and compassionate to residents. Whether this be the individual that I work with, or residents in general. I am always impressed with the way that they speak to and treat the residents."
- Staff were very kind and genuine during their interactions with people. This included sitting chatting with people, helping people with their lunch or supporting people to go out into the community.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted.
- The manager shared with us how one person who had come to live at the home hadn't previously liked to wear clothing. However, since coming to live at the home, they now enjoyed going out into the local town, and were supported by staff to choose and buy new clothes as well as choosing their own bedding sets for their bedroom.
- People's personal appearance was good. Staff were very dignified when supporting people.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were very involved with their loved one's care. This included regular informal discussion as well as more formal reviews.
- Care plans included lots of information about people's likes and dislikes. For example, what a good day would look like and how staff would support people to achieve this.
- Information regarding advocacy services was available for people or their relatives to access. Information and various documents were available in easy read format to meet people's needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptional care and outstanding support from dedicated staff, whose sole aim was to provide care which was based entirely upon people's detailed and individual preferences. Prior to coming to live at the home, some people had not been given the opportunity, choice or support to say what their preferred need and care should be. All staff were very proud of the progress people had made and shared with us how much people's lives had changed since coming to live at the home. They told us, "When [person's name] first came to live here, they would not go out into the community. They told us they would like to go out - within their first week of living here, they were out taking walks in the local park! They are now able to walk much further and rely less on their wheelchair.
- One person in receipt of care from the service had started rebuilding and enjoying a relationship with their family which is something they had not been able to do before due to some challenges with their behaviours. Staff had worked exceptionally well with the person in order to improve their behaviours which enabled them to achieve this goal and make such a difference to their life and family relationships.
- Great care and emphasis was placed upon people achieving, living and leading the best possible life they could. Each person held a 'Quality of Life Outcome' chart in their care plan. This chart included various aspects of people's lives and what they wanted to achieve, for example social networks, self-esteem and identity and problem solving. One visiting professional told us, "Since [person's name] has moved to Sandown Road, their quality of life has massively improved. They are doing things that would never have been possible in previous environments, and I believe that Sandown Road is enabling them to reach their potential. It has been wonderful to see."
- Relatives also spoke very highly about the level of personalised care their loved ones received, one relative told us the care their loved one received was outstanding, they added, "The staff go above and beyond, it warms my heart. I want [person's name] to stay there forever."
- Care plans were reviewed on a regular basis with people or their relatives/advocates where they could not partake in this process themselves. They were updated as and when people's needs, or goals changed. Relatives comments included, "My son gets involved with my relative's care plan and this is reviewed on a regular basis," and, "My relatives needs have changed drastically since they first came into this home. Staff have fully accommodated those changes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported extensively to maintain and develop relationships which were important to them.
- Staff supported people to visit their relatives at their family home. One relative told us, "Staff have

supported [person's name] to come home. They come once per month and are also coming over on Christmas day – this is great."

- People were supported to access the local and wider community daily. This was either as an individual or in group setting. Activities included, swimming, visiting local animal farms and visiting the cinema. One family member shared with us how everyone had thoroughly enjoyed a day out together at a local theme park. Such was the impact on people of the day, a member of the public had approached staff during the day and had commented how amazing it was to see people so happy and enjoying themselves. They then donated some money and asked staff to buy everyone an ice-cream.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been received since the last inspection.
- Relatives told us they had not raised any concerns or complaints. They said they would be confident to do so, and they knew who to speak to if needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Very thorough and structured pre-admission assessments were used to recognise each person's specific communication needs.
- People's views were very important, and staff worked exceptionally well to find the best way they could to communicate with people. This approach supported staff to understand how people were feeling, what they would like to do or what they would like to achieve in their life. The direct impact of this approach had resulted in people becoming less frustrated which had reduced people's behaviours which may be seen as challenging.
- Various documents were available in pictorial and picture board formats to support people with their understanding and communication.

End of life care and support

- Care plans included very detailed and specific information regarding people's end of life and funeral wishes.
- At the time of inspection, no one was receiving end of life care. Staff had received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- At the time of this inspection there was no registered manager at the service. The service was being managed by a peripatetic manager. However, a new manager had been appointed and an application for their manager registration with the Care Quality Commission (CQC) has since been received.
- Audits to check the quality of care and service provided were completed at both local and regional level. Audits had identified areas for improvement and these had either been actioned or were logged as ongoing.
- The manager had notified the CQC of incidents in line with regulations and their legal responsibilities.
- Every member of the staff we spoke with told us they enjoyed working at the home. Staff we spoke with were very passionate about the level of care and support they provided. One member of staff told us, "I have worked here 20 years, I am a great believer in person-centred care. We get to know the person and we meet their needs in what they want."
- The manager and staff worked very closely with external professionals. Feedback from professionals included, "I have always had a very positive relationship with the service manager, as well as the operations manager. They have always been very communicative with me," and, "I have been visiting Sandown for many years now in various roles and staff have always been welcoming, families are always involved, and professional advice taken on board."
- The manager also attended monthly regional management team meetings. Those managers whose service attained a score above 85% via their monthly quality assurance checks, were invited to meet as a group to discuss and put forward ideas to enhance quality performance. The service had attained an increase in their overall performance and had achieved an overall internal quality score of 90% for the month of October 2019.

Continuous learning and improving care

- The manager shared with us their overarching service development plan which they had created for the home. This plan included a broad range of actions for example further staff training, the creation of more streamlined care plans and a review of feedback on questionnaires to allow for feedback to be better used. The plan was then reviewed on a weekly basis to monitor progress in each area.
- The manager also shared with us how the home had signed up to the National Autistic Accreditation (NAAS) Scheme. They told us they hoped this would support staff to improve autism practices, which would hopefully result in the home being awarded a bronze award from NAAS in the future.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- People received very person-centred care. Both the manager and staff placed great focus upon ensuring people lived their lives in a way which supported them to achieve the best possible outcomes.
- The manager reviewed any matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- People and relatives were well informed. Staff were open and honest if things had gone wrong which included offering appropriate apologies.
- Staff, relatives and visiting professionals spoke very highly of the manager. Comments included "There has been a recent change in management, and I feel that the new manager has worked swiftly to identify areas of improvement," and, "[Manager's name], I love their approach – [Manager's name] has a lovely demeanour, firm but fair. Got such a nice way, they are very respectful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager sent out regular surveys to relatives. Feedback received had been very positive.
- No formal questionnaires were completed by people living at the home. However, the manager told us they judged how people were feeling by measuring for example people's accomplishments and reduction in any behaviours that may be perceived as challenging.
- The manager held regular team meetings. Staff confirmed this. They told us they felt listened to, were invited to share ideas for improvements and they felt valued.