

Saint John of God Hospitaller Services

Balmaclellan

Inspection report

1 Leeming Lane
Catterick
Richmond
DL10 7NJ

Date of inspection visit:
14 September 2021
15 September 2021

Date of publication:
20 October 2021

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Notice of inspection

This inspection was unannounced.

The service had a Manager who was in the process of registering with us and awaiting their registration certificates. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people who used the service. We spoke with two people who used the service, the manager, and three support staff. We reviewed a range of records. These included three people's care records, a variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We carried out telephone interviews with two relatives an advocate and four healthcare professionals who visit the home. While also continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, support plans, reports and action plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in the safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in the effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in the caring findings below.

Is the service responsive?

Requires Improvement ●

Is the service responsive?
The service was not always responsive

Is the service well-led?

Good ●

The service was well led
Details are in the well led findings below.

Balmaclellan

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Notice of inspection

This inspection was unannounced.

The service had a Manager who was in the process of registering with us and awaiting their registration certificates. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people who used the service. We spoke with two people who used the service, the manager, and three support staff.

We reviewed a range of records. These included three people's care records, a variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We carried out telephone interviews with two relatives an advocate and four healthcare professionals who visit the home. While also continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, support plans, reports and action plans.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy and procedures were up to date.

Assessing risk, safety monitoring and management

- People's relatives told us they felt their family members were safe. One person told us, "I am safe here there is always someone there when I want them."
- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff. Recommendations from a recent fire department visit had been promptly completed.

Using medicines safely

- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed.
- Where appropriate people were also supported to manage their own medicines safely.
- Medicine administration records were clear and completed.
- When 'as and when required' (PRN) medicines were administered related records were not fully completed regarding the outcome.

We recommend that the provider consider current guidance on the recording of PRN medicines and take action to update their practice accordingly. By recording the outcome when PRN medicines are administered.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were increased when people's needs changed.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions in an area of their life they were supported to have maximum choice and control of their lives.
- Decisions were made in people's best interests with involvement from people, their family, advocates and relevant professionals.
- Staff sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs. One staff member told us, "The good thing is you can ask and if I feel I'm not up to speed in an area, I can ask for more training and they (the provider) are always more than willing to help."
- People were supported by staff who received regular supervisions and appraisals. Staff told us they valued the opportunity to discuss their practice. One staff member told us, "It's always a worthwhile opportunity to air your views"
- New staff followed an induction process that included specific training and shadowing experienced staff.

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

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet. Appropriate support and guidance was provided to people who required a specialised diet.
- People were able to choose their own food and meal times.

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

- The service worked in partnership with external professionals, such as, speech and language therapists, Occupational therapists and GPs to support and maintain people's long-term health and well-being.
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals.
- Referrals were made to healthcare professionals where appropriate and in a timely manner such as Occupational therapy.
- Staff had developed good working relationships with healthcare professionals and positive feedback was received. One professional told us, "I am confident in the staff team, they always follow any recommendations we make and contact us with any queries to gain advice."

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

- Peoples preferences, support and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their advocate or relatives and this was reflected in their support plans. One advocate told us, "The person I support is included in any changes in their support plan as best they can. Myself, relatives and professionals have also been involved."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were trained in dignity and respect. We observed staff treat people with kindness and respect. One person we spoke with told us, "The staff are good friendly, I try to beat them at dominoes."
- There was a positive rapport between people, support staff and the management team.
- People were supported to maintain personal relationships. Relatives told us how they received regular phone calls. One person told us, "My relative is coming to the BBQ and a couple of other friends, they call and comes to see me."

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

- People were supported to make plans and discuss any changes to their support with staff and their advocate or relatives.
- People were supported to have their say and had an independent advocate where required to promote their rights.
- Staff spent time listening and talking to people. We observed the relaxed homely atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. We observed staff encouraging people to do things for themselves and to be involved in things going on in the home. Such as meal preparation.
- People were supported to learn new skills. One person told us how they had learned how to put up a gazebo for an upcoming garden party.
- Staff engaged with people in a dignified way and ensured their privacy was respected. One member of staff told us, "I always make sure people have their privacy, close doors and curtains when personal care is taking place."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated Requires Improvement. This means that people's needs were not always met regarding person centred plans.

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

- People had personalised support plans which covered the support they required. Records showed they were reviewed regularly.
- The support people received was tailored to their needs and was delivered in a person-centred way. However, people didn't have any person-centred plans to include personal goals, aspirations or achievements.

We recommend that the provider ensures peoples support plans follow best practice in relation to person centred planning and include; aspirations, goal setting and record outcomes and achievements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- Peoples support plans didn't always include engaging in the local community and in recent times during the pandemic this had become more difficult for people.
- People followed their interests and took take part in activities that had positive impacts on their lives and their overall well-being. For people who chose not to take part in activities, choices offered were not always recorded or in a person-centred way and were at times task orientated.

We recommend that the Manager puts plans in place to ensure that people have staff and opportunities to take part in meaningful activities and in their local community and that choices offered are recorded in a person-centred way.

- People were supported to use a range of communication methods to maintain contact with their relatives and friends during the COVID-19 pandemic.
- Following the pandemic, a BBQ was planned for family and friends to gather for the first time and everyone was looking forward to this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff adapted information and communication methods to suit people's preferences. For example, providing easy read information for those who needed it and other personalised communication.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up.

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. This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider and manager encouraged people and staff to be open with each other and created a culture of acceptance. Any examples of how this was achieved?
- People were supported by a well-managed staff team with positive attitudes. One member of staff told us, "No negativity here, we are a happy team, a happy home where everything flows. The People we support pick up on negative vibes."

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

- Policies and procedures were current and in line with best practice.
- The manager carried out audits that included action plans for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care, working in partnership with others

- The manager took on board the opinions and views of people who used the service and had put regular house meetings in place for people to share their ideas and views.
- During the pandemic the manager had not conducted questionnaires, but these had recently gone out and an event was planned for relatives to share their views.
- Staff and relatives told us the house managers and management were supportive. Any comments?
- People were supported by a range of healthcare professionals, the manager and staff had forged good working relationships.

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

- There was clear leadership and debriefs were completed by the manager to understand the quality and safety of the service following any incidents.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- The manager was open with the inspector during the inspection and took on board suggestions for improvements.

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

- The Manager had plans in place to ensure that people and staff had more opportunities to engage within the local community.
- People had regular review meetings with their staff and relevant professionals to review all areas of their support to plans ensure any barriers to leading a full life were avoided.
- Staff could approach the manager for support at any time. One member of staff told us, "The manager is approachable, and I feel supported by them and the whole team."