Saint John of God Hospitaller Services

West Lane

Inspection report

15-17 West Lane
Bradford, BD13 3JB
Tel: 01274835036
Website: www.sjog.org.uk

Date of inspection visit: 3 December 2014
Date of publication: 31/07/2015

Ratings

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

Overall summary

On the 03 December 2014 we inspected West Lane. This was an unannounced inspection.

West Lane provides accommodation for persons requiring nursing and personal care to a maximum of 12 people who are living with learning disabilities. All the accommodation is in single rooms and the service is located in the residential area of Thornton, close to Bradford city centre.

There was a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2014, we found a breach of regulation 13 (management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We inspected the home again on 3 December 2014 and we checked whether improvements had been made.

We found some improvements had been made to the medicine management system. Medicines were administered in a safe way. However, we saw protocols

Summary of findings

and guidance were not always followed. Some documentation for administration lacked key information. Not all medicines were stored correctly in line with best practice.

We saw the provider had a safeguarding and whistleblowing policy in place. We saw the notice boards had posters and leaflets about safeguarding and who to contact. We spoke with staff about safeguarding. Staff could describe warning signs of abuse and what action they would take.

We looked at people's risk assessments which demonstrated how people were protected from identified risks and that measures had been put into place to reduce or remove further risk.

We saw that accidents and incidents were recorded and analysed for trends. This showed us that accidents and incidents were monitored effectively.

Staffing levels in the home were sufficient to meet people's needs. During the inspection we saw people were not left without assistance for any significant periods of time. We found some staff needed refresher training to ensure their training was up to date. Staff understood their roles and responsibilities, as well as the values of the home. Staff had effective support and supervision.

Care plans had been completed and reviewed on a regular basis. Plans had been written in a person centred way. People's plans of care included their choice, likes and dislikes and personal preferences. Staff completed daily records for people to record activities and people's wellbeing.

We observed during lunch time in the home. People were served food that was suitable for their diet. Those that needed support with eating received it. People had the weight recorded on a regular basis. This record would prompt staff if someone had a significant weight loss to take action.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people or support with activities such as reading or drawing.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. Where people were deprived of their liberty in order to keep them safe the provider had applied for authorisation. This meant they were acting lawfully and were meeting the requirements of the DoLS.

A complaints system was in place and staff we spoke with had confidence any concerns and complaints would be appropriately dealt with. We saw action had been taken to resolve one current complaint. This showed us the complaints policy was effective and staff followed the correct procedure.

The registered manager ensured a robust programme of quality assurance was in place. We saw regular quality audits fed information into an action plan to help improve the service. The action plan was then worked through to make the necessary changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe.

We found some bottles of medicine was not always labelled when opened. This showed us medication procedures were not always followed correctly. Medicines were not always stored in a safe way.

During our inspection we found appropriate staffing levels to meet people's needs in a safe way. Staff had a presence in the home at all times and could react to people's needs.

We saw staff were recruited with appropriate background checks. We looked at three staff files and saw suitable checks on staff character had taken place, including checking at least two references.

Is the service effective?

Good 

The service was effective.

We spoke with the registered manager who had a god understanding of What Deprivation of Liberty Safeguards (DoLS) was and the Mental Capacity Act 2005 (MCA). They told us they had made referrals for all people in the home.

We observed people were asked for their consent before staff supported them.

Some staff required refresher training to ensure their mandatory training was up to date.

Is the service caring?

Good 

The service was caring.

We spoke with staff who knew about people's personal preferences and significant periods of their life histories. Staff were able to tell us information from people's care plans. This demonstrated that staff had a good understanding of the people they cared for.

We saw evidence of advocacy services being requested to support people where no family were involved.

Is the service responsive?

Good 

The service was responsive.

We looked at peoples care plans and saw their needs had been fully assessed. This information was present in care plans to help staff provide appropriate care.

People's care plans included personalised information such as their likes, dislikes and preferences. Care plans had been created with people and their families.

Summary of findings

The service was responsive to complaints and acted in a way that showed an understanding of the complaints policy.	
Is the service well-led? The service was well-led. The home had a registered manager in place since 2010. Staff told us they had confidence in the management and that if they had a complaint, they knew they would be taken seriously and followed up. We observed the registered manager had a presence in the service and had a good understanding of what happened and what people's roles were. There was effective quality monitoring processes in place.	Good

West Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

The inspection took place on 3 December 2014 and was unannounced.

The inspection team consisted of two inspectors and one specialist advisor. The specialist advisor had a nursing background.

We looked at three peoples care plans. We spoke with two people that used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing care and speaking with the registered manager and staff. We spoke with one visiting professional and prior to the inspection we asked for feedback from the City of Bradford Adult Protection Unit. We looked at care plan documentation as well as documentation relating to the management of the service such as training records, policies and procedures

On this occasion we did not ask the provider to complete 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. Before the inspection, we reviewed all the information held about the provider.

Requires improvement

Is the service safe?

Our findings

We looked at how medicines were managed. The home used a blister pack system for each person with details recorded on a Medication Administration Record (MAR). We looked at medicines for four people and found all administered medication was supported by a signature of a staff member. Some people also had 'when required' medicines (PRN). Where people had PRN medicines the home had a protocol sheet in place so staff were aware what the medicines were for and when and how to administer it. However on the protocol sheets where it stated medication could be given in a variable dosage, no guidelines were in place to direct when each possible dosage should be given. For example, one person had PRN paracetamol which indicated 1-2 tablets to be administered. The protocol sheet did not guide staff when to give one tablet and when to give two.

We found medicines were not always stored safely. The home had an appropriate medication disposal container. However this container was full and needed to be removed and replaced. We found medication blister trays on the upper floor stored behind one locked door with large opaque glass panels. These medicines were not stored in an appropriate medication cabinet.

We looked at the controlled medicines the home stored. Controlled medicines are prescription medicines that are controlled under the Misuse of Drugs legislation. We found these medicines to be stored and recorded in line with legislation. Some medication was stored in a refrigerated unit. This medication was monitored for temperature twice a day. We found the majority of opened bottles had a date of opening sticker on. We saw one person's bottle of paracetamol with no label of when it was opened. This bottle was required to be disposed of two months after opening. Staff were unaware when the bottle was opened. This meant there was a risk the medicine was out of date which could compromise its effectiveness.

People who used the service told us they felt safe living at the home. We asked one person if they felt safe living at West Lane and they indicated yes. A visiting professional to the service told us, "I feel people are safe here." The provider had safeguarding policies and procedures in place to guide staff; posters with contact details for reporting any issues of concern were on display and staff training records showed that safeguarding training had been delivered to staff. Staff that we spoke with told us they were aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff told us, "We have training on safeguarding"; "I know we can contact the Care Quality Commission or the police if we need to." Staff told us they would report any concerns directly to the registered manager.

We looked at three care plans. People's care all contained individual risk assessments which were based on the activities of daily living such as mobilising, lifting and handling. The risk assessments were detailed, person centred and regularly reviewed. These assessments were then used to help create peoples care plans. For example risk assessments of behaviour and safety were used in one person's care plan to state that they were at risk of self injury and the action to take to minimise the risk. Another care plan identified the risk of changes in behaviour such as verbal outbursts which could indicate underlying pain or frustration. A third person's risk assessment about mobilising explained potential risks in moving and handling the person. Their plan clearly explained how a hoist and sling should be used to move them. We witnessed this person being moved using the hoist and sling during the inspection. The two members of staff involved in supporting this person followed the plan of care. This showed us staff worked to plans of care to manage identified risks and keep people safe.

We asked the nurse on duty about how incidents were reported in the home. They said, "An incident has occurred this morning with one of the residents." The staff member told us one person while being supported became agitated and banged their head three times leaving a small graze. We witnessed the nurse supporting the staff member in completing two incident forms (one for the person and one for the member of staff). The support worker signed the incident forms and then they were countersigned by the nurse. Both staff members told us they were left in the office and then signed by the manager or deputy manager. The staff had an open and honest approach when describing the incident. We asked to see the completed incident forms and found they both reflected accurately the verbal account that we had been given. We asked the nurse about the behaviour management plan in this person's notes and they said, "It is already very comprehensive and the person is monitored every 15 minutes." We checked the person's care plan and found it reflected what the nurse said.

Requires improvement

Is the service safe?

All staff told us they were recruited in a safe way. They said they had been interviewed with at least two references checked and a Disclosure and Barring Service (DBS) check. We looked at three staff files and confirmed staff were recruited in a safe way and appropriate checks had been carried out before staff were allowed to start work. Once recruited, staff completed mandatory training and a period of time shadowing a more experienced member of staff before being allowed to lone work. Staff told us they had a shadow period to prove they could work in a competent and safe way.

On the day of inspection there was one registered manager, one nurse, and four support workers on duty. One activities coordinator, one maintenance person, one domestic staff and one housekeeper. During the inspection we made observations of people that used the service. We saw staff spent one to one time with people, speaking with them and reading to them. At busier times of the day we found people were not left wanting or needing support for long periods of time. For example, we saw people that asked staff for support received the support within five minutes. This showed us the home had sufficient staff to deal with people's needs and keep them safe.

Good

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. We saw evidence of people going out into the community. The registered manager said that recent DoLS referrals had been made regarding all the people living in the home due to changes in guidance in this area. They said three applications had so far been approved. We saw appropriate paperwork in place for the three approved applications. Care records consistently showed that people's capacity to make day to day decisions had been assessed appropriately.

We asked the registered manager if anyone had a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) order in place. They said that no one using the service had a DNACPR. They also told us that one family had recently requested a meeting about a DNACPR to be put in place and that was undergoing a best interest decision. This showed us that appropriate persons were involved in the planning of peoples care and welfare.

We found that people who used the service had access to local healthcare services and received ongoing healthcare support from staff at West Lane. The provider made appropriate referrals when required for advice and support. Staff that we spoke with gave us examples of how they had

supported people with managing changes to their health and the close links they had with the community teams. Contact details of health services and local authority services were kept in care records which meant that referrals could be made quickly. For example one person had access to a GP, optician, occupational therapist, speech and language therapist and a dentist. All appointments/contact with other health professionals were planned and managed effectively.

During the inspection we observed people during lunch time and found the atmosphere was calm and consideration was given as to where people wanted to eat their meal. People appeared to enjoy eating their food and staff were attentive to people's needs during lunchtime. We saw there was plenty of food available. On the day of inspection we observed people having home cooked meat with two portions of vegetables. Cultural, spiritual and religious dietary requirements were identified and addressed within people's care records. During the inspection we saw that people were provided with meals that were culturally appropriate to their faith. For example we saw halal meat was ordered for one person. A list of who required an alternative dish was on the wall in the kitchen to remind kitchen staff of any dietary requirements. Throughout the day we saw bowls of fresh fruit which staff told us they encouraged people to eat.

Menus were created on a four weekly rolling basis. This menu changed seasonally. On occasion the home had a themed night which was also reflected in the menu. For example, Mexican and American nights. We also saw a menu for Christmas time and New Year was available for people. If people were unhappy with the choice of food on offer, alternative dishes could be created by the kitchen staff. We saw people that required support when eating were accompanied by a member of staff.

We spoke with the registered manager about the training arrangements for staff. We looked at the training matrix for the home which the provider kept on the computer. We looked at three staff members' training files and saw gaps in mandatory training. For example, two of the three staff training files we looked at had completed manual handling training but this was recently expired and two of three staff had completed food hygiene training but this had also recently expired. Staff completed mandatory training when first employed but did not always refresh their training. The registered manager was aware of the gaps and showed us future training was planned in up to March 2015 including courses for food hygiene and manual handling.

Good

Is the service caring?

Our findings

We observed care in the home. All the staff appeared caring in their approach towards people that used the service. They were kind and showed respect to people. Staff were alert to the needs of people and responded to changes in body language and/or sounds. For example, we observed staff moving a cloth with a plate of food on closer to someone following their body language indicating to staff they were struggling. Staff were also seen to respond to call bells quickly. We spoke with a visiting professional who told us people were always treated with respect and dignity and that staff know people very well and do their best to promote their independence.

Care plans showed evidence that the people's privacy was respected and promoted. For example it was documented that staff should knock on bedroom doors before entering and 'I would like people to ask me before they look through my things in my bedroom.' This showed us care planning considered respecting people's privacy and dignity. We asked staff how they maintained people's privacy and dignity within the home. Staff gave us examples of practices they followed. For example, always keeping people informed and asking them for their consent before proceeding with tasks.

In all three care plans that we viewed it stated that,' It is important to maintain good practice by involving (the person) in making decisions and choices.' Care records showed evidence of people being involved in day to day decisions about their care. For example, one person recently had decided that they did not want a bath that day (This was documented in their plan of care) and staff had documented in their diary that they had preferred to have a bed bath instead. This showed us staff were aware of people's plans of care and how they liked to be supported.

All care plans stated that people were involved in their care planning; for example, 'unable to sign but aware and informed of review'. Some people's care plans were signed by family members. We spoke with staff who told us people were involved in their plans of care. They said the care plans were created around each person in a person centred way. This showed us that people were involved in the planning of their care.

People were given the opportunity to choose where to sit and where they wanted to move about in the home. When we asked where we should sit in the lounge, we were made aware that many of the seats were favourite chairs of people and this choice was respected by the staff. We saw evidence in people's daily notes they were asked what clothes they would like to wear and what would they like to do during the day.

Our observations showed people were laughing and there were lots of positive interactions with staff. We saw staff interacted regularly and people were not left wanting for long periods of time. For example, when staff entered the room they greeted everyone. We observed one member of staff explaining what was happening in a movie on the TV.

We spoke with five members of staff and the registered manager. Staff told us that people had their needs met. They told us they had a good understanding of people's needs and they knew people, their likes and dislikes and people's history. We asked staff to give us examples of people's likes and dislikes. Staff were able to tell us about individuals they supported in detail. This showed us staff had a good knowledge of the people they supported.

Good

Is the service responsive?

Our findings

Written care records about people were divided into two files. The first file contained the assessments and care plans and the second file called 'the diary' documented the daily care given. The care plans were thorough and comprehensive and being used appropriately to assess the needs of the people that used the service. They were detailed and contained large amounts of relevant information about each person. We found all the care plans and diaries easy to navigate and found it easy to access the required information. The front cover of each file stated both the name and a large photo of the person. Each care plan included a pen picture which contained information about past medical history, verbal communication, appetite, next of kin, religion and favourite activities.

Care plans were person centred and people had opportunities to express personal preferences and choices. For example one person liked a cup of tea and supper before going to bed. All the care plans that we viewed contained weight charts which showed us people were weighed once a month. Each person had a weight that was stable but there was a column on the weight chart to document if there were any concerns. All staff we observed were seen to regularly update peoples care documentation. We saw entries on food charts stated clearly how much had been eaten. One person who had been out on a trip that morning also had their dietary intake accurately recorded on their return to the home.

Each person had a key worker and a named nurse. This information was given near the front of the care plan. We saw evidence throughout the care plan that the key worker and the named nurse were both involved in reviewing care and being part of best interest decisions.

We saw staff regularly updated the diaries throughout the inspection. We checked the entries made and saw they reflected the care that had been given. Record charts were completed with detailed information. For example the elimination charts used followed the Bristol stool chart and guidance appropriately.

We saw people's care plans reflected where they required support and their personal preferences. For example, 'I require supervision at mealtimes' and 'I may use my fingers to feed myself'. Another care plan stated that the texture of the person's food should be soft and chopped into small pieces as the person had a reduced number of teeth.

People who used the service led active social lives that were individual to their needs. We found that people had their individual needs assessed and consistently met. We saw people leaving the service throughout the day for a trip out or to have some lunch. People were able to take part in individual activities based on their preferences. We saw photos of previous outings that had been arranged were on display. The care plans included information about social activities that people who used the service could engage in. One care plan said, 'I enjoy arts and crafts and table top games.' Another entry included that one person enjoyed weekly aromatherapy sessions. Another person had been out on a day trip when we carried out the inspection. Their diary entry said that they had been asked if they would like to go out and that they had agreed to going out into the local community where they also enjoyed some fish and chips.

The provider had a robust complaints policy and procedure in place. There had been one recent complaint from a member of the local community following an incident involving a person who used the service. The registered manager told us the action they had taken in order to respond to the complaint. The registered manager also stated they were keen to maintain a good rapport with the local community as people that used the service enjoyed trips out. They also said that they had discussed with the person involved and the named nurse of the person ways to reduce the risk of a further incident. This showed us the registered manager had acted in accordance with the provider's complaints policy.

The registered manager told us they encouraged feedback from all those that had experienced the service.

Good

Is the service well-led?

Our findings

We spoke with care staff who told us they had confidence in the management team. They told us they felt supported and gave us positive comments about the leadership. Staff said they had not had to complain or raise a concern about anything, but they felt confident if they did, it would be listened to and acted on. Staff said they felt sufficiently supported to carry out their roles and had opportunity to speak with senior staff. The service had a whistleblowing policy and contact numbers to report issues were displayed in office area. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they were very happy working at the service and motivated.

There was a registered manager in post at the time of our inspection. They had been in post at this service since 2012. During our discussions with them it was clear that they were familiar with the people who used the service and staff. The registered manager told us about the culture and values promoted in the home and named individual people and specific events when using examples of good practice. This showed us how the registered manager and the staff promoted a positive culture.

The provider had incident management systems to log all incidents and accidents. Incidents and accidents were both reported and documented in the incident forms. The registered manager also told us that completed incident forms were faxed to the Quality and Safety Manager. The registered manager kept a record of incidents on a spreadsheet on the computer system. The registered manager also told us that they carried out a trend analysis of incidents every month. There had been an increase in incidents during October 2014 and the registered manager said this was related to agency staff being used who were not as familiar with the service. The CQC were made aware of these notifications prior to the inspection. The registered manager told us they were holding meetings with the agency that supplied the staff and were recruiting more staff to fill vacancies.

Further discussion with the registered manager showed how trend analysis of incidents was used to identify risks and form individual risk management assessments which fed into care planning. For example, they told us that recently they had identified one person who had a cut to their lip on two separate occasions a month apart and this was during wet shaving. The registered manager then said, “A best interest meeting was held with the person, their family, named nurse, key worker, occupational therapist, advocate (from an independent advocacy service).” The outcome was to enable the person to use an electric razor. This was being introduced gradually as they were unsure of the sound of the razor. This showed us the registered manager analysed incidents and accidents and looked to see where improvements could be made and lessons learnt.

The registered manager told us they were responsible for undertaking regular audits of the home. Records showed that the provider regularly carried out health and safety audits in the home. We saw evidence of a monthly finance audit being completed on the day of inspection, infection control audit completed 25 April 2014 and a monthly service audit. The monthly service audit gave an overview of the home and identified shortfalls and areas of improvement in the home. The shortfalls were entered onto a service improvement plan where actions to rectify were assigned to staff along with timescales. We saw identified areas for improvement included a cleaning procedure to be implemented and recruitment to fill vacancies.

As people that used the service communicated in different ways, the service made use of an observation tool. This tool allowed staff to monitor people that used the service and see where improvements could be made to meet people’s needs more effectively. This audit was last completed on 8 August 2014.