Care Quality Commission

Saint John of God Hospitaller Services

Religious Services Supported Living North

Inspection report

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Date of inspection visit: 5th October 2015
Date of publication: 19/11/2015

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

Overall summary

Religious Services Supported Living North is registered to provide personal care to retired clergy of the Jesuit community living at St Wilfred's presbytery in Preston.

We completed the announced inspection from 5th October to 8th October 2015 in order to have the opportunity to visit both the registered office location in Darlington and where the service was being provided in Preston. We met with five people who used the service although we did not carry out in-depth discussions due to the communication difficulties of some of the people who used the service and the fact we were told some people wanted their privacy.

The service had a registered manager who was based at the location's registered address in Darlington. There was also a service manager who managed the service on a day to day basis in Preston. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Currently a service manager oversees the domiciliary care service provided at St Wilfred's and the provider stated they were considering making this person the registered manager as they had day to day oversight of the service. However we saw that communication between the registered manager and the service manager was regular and supportive.

People were protected by the service's approach to safeguarding and whistle blowing. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted on staff feedback.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

Staff were supported to work in a safe manner with training in relation to dealing with emergencies and having the appropriate equipment to carry out their roles. We saw that staff were well trained and supported to deliver care and support to the people using the service and we witnessed caring and positive interactions by the staff team on duty. We saw the service was very caring and focused on providing people with a good service.

The staff undertook the management of medicines safely and in line with expectations.

We saw complaints and concerns were managed effectively by the service and the wider presbytery community to ensure they were addressed quickly and further reported where this was required.

Staff were able to describe how they worked to maintained people's independence, privacy and dignity. We also saw that in this religious community, the staff and service were highly respectful of people's spiritual needs and supported people at all times to ensure these needs were met.

People's care records showed that their needs had been assessed and planned in a person centred way. We saw people and the wider presbytery community were involved in people's plan of care if this was appropriate.

The service manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

The service manager and registered manager had systems to ensure staff were appropriately recruited, trained and supported.

The service had a robust quality assurance programme in place that monitored the quality and safety of the service and we saw that the registered manager undertook robust visits. The service had a service improvement plan where clear actions for improvements were identified and monitored.

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?
The service was safe.

Good

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and complaints.

The provider had procedures and systems in place to ensure there were sufficient numbers of suitable staff were recruited to meet the needs of the service. Effective recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?
The service was effective.

Good

We found the provider had taken measures to ensure the staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

Staff understood the importance of obtaining people's consent prior to any tasks being undertaken and knew what to do if someone lacked the capacity to make decisions about their care.

Staff were good at identifying if people appeared unwell and ensuring they sought appropriate medical care.

Is the service caring?
The service was caring.

Good

We heard the staff had developed therapeutic relationships with people and were extremely caring and kind.

The staff were respectful of the religious community environment in which they worked and supported people in their spiritual lives. Each care package was specifically designed to meet the exact requirements of the person.

Is the service responsive?
The service was responsive.

Good

We found the care packages offered were tailored made to meet people's needs.

Care packages were responsive to people's needs.

We found effective processes were in place for listening and learning from people's experiences, their concerns and complaints.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager and service manager had good systems monitoring and assessing the service.

Staff told us the management were approachable and led by example.

Care Quality Commission

Religious Services Supported Living North

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 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.

We inspected Religious Services Supported Living North from 5 October until 8 October 2015. This was an announced inspection and we let the registered manager know we were inspecting two-days beforehand. This meant that the staff and provider knew we would be reviewing the services that were provided.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the service, this included notifications and enquiries received by the Care Quality Commission

The provider was not asked 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.

During the inspection we met with five of the people who used the service. We also spoke with the registered manager, the provider's Quality manager, the service manager, a senior support worker and two support workers.

We looked at two people's care records, two recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

During the course of our visit to the service, we saw care being delivered in a safe way. People appeared at ease with staff members and we saw staff using equipment and handling medicines in a safe manner. During the inspection we spoke with three of the care staff who provided personal care. All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the service manager would respond appropriately to any concerns. Staff and the service manager told us that abuse and safeguarding was discussed with staff during supervision and staff meetings.

All people at the service had a safeguarding plan in their plan of care. This was a very person specific document and highlighted for staff any communication or behavioural changes that someone may show if they may be upset. The plan also gave guidance to staff on the procedures to follow to report a safeguarding concern and the contact numbers for safeguarding authorities. This was an innovative document and showed the service's commitment to keeping people safe.

The service manager told us that staff had recently undergone accredited NAPPI (Non Abusive Psychological and Physical Interventions) training. This showed the service was responding to the needs of people who may challenge the service and also to ensure staff were protected and trained correctly.

One staff member we spoke with said, "It's about not making any presumptions and ensuring you remain unbiased. It's important to record things correctly and inform the manager straight away." Incidents where safeguarding concerns had been raised in the last 12 months had been thoroughly investigated and action taken to ensure people were protected.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training were due for a refresher in December 2015. The service had a safeguarding policy that had been regularly reviewed. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. For example, the environment care was being provided in and individual risk factors, such as safe manual handling. The service manager told us they were qualified to deliver this training and it was helpful as they knew both the people and the service so staff could be trained to handle people in a way that was meaningful to the service. This information helped to provide staff with information on how to provide people's care safely.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the service manager, so that they could be recorded and monitored. We discussed accident and incident monitoring with the registered provider and they showed us the system for looking for trends by analysis and ensuring senior managers were flagged to serious events quickly. They showed us how individual accidents were recorded, reviewed and any actions taken to reduce risks. We found that the service had systems in place to help ensure that the service was delivered safely.

The two staff records we looked at showed us the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helped employers make safer recruitment decisions and prevented unsuitable people from working with vulnerable groups, including children. It replaced the Criminal Records Bureau (CRB). The service manager showed us the proforma they used during the interview process and provided evidence to demonstrate that all aspects of people's work history was explored as well as discussing the spiritual nature of the work so the service promoted respectfulness of the religious community in which it operated.

Through observations and discussions with staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. There was always a senior carer on duty.

We saw that medicines were stored and managed appropriately with systems for ensuring stock was checked regularly and returns were also monitored. We found that

Good

Is the service safe?

all the staff had completed recognised safe handling of medication qualifications. From the review of records and discussions with staff, we confirmed staff had undertaken refresher training and competency checks regarding medicines.

We saw that where there were hand written entries onto the Medication Administration Records (MAR), these had not been double signed as per NICE (National Institute for Health and Care Excellence) guidelines. The service manager said they would implement this practice and discuss with staff straight away.

We saw there was a comprehensive policy and procedure in place for the management of medicines. The provider had regularly reviewed this policy and ensured all the staff were familiar with it. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Good

Is the service effective?

Our findings

All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who may display behaviour that challenged and dementia care. We saw the programme and materials for dementia training and saw it was based upon the individual person and their lived experience of a dementia. It also had a very person centred approach to assisting with communication and behaviour that may challenge. One staff member told us; "We have just had training on a new hoist. As well as knowing how it works we talked about ensuring the person is in the right frame of mind and we give them reassurance to make sure they are safe."

We saw induction processes were in place to support newly recruited staff. Staff completed this prior to commencing work. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they received regular supervision and had lots of opportunity to seek support from the service manager or registered manager. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The service manager provided a plan for 2015, which showed that staff would receive at least four supervision sessions and an appraisal. The service manager told us that staff had been given appraisal forms to complete in mid September 2015. Our review of records confirmed staff were receiving supervisions and appraisals.

Staff we spoke with said, "I can ask (the service manager) about anything. She encourages us to be open with her." Another staff member told us; "I am quite new at administering medicines so I always ask the senior on duty to check it for me, it's never a problem."

The service manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The service manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA. People they supported had varying capacity to make decisions and where they did not; action had been taken to ensure relevant parties were involved in making best interest decisions.

We saw that every person's support plan detailed that consent must be sought from them before any task was carried out. We also saw that any restrictive practices had been recorded using a best interests decision to show that options, reasons for and against and the outcomes of any restricted practice had been discussed and documented with the GP and Community Superior (who acted as people's next of kin). This showed that the service upheld people's rights.

The written records of the people using the service reflected that the staff had an excellent knowledge and understanding of people's care, support and spiritual needs. The support plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with best practice for example people who were at risk of losing weight had regular assessments using a recognised screening tool.

Staff supported people to have meals. This was in the form of supporting people to eat in the communal dining area or in their rooms if they preferred as well as making people drinks when they liked. Staff were very aware of people's individual needs in relation to their likes and dislikes as well as any particular nutritional needs a person may have. One staff told us about one person for whom aspiration or choking on their food had been highlighted as a risk. An appropriate speech and language assessment had been carried out by a healthcare professional but this person had recently expressed a choice to occasionally eat solid foods rather than their pureed diet. The staff team had confirmed this person had capacity to make this decision and we saw in their support plan that the GP and person had been consulted about the risks. Staff told us that they took other preventative measures such as cutting this food up very small and observing the person closely and this was described in the person's support plan and risk assessment. This showed the service enabled people to make their own choices and managed the risks around these appropriately.

We saw records to confirm staff liaised with visiting healthcare professionals such as the district nurses and took instruction from these staff. For some of the care they

Good

Is the service effective?

delivered such as applying creams this was completed following the district nurse leaving clear instructions about how and where to apply them. We found the staff reviewed care records regularly and included any new district nurse instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

Good

Is the service caring?

Our findings

People we spoke with who received personal care said they were happy with the care and support provided. Staff were provided 24 hours a day for personal care and support. One staff member told us; "The person centred care here is great, we can spend quality time with people. We reviewed two sets of care records and saw people had signed to say they agreed with the support plan if they were able and their next of kin had done so if not .

We reviewed the care records of two people and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff were developed around the individual's person's needs. We saw that people and the religious community in which they resided had been involved in making decisions about their care and support and developing their support plans if they were able.

We saw staff treating people with dignity and respect. We saw staff were attentive, showed compassion, were patient and had developed good working relationships with people.

We saw that despite the disciplined lifestyle that many of the retired priests had led, that people were enabled to have choices and these were respected. Staff also respected the choices of people in relation to their spiritual needs. For example, one person liked to spend time alone in the chapel at night and staff assisted them to go there and return safely. One staff member told us; "I try and find ways of offering choice to one person who can't cope with a choice." The service manager explained to us that the people receiving the service had not been used to having much choice in their vocational life for example, people did not have choices regarding meals, so when people came to the service staff were considerate of the previous lifestyle they had led.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff said; "I always ensure people are appropriately covered when helping people with personal care." We saw that people were always addressed in the way they preferred and observed staff knocking on doors before entering people's rooms. One staff member told us; "For one person what means the most to them is their privacy and it can affect them all day if this they don't have this."

The service manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

One staff member told us; "I recognised I was doing things for people and I realised and started to ask 'Would you like me to help you', I have now started to reflect about every interaction I have with someone to see if I could have done anything better."

Good

Is the service responsive?

Our findings

The service at St Wilfred's was provided 24 hours a day and this meant people's needs could be met at any time. The service manager told us; "We endeavour to keep people here at all costs, as we recognise it is people's wishes to live within this religious community and to have their spiritual needs met now and at the end of their life."

We found that people's needs were assessed by a health visitor who was employed by the Jesuits whose role it was to visit priests who may be in need of the service at St Wilfred's to assess their suitability for this service and the environment. The service manager told us they liaised with this health visitor regularly and that they also visited the person as part of the assessment process; "To ensure we can meet their needs." This enabled the service manager to produce an initial care and support plan as to how they were to support a person during their first few days at St Wilfred's.

We looked at the arrangements in place to ensure that people received personalised care that was responsive to their needs. Each person had a detailed support plan that provided person-centred detail about the service provided and how they wanted their care and support to be provided. Person-centred planning is a way of helping someone to plan their support, focusing on what's important to the individual person. Every person had a "Getting to know me" document, a very detailed summary of people's likes and dislikes that was well completed and written from the person's perspective. Each support plan was written from the point of view of the person and had an accompanying assessment of risk. We saw these documents were reviewed with the person on a regular basis.

Staff told us that if someone was taken unwell and had to attend hospital then someone from the service would go with them and support would be provided to the person for as long as it was required in hospital. The service manager told us; "We know how to deal with everyone who lives here and some people may become distressed in hospital and we don't want that to happen so we can provide the staff to stay with them and reassure them."

Care staff told us they had a consistent team and this meant they could develop good working relationships with people. The service manager discussed how they now matched staff to the people who used the service in terms of confidence in dealing with people whose behaviour may challenge and staff were given time to get to know people well before they delivered personal care alone to them.

We saw that recently people who used the service had been given a copy of the complaints procedure in an easy read format. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where complaints were made the service manager had thoroughly investigated and resolved them.

Good

Is the service well-led?

Our findings

The service had a clear management structure in place, which was led on a day to day basis by the service manager. The service manager had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us the service manager was open, accessible and approachable. One staff member told us; "She is brilliant and very understanding."

The registered manager was based at the provider's office in Darlington and had regular contact with the service in Preston. They also visited regularly to meet with people, the staff and service manager as well as carry out quality checks. We saw their regular management audits were comprehensive ensuring they observed staff practice, reviewed documentation, spoke with staff and people using the service and ensured the environment was safe. We saw from a recent audit that five staff were asked to explain their understanding of whistleblowing and all support plans were checked to ensure they were signed by the person or the Community Superior as their next of kin.

The service manager told us about their values which were clearly communicated to staff and this was based around a person centred approach to care. All staff we spoke with spoke of this and the fact that they were enabled to have quality time with people and to develop their support plans.

The service manager also told us how they encouraged a reflective practice approach so staff could review their performance. They gave us an example of a medication error where as well as doing retraining for the staff member, the service manager also discussed and recorded with the staff how they had reflected about the event and what they would now chose to do differently. The service manager said; "It's about not having a blame culture." The service manager said they were well supported by the provider and registered manager and that resource's such as equipment for assisting people to move safely was provided without delay. The service manager also told us of other support within the local community such as from the Mental Health team who had been very supportive in assisting the service deal with people whose behaviour may challenge.

The service was part of a community within the presbytery and the service manager met regularly with the team from housekeeping and the Community Superior (the priest who leads the community) to discuss issues relating to the service it provides to the people needing personal care. The service manager said; "We strike a balance as I respect this is the home to the priests here and they respect that we need to keep people safe by undertaking fire drills and other practices." The service manager also told us they had regular contact and support from a health visitor who worked within the St John of God Hospitaller Order visiting priests nationwide who may be in need of the service at St Wilfred's in the future.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that helped providers to assess the safety and quality of their services, ensuring they provided people with a good service and meet appropriate quality standards and legal obligations. We found that the registered manager and service manager had a good understanding of the principles of good quality assurance. They recognised best practice and developed the service to improve outcomes for people. For example the management team had identified areas for improvement such as ensuring support plans were person centred. We saw that these were reviewed regularly with the person and the staff team.

The service had a programme for full team meetings and we saw how the minutes were shared with everyone including people who could not attend. Staff told us they felt well supported. One staff member said; "Yes I feel very supported by the manager and seniors and we also have a good on call system."

The service manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety and infection control. Any accidents and incidents were monitored electronically to ensure any trends were identified both at the service and by the provider at the registered office. For example, any safeguarding alerts entered onto the database were flagged to senior managers (such as the registered manager) within 30 minutes so they could check that the service had taken action to ensure people were immediately safe. We saw records of audits undertaken

Good

Is the service well-led?

and the service had a comprehensive improvement plan where actions, timescales and dates of completion were regularly monitored by the registered manager and service manager.

We asked the service manager about the systems in place to gather feedback from people who used the service and how this feedback was used to improve the service. They told us that they were very involved in the day to day delivery of the service, including delivering care to people, which allowed them to pick up any issues quickly and ensure that changes were made. They told us that they had undertaken a survey to gather people's views but this had a poor response and so they felt the service best obtained views on a day to day basis and through the weekly community meetings.

We saw that records at the service were all in good order and were securely stored.