

Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 1-2 Dalby View

Inspection report

1-2 Dalby View
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Date of inspection visit:
08 January 2020

Date of publication:
27 February 2020

Ratings

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

Summary of findings

Overall summary

About the service

1-2 Dalby View is a care home providing personal care and support to eight younger adults, some of who may be living with learning disabilities and autism. There were eight people using the service at the time of the inspection.

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 ensures that people who use the service 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Improvements had been made since the last inspection and these included improvements to the environment, record keeping and governance.

The service was registered to support eight people. Care and support was provided from two adjoining bungalows each one accommodated four people. It therefore conformed with current best practice guidance.

The atmosphere was bright and welcoming and the buildings were better-maintained with a good standard of hygiene. There was a stronger, more effective governance system in place. Processes were in place to manage and respond to complaints and concerns.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with respect and dignity. Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their rights and their responsibility to share any concerns about the care provided.

Information was accessible to involve people in decision making about their lives. 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. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were extremely well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and care was provided with patience and kindness. Staff ensured people's privacy and dignity were

always respected.

The service was flexible and responsive to people's needs and was able to accommodate changes to them. Records were personalised, up-to-date and accurately reflected people's care and support needs. Care was centred and tailored to each individual. Risk assessments identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People, relatives and staff were confident about approaching the management team if they needed to. They were complimentary about the team and the workforce. There was evidence of collaborative working and good communication with other professionals to help meet people's needs.

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 requires improvement (published 19 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 was carried out by an inspector and an inspection manager.

Service and service type

1-2 Dalby View is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. Plans were in place for another manager to become registered whilst the current registered manager was unavailable. This means that they and 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 we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

Not all people communicated with us verbally about their experience of the care provided. We spoke with five people and one relative about their experience of the care provided. We spoke with six members of staff including the deputy operations manager, the deputy manager and four support workers.

We reviewed a range of records. This included four people's care records and two medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted one relative and received written feedback.

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.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Due to some people's complex communication needs they did not communicate verbally with us. Other people said they felt "safe" at the home. One relative told us, "[Name] is safe and we trust the staff to care for them." Staff were aware of people's needs and they appeared happy and comfortable as staff supported them.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Assessing risk, safety monitoring and management

- Systems were in place to assess and monitor risk and to keep people safe.
- Information from risk assessments was transferred to people's support plans to ensure people were supported safely, including positive risk talking. Risk assessments were reviewed regularly.
- Support plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge. People were supported to take positive risks to aid their independence.

Using medicines safely

- People received their medicines safely. Staff did not administer medicines until they had been trained to do so. A relative told us, "Procedures for giving medicines are well thought out, and we've seen them being properly followed by staff when we've been visiting." Competency assessments were completed regularly to confirm staff had a good understanding in this area.
- Support plans provided details of how people received their medicines including "when required" medicines.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

Staffing and recruitment

- There were enough staff to support people, including people who needed one-to-one support. Staffing levels were flexible and were determined by the number of people using the service and their needs. A staff member told us, "I think there are enough staff, at night we now have two waking night staff instead of one

waking and one sleep-in staff member."

- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Preventing and controlling infection

- The premises were clean and there was a good standard of hygiene. A relative commented, "The building is always clean and tidy." Staff received training in infection control to make them aware of best practice.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure the premises were decorated and maintained for people's safety and comfort. Records did not show that people's capacity to consent care or treatment. These were breaches of regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulations 15 and 17.

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

- Improvements had been made to the bungalows and a programme of refurbishment was taking place. The call bell system was also able to be used. A relative commented, "There's been more redecoration and replacement of worn furniture recently, so it's a very welcoming and comfortable environment." Due to self-propelling wheelchairs some doors and doorframes in one of the bungalows were showing damage including to the paintwork, although areas had been re-decorated. We received an action plan to show when this would be addressed again.
- The buildings were light, spacious and airy. They were designed to meet people's needs. Doorways were wide to accommodate wheelchairs and appropriate signage was available around the buildings.
- People's bedrooms were well-personalised. They had belongings that reflected their interests.

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 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.

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection improvements were required to record keeping as they did not show who had been involved in best interest decision making where decisions had been made on behalf of people who did not have mental capacity.

- Improvements had been made to records and they reflected where best interest decisions were made on behalf of people. Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.
- DoLS applications had been applied for appropriately. When authorised these were monitored and reviewed.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments followed best practice.
- Assessments included information about people's medical conditions, oral health, mental health, dietary requirements and other aspects of their daily lives.

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

- People had a variety of food and drink to meet their needs. One person told us, "We have plenty to eat. I enjoy the food" and "I like cauliflower cheese."
- Staff supported people to maintain a healthy balanced diet. People were involved in the planning of menu's. People's care records included nutrition care plans and these identified requirements such as the need for a specialist diet.

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

- Care plans were in place to promote and support people's health and well-being, including people's oral health. We discussed that guidance about people's oral health care needs could be more detailed and this was addressed immediately. Information was shared with other agencies if people needed to access other services such as hospitals.
- Where people required support from other healthcare professionals this was arranged and staff followed guidance provided. One person said, "I was unwell and went to the doctors, but I'm better now."
- Access to regular health services, such as GPs, mental health, dentists and opticians was well-documented. A relative told us, "Staff liaise with GP and nurses and other services to meet our relative's needs. We are notified if they have been unwell and had to see the doctor."

Staff support: induction, training, skills and experience

- Staff received training to meet people's care and support needs and they kept up-to-date with safe working practices. They received supervision and support to carry out their role and there were opportunities for career progression. One staff member commented, "We get loads of training. There are opportunities for development. When I started I shadowed other staff for weeks."
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. One staff member said, "Part of the induction takes place in London, it includes learning about the values of the organisation." New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone.

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

- During the inspection there was a busy, happy and pleasant atmosphere in the service. People moved around as they wanted. There was a camaraderie amongst staff and people. One person said, "I love living here. Staff are very kind, they listen to me." One relative told us, "[Name] does like living here, they clearly feel at home."
- Staff supported people in a caring, attentive and patient manner. If people became distressed, staff responded immediately and knew how to support them to reduce their anxiety.
- The service promoted a person-centred culture and was committed to ensuring people received support in a caring and nurturing environment.
- There were examples of where staff had provided exceptionally caring and compassionate support, where staff had worked closely with people to achieve goals and improve their well-being and quality of life. For example, a person who was fed via a tube inserted into their stomach because they did not choose to eat orally had been supported and encouraged by staff. The person now had an interest in some foods and ate some food orally.

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

- The service ensured people were supported to express their views so that staff understood their preferences, wishes and choices. Weekly house meetings took place with people to gather feedback about menus and activities. A staff member told us, "[Name] is into Spanish food at the moment so they're choosing paella."
- People who may need support with decision making were encouraged to make choices about their daily lives and staff used pictures and signs for some people to help them make choices and express their views. One relative told us, "[Name] is confident about voicing their opinions."
- Guidance was available in people's support plans which documented how people communicated. Communication methods such as electronic tablets, pictures and other bespoke methods of communication were also used.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected in the way that staff spoke to people and acted towards them.
- Care plans were written in a respectful, person-centred way. They outlined for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff respected people's personal space and were observed knocking on people's bedroom doors before entering their room.

- People were supported to be as independent as possible, whatever the level of need. Some people helped to make drinks and snacks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection care records did not reflect all people's care and support needs and provide guidance to enable staff to support people in the way they needed and wanted. This was a breach of regulation 17.

Enough improvements had been made and the provider was no longer in breach of regulation 17.

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

- People received individual, person-centred care that met their needs.
- Improvements had been made to care records, they were up-to-date and contained clear information about how best to support the person. Records gave guidance about people's daily routines if they could not tell staff themselves. There was regular evaluation of care records. We discussed that people should be involved in the monthly evaluations to discuss their care and support needs and their plans for the future and their aspirations.
- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.

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 encouraged and supported to maintain contact and visit their family. A relative told us, "[Name] has an iPad and "Alexa" which staff and family members have worked together to set up, and [Name] enjoys using these. They especially love to keep in touch with their nephews in America via Facetime."
- People took part in a range of activities. They were based on their interests. These included baking, cookery classes, arts and crafts, listening to music, word search puzzles, reading the newspaper and karaoke. One person said, "I'm playing a football game on my television." Another person said, "I like playing with my trucks [remote controlled]."
- Staff provided support to people to go out in the community. One person told us, "I go shopping, to the gym and I like to visit railway museums." People went shopping, for meals out, to discos, swimming, cinema trips, concerts and to the gm. A relative commented, "Staff arranged for [Name] to go to concerts. We got a lovely photo of them at a music festival."

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.

- The deputy manager explained the systems in place to assist people's communication. They were aware of the AIS. Information was accessible to promote people's understanding and involvement.
- Detailed communication plans were in place in which described how people communicated and the words and gestures they used.

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Peoples end-of-life care plans were accessible and pictorial and contained detailed information about their religion and wishes at this important time. They also included information about the person's favourite things.

Improving care quality in response to complaints or concerns

- An accessible complaints policy was available to help people if they needed to complain. No complaints had been received.
- People were asked at their weekly meetings if they had any concerns.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider's quality assurance system was not robust and had failed to identify areas of improvement that had been noted at the inspection. This was a breach of regulation 17.

Enough improvements had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection improvements had been made to aspects of the running of the service to ensure the environment was well-maintained, people's care records reflected the care provided by staff and a more effective quality assurance system was in place.
- The management team worked well to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, and deputy operations manager for the running of the home, as the registered manager was not available.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. Where any incidents occurred, they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence.
- People, relatives and staff told us communication was effective to ensure people received care that met their needs. A relative commented, "Communication has improved over the last few months."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The organisation was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice.
- Relatives and people were involved in decisions about care and advocates were also involved where required.
- People, relatives and staff all spoke highly of the staff team. They were positive about management all said the management team were approachable and they were listened to. One staff member told us, "I love working here."

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

- The organisation promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.

- The service regularly sought people's views. People and staff were empowered to voice their opinions, and the management team responded to comments put forward.
- Feedback was also sought from people, relatives and staff through meetings and surveys.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. The provider and managers were committed to developing their leadership skills and those of the staff. One staff member told us, "It's a really good organisation to work for, I feel valued."
- Staff communicated effectively with a range of health social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.