

Saint John of God Hospitaller Services

SJOG Hospitaller Services

Northern Supported Living

Inspection report

1-3 Yarn Lingfield House
Lingfield Point
Darlington
DL1 1RW

Tel: 01325373700
Website: www.sjog.org.uk

Date of inspection visit:
16 May 2023

Date of publication:
12 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St John of God Hospitaller Services Northern Supported Living provides personal care to people. At the time of the inspection the service was supporting 19 people with personal care. People lived in a variety of houses and bungalows across the north east area in partnership with a housing provider.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported safely with medicines. Staff followed Infection prevention and control good practice guidance.

Right Care:

Staff understood how to protect people from poor care and abuse. The service had enough appropriately skilled and trained staff to meet people's needs and keep them safe. Where people had support, this was flexible, available when they needed it and to the level they needed. Care and support was provided in a person-centred way. People said staff treated them with care and kindness and supported them to take part in their individually preferred activities and to follow their own lifestyles. Staff understood people's individual communication needs.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. The service was open to new ways of working and ongoing developments were introduced to promote independence and continuous improvement. Staff told us they were supported by a strong management team who supported them personally and professionally.

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

Rating at last inspection

The last rating for this service was good (published 11 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St John of God Hospitaller Services Northern Supported Living on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

SJOG Hospitaller Services Northern Supported Living

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a supported living service. It provides personal care to people living in their own houses across the North area such as Leyburn, Billingham and Scorton, in partnership with a housing provider.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We carried out this inspection 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, care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who use the service about their experience of the care provided. We spoke with the registered manager, regional manager, senior support worker, deputy manager and 6 support workers.

We reviewed a range of records. This included 3 peoples care and medication records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

Following the inspection, we looked at a range of documents sent to us such as audits, care records, meeting minutes and policies. We also spoke with 3 relatives via telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Audits of medicines were in place. However, they did not highlight discrepancies found during the inspection process. This included medicines to be taken as and when required and people's allergies. The registered manager responded immediately by ensuring the audit process was more robust.
- Staff involved in handling medicines were trained and assessed as competent to support people with their medicines.
- Where safe to do so, people were supported to take their own medicines.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which showed measures for staff to follow to ensure people were kept as safe as possible from harm.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Relatives we spoke with said their family members were very safe at the service.
- Staff managed the safety of the living environment. Regular checks on equipment and the environment were made.

Staffing and recruitment

- There were enough staff to provide support flexibly to meet people's needs. The provider made sure there were enough staff to meet people's individual care package.
- The provider was responsive to people's changing needs and sought support from other services where needed.
- Staff recruitment and induction training processes were effective. Staff we spoke with told us the induction training was thorough.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place.
- Staff had clear, up to date guidance about how to protect against COVID-19. Staff had access to supplies of personal protective equipment.
- People were supported to keep their rooms clean.

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 our last inspection we rated this question outstanding. At this inspection the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- At the time of this inspection there was no one with a Court of Protection or community DoL in place.
- Support plans recorded signed consent by people to the service and the care and support they received. We highlighted 1 error that was rectified by the registered manager immediately.
- Staff understood the importance of offering people choice and promoting their independence. We observed staff asking people if they were happy for us to visit and enter their homes.

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

- The provider completed assessments in order to ensure they were able to meet the person's care and support needs.
- People confirmed they were involved in all aspects of their care and support. One person had recently moved into the service this year. They said, "I absolutely love my bedroom." We also spoke with their relative who was very pleased with how their transition had gone.

Staff support: induction, training, skills and experience

- Staff had completed training relevant to their roles. This included topics such as safeguarding, fire safety and infection control.
- Staff were supported through supervisions where they could discuss any issues. Staff told us they valued one to one support and supervisions.
- Checks were completed to provide assurances of staff competency and performance in their daily roles.

This included observations of staff supporting people with their medicines and was used to help develop staff and to identify any further training needs to improve the care provided.

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

- Staff supported people to make choices about what they would like to eat, considering their preferences and dietary requirements.
- Assessments of people's dietary needs were recorded. We noticed 1 person who needed additional dietary support who would benefit from staff working with professionals so the appropriate advice was sought. The registered manager actioned this immediately.

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

- People received support to stay well and access medical professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners, district nurses, speech and language therapists, dieticians and opticians. Information following appointments or visits had been documented in care records.
- Staff ensured any health advice for people was discussed at handovers between shifts, and staff made time to encourage and support people with daily living skills.

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 our last inspection we rated this key question as good. At this inspection the rating 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.

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

- People told us they were happy with the service. One person we spoke with said, "I love living here with my friends it's a great place to be."
- We saw that people had goals and outcomes recorded in their support plans. These had been discussed with their key workers in monthly meetings. However, the discussions were not always consistent and varied in quality. The registered manager agreed to support staff with this to achieve better outcomes for people.

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

- The registered manager maintained clear oversight of the service. Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The provider had a system of audits and checks to monitor the quality and safety of the service. We discussed some differences in audits to our findings around a small number of medicine records and the registered manager agreed to review audits to ensure recording across documents was consistent.

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; Continuous learning and improving care

- The provider understood their duty of candour responsibilities.
- People and staff described the management team as always available and supportive. One staff member said, "I was very supported by my managers and the wider St John of God team when we had a bereavement here, they were excellent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people. People and staff were involved in regular meetings and were sent regular surveys asking for their views.
- The service worked with other health and social care professionals who were involved in people's care.
- One relative told us, "I speak with staff regularly and they are very helpful."
- People were an active part of their local community and during our visit 2 people were meeting up to visit the local pub.