

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:
01 November 2018
05 November 2018
15 November 2018

Date of publication:
21 January 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Saint John of God Hospitaller Services - 1-2 Dalby View on 1, 5 and 15 November 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

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

The service is registered to accommodate a maximum number of eight people with a learning disability. There are two bungalows (four people in each) situated on the same site. At the time of the inspection there were eight people who used the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our inspection. However, the deputy operations manager was present and supported us with this inspection.

At our last inspection in December 2016 we rated the service as good. At this inspection we found deterioration and rated the service as requires improvement. This is the first time the service has been rated Requires Improvement.

At our last inspection of the service in December 2016 we found those people lacking capacity did not have decision specific mental capacity assessments or best interest decisions formally recorded. At this inspection we found no improvement had been made. It was our judgement, through speaking with staff, that decisions such as accessing health professionals and taking medicines had been made in people's best interest, but there was no formal recording of this.

The home environment needed refurbishment and some furniture such as wardrobes and drawers needed replacement. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

We found some care plans were confusing or contained insufficient information to ensure people's care needs were met. Care records contained numerous generic risk assessments which were not needed and

made care records difficult to navigate. Care records provided information to staff on support people needed when getting up on a morning and when they were retiring to bed. However, there was limited information about how people liked to spend their day and the support they required from staff to do this.

Quality monitoring was undertaken, however, we found some of this to be ineffective as this did not identify the areas of concern that we found at this inspection.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked.

There were enough staff on duty to meet people's needs. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The home was clean and tidy. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place.

People told us they enjoyed the food provided. Staff supported people to maintain their health and attend routine health care appointments.

People who used the service told us that staff were kind and caring. People had access to a range of activities. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager and provided.

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.

Medicines were managed safely and the risk and spread of infection was minimised.

Staff knew the action to take if they suspected people were at risk of harm or abuse.

Recruitment checks were carried out prior to staff starting work. There were enough staff on duty to ensure people's needs were met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Decision specific mental capacity assessments and best interest decisions were not formally recorded.

The service needed refurbishment and the call bell system to summon the help of staff needed repair.

Staff received training, supervision and appraisal. Staff told us they were well supported.

Is the service caring?

Good ●

The service was caring.

Staff were caring and people were treated in a kind and compassionate way.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted.

People had access to advocacy services. This enabled others to speak up on their behalf

Is the service responsive?

The service was not always responsive.

Some care records were confusing and did not contain detailed information to ensure people's care needs were met.

People and staff told us activities, outings and holidays took place for people to enjoy.

There was a complaints procedure in place. People and relatives told us they would speak with staff or the registered manager if they were unhappy.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality monitoring was ineffective as it had not always identified the areas of concern that we found at this inspection.

Staff told us they were supported by the registered manager, and they understood their roles and responsibilities.

People and relatives told us they could approach the registered manager if they wished to do so.

Requires Improvement ●

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

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 checked whether the provider was 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.

This comprehensive inspection took place on 1, 5 and 15 November 2018 and was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other professionals who worked with the service to gain their views of the care provided by Saint John of God Hospitaller Services - 1-2 Dalby View.

The provider had completed 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 used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicines records. We also looked at recruitment records for two staff members and supervision, appraisal and training records.

We spoke with the deputy operations manager, quality and safety manager and five care staff. We spoke with five people who used the service. The inspection included telephone calls to three relatives of people who used the service. We spent time observing staff interactions with people throughout the inspection.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes I do feel safe" and "The staff make me feel safe."

We looked at records, which confirmed that health and safety checks of the building and equipment were carried out. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with understood the policies and how to follow them. Staff were confident the provider would respond to any concerns raised.

Staff continued to be safely recruited and had all the required pre-employment checks in place. This included references, employment histories and Disclosure and Barring Service checks to make sure staff were safe and suitable to work with people. Since our last inspection there has been a high turnover of staff. Relatives told us, "The turnover of staff has been tremendous. [Person] is reluctant to get to close to staff in case staff leave" and "There has been a high turnover of staff, but I get the impression now they are more of a team sharing out jobs and responsibilities."

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. We found care files difficult to find our way around as there were many generic risk assessments within care files that were not needed. We noted one person was at risk of choking. Staff were able to tell us the measures they put in place to prevent choking and action they would take if the person did choke. However, there was no a risk assessment within the person's care file. We pointed this out to the deputy operations manager who told us they would take immediate action to address this.

The provider had systems and processes in place for the safe management of medicines. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicine records were comprehensive and well kept.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. The home was clean and tidy. Appropriate personal protective equipment and hand washing facilities were available and staff had completed infection control training.

The service had enough staff on duty to meet people's needs. The deputy operations manager told us they regularly reviewed people's needs to ensure there were suitable numbers of staff on duty during the day and night. If staffing levels needed to change the deputy operations manager told us they would adjust them accordingly. Relatives told us that there were enough staff on duty and understood that staffing levels were also decided and limited by the funding authority who paid for the people's care.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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 our last inspection of the service in December 2016 we found that for those people lacking capacity, they did not have decision specific mental capacity assessments or best interest decisions recorded. At this inspection we found no improvement had been made. It was our judgement through speaking with staff that decisions such as accessing health professionals and taking medicines had been made in people's best interest, but there was no formal recording of this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service consists of two bungalows and each bungalow has four bedrooms a communal lounge, kitchen/diner and laundry. One of the bungalows has a conservatory. Each bungalow has a large spacious bathroom with overhead hoisting and a specialist bath. Externally there was a large garden for people to enjoy. During the inspection we walked around both bungalows and found them to be in need of refurbishment. We found walls and doors in both communal areas, bathrooms and bedrooms chipped and in need of redecoration. In addition, we found furniture in bedrooms to be chipped and in need of replacement. Most people used wheelchairs or walking aids which had caused the damage to the environment and furniture.

At the time of the inspection the call system used by people to summon the help of staff was broken. The registered manager contacted us after the inspection and informed estimates had been obtained and this would be repaired in the near future. During the day most people were out or spent their time in communal areas and at night time people were checked on regularly. People told us they generally slept well and only occasionally used their call bells during the night if they felt poorly.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service and relatives who told us that staff provided a good quality of care. Comments included, "Yes, I like it here; I do" and "I think the service is great. [Name of person] is very happy there."

The registered manager conducted a full pre-admission assessment for each person prior to coming to the service. This was to ensure staff had the appropriate skills and the correct equipment was available to ensure the people's safety and comfort.

People were supported to have regular access to healthcare professionals including GPs, district nursing service, optician and dentist. The service was quick to react to people's change in needs and when needed made referrals to the Speech and Language Team (SALT) and dietician. Guidance was adopted into people's care records and clearly followed by staff. One person told us, "If I have a bad chest or something I go to the doctors."

Care staff told us they were well supported in their role and received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff told us they felt well supported by the registered manager. A staff member said, "I love working here and I feel very supported."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, first aid, infection control, moving and handling, medicines and fire training. Staff told us the training was plentiful and enjoyable. The registered manager contacted us after the inspection and told us where there were gaps in training that this had been booked. We were shown a plan of refresher training for staff to undertake in 2019.

The menus provided a varied selection of meals and people who used the service had been involved in choosing these. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We saw that snacks and drinks were provided at other times. One person told us, "I like all the food and the staff are all good cooks."

Is the service caring?

Our findings

People and relatives told us the staff were very caring. Comments included, "The staff are very nice", "I like living here I do because the staff look after me and they are all very nice. I like [names of three staff and the registered manager]", "[Name of person] is very happy. [They] are happy to come [to visit] and happy to go [return to Dalby View]" and "[Name of staff member] is brilliant. [They] are a shining light and can't do enough for everyone."

Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and people were seen smiling and engaging with them. Staff used effective communication skills to offer people choices. This included consideration of the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People's independence was actively encouraged and respected. Staff had a good understanding of how important people's independence was to their self-esteem. They shared examples of how they promoted independence when caring for people. For example, supporting people to undertake daily living tasks that they could manage themselves and offering assistance only when it was required. Staff were seen consistently supporting people to do as much as possible for themselves whilst ensuring people were safe and comfortable throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff used touch appropriately. For example, we saw one person became upset during the inspection and staff provided them comfort and reassurance. This resulted in the person becoming less upset and relaxing.

There were many occasions during the day where staff and people who used the service engaged in conversation, general banter and laughter. One person told us and a staff member a joke. The person was very confident and took great pride in telling us the punch line. It was obvious that people felt very comfortable in the company of staff.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff understood people's right to be treated with respect and dignity and to be able to express their views. Staff told us how they would knock on people's doors before going into their room and how they made sure all personal care was provided behind closed doors.

We saw that people could move freely and safely around the service and could choose where to sit and spend their recreational time. People could choose to go to their rooms at any time during the day, to spend time on their own, and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

Information on advocacy was available for anyone who required this.

Is the service responsive?

Our findings

Relatives confirmed they were involved in discussions regarding their family member's care and people confirmed they were also involved in making choices about the care they received. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs. However, we found some care plans in need of development. For example, the care plan for one person detailed they needed full support with their personal and oral care. However, the care plan did not inform what this full care consisted of.

We also noted the information within care records for one person was confusing. The person had a percutaneous endoscopic gastrostomy (PEG). This is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. This person had also been assessed by the speech and language therapist and dietician and was able to have small tasters of food. Information within care records was confusing as to the amount of tasters the person could have. We spoke with staff who demonstrated they knew the person's feeding regime. However, care records did not clearly detail this. We pointed this out to the deputy operations manager who confirmed they also found care records confusing and would take action to address this.

At our last inspection in December 2016 we identified that people had detailed plans informing staff of the care they needed when they were getting ready on a morning and when they went to bed at night. However, there was limited information about the support people needed during the day. At this inspection care plans still contained limited information about how people liked to spend their day and the support they required from staff to do this. However, this did not impact on the care that people received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records contained a one-page profile. This was a simple summary of what was important to the person, how they wanted to be supported and what people appreciated about the person. This helped staff to provide people with person centred care and support.

People who used the service told us they had an active social life and took part in many activities and outings of their choice. Comments included, "I go to the gym. I was there on Monday. I do weights and exercises and my mobility has improved", "I'm going to see Boy George at Newcastle", "I like to go to the pub for a Guinness. I also like to have scampi and chips", "We went on holiday to Blackpool this year" and "I'm going out shopping on Tuesday."

People, staff and relatives confirmed there were many events and celebrations for everyone to take part in. This year there had been an event to celebrate the 25th anniversary of the opening of the service. People who used the service had celebrated with a garden party in which everyone dressed up. People told us they

had enjoyed dressing up as the pop stars Michael Jackson and Pink. Many other people from other services operated by the provider, families and staff came and joined in the fun.

At the time of the inspection people and staff were preparing for Christmas. There was to be a Christmas party and some people who used the service were going to the pantomime.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Staff gave people and relatives a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. People told us they would speak to staff and the registered manager if they were unhappy or had a concern.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

Is the service well-led?

Our findings

Senior staff had carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. However, these had been ineffective as they had failed to pick up on all areas of concern that we had identified during the inspection. At our last inspection of the service in December 2016 we found that for those people lacking capacity, they did not have decision specific mental capacity assessments or best interest decisions recorded. At this inspection we found no improvement had been made. Bungalows needed refurbishment and the call bell to summon the help of staff needed repair. Care records needed to be updated to ensure they contained accurate information and provided clear guidance to staff.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our inspection. However, the deputy operations manager and staff were able to support us with the inspection process. After the inspection the registered manager provided us with additional documentation and information we needed via e-mail.

People who used the service spoke highly of the registered manager. Comments included, "I like [name of registered manager] [they] are great" and "Oh yes [name of registered manager] is very very nice."

Staff spoke very positively about the culture, values and leadership of the service. They told us they enjoyed working at the service and worked together as a team. Comments included, "I really do enjoy my job. The training is good and we all work together as a team to support each other", "[Name of registered manager] is very supportive of staff" and "I work for the agency but I am coming to work here permanently. This is one place I enjoy coming back to."

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service, health and safety, people who used the service and safeguarding. Informal meetings for people who used the service had also taken place. These meetings were used to discuss items such as menu choices and activities.

The service is very close to Parkway shopping centre in Coulby Newham. People and staff regularly accessed the local community, nearby cathedral, shopping centre, leisure centre and pub. The operations manager told us staff and people had built up excellent relationships within the local community.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 15 HSCA RA Regulations 2014 Premises and equipment Bungalows needed refurbishment. The call bell to summon the help of staff was need of repair.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People did not have decision specific mental capacity assessments or best interest decisions recorded. Care records were confusing and did not provide clear guidance to staff.