Care Quality Commission

Saint John of God Hospitaller Services

St Bede's House

Inspection report

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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

We inspected St Bede's House on 5 October 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a service for one person who may be out during the day; we needed to be sure that someone would be in.

St Bede's House provides 24 hour care and support for one person who has a learning disability and lives in their own home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems and processes in place to protect the person who used the service from the risk of harm. Staff were aware of different types of abuse, what constituted

Summary of findings

poor practice and action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety of staff and the person.

Risk assessments were in place for both the person using the service and staff members. Staff members told us of the systems they followed in case of emergency as they were lone workers.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the registered manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the person they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions although no-one currently was subjected to a DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. We spoke with one new member of staff who spoke highly of their induction and support.

Appropriate systems were in place for the management of medicines so that the person received their medicines safely.

There were positive interactions between the person who used the service and staff. We saw that staff treated the person who used the service with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to the person.

The person's nutritional needs were met, with them being involved in shopping and decisions about meals. Staff told us they closely monitored the person's intake and would contact the dietician if needed and a nutritional monitoring tool was in place.

The person was supported to maintain good health and had access to healthcare professionals and services. We saw they were supported and encouraged to have regular health checks and were accompanied by staff to appointments.

Assessments were undertaken to identify health and support needs. The person had a person centred plan which showed how they wished to be supported.

Staff encouraged and supported the person to access activities within the community and also to maintain family relationships.

The provider had a system in place for responding to any concerns and complaints. Staff told us they knew when the person was unhappy and would take action to resolve this.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

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?

Good

The service was safe.

The person was protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

There were safe systems in place for managing medicines.

The service had person centred risk assessments relating to the care of the individual using the service.

Staff had good knowledge and support of emergency systems as they were lone workers.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support the person who used the service. They were able to update their skills through regular training and had received regular supervision.

Staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The person was provided with a choice of nutritious food and was involved in planning and shopping for their menu

The person was supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Staff told us how they upheld the privacy and dignity of the person using the service.

We saw the person was treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to them.

Staff took time to speak with the person and to engage positively with them.

Is the service responsive?

Good

The service was responsive.

The person's needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

The person was supported to be involved in a range of activities and outings.

Staff told us how they would know if the person was unhappy and how they would take action to remedy this.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. The person who used the service knew who the registered manager was and engaged positively with them. The person's family told us they were confident in the service's management.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

St Bede's House

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 St Bede's House on 5 October 2015. This was an announced inspection. We informed the provider at short notice [the day before] that we would be visiting to inspect. We did this because the service is only provided to one person and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector. We firstly met the registered manager at the location's registered office in Darlington where we viewed records and spoke to staff members and we then visited the person who received the service in their home in Billingham.

Before the inspection we reviewed all of the information we held about the service.

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. We asked the provider for this information during our inspection.

At the time of our inspection visit there was one person who used the service who lived in their own bungalow. We spent time with them but due to their communication difficulties we did not speak directly with them about the service they received. We spent time in the communal areas and observed how staff interacted with the person.

During the visit, we also spoke with the registered manager, a service improvement manager and two support workers. Following the visit we spoke with two relatives of the person who received the service.

We did not use the Short Observational Framework for Inspection [SOFI] during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where such observations would be intrusive. Instead we used general observations of the person's care and support throughout our visit.

During the inspection we reviewed a range of records. This included the person's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure the person was protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The registered manager told us that abuse and safeguarding were discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training within the last three years. Staff told us that they felt confident in whistleblowing [telling someone] if they had any worries. One staff member told us; "If I ever had a problem then I would raise it straight away."We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. This showed that the provider had developed appropriate maintenance systems to protect staff and the person who used the service against the risks of unsafe or unsuitable premises.

We looked at the arrangements in place to manage risk, so that the person was protected and their freedom was supported and respected. We saw that risk assessments were in place in relation to the person's needs such travelling in their vehicle and accessing the community. Staff had clear guidelines to follow if the person became anxious and displayed behaviour that may have caused them or others to come to harm.

The service had a health and safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan [PEEP] was in place for the person who used the service. PEEPs provide staff and others with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. All staff we spoke with said they knew what to do in an emergency and practices used to keep them safe when lone working such as precautions to take when answering the door and always requesting identification from any caller.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The provider's quality manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the organisation. For example, if a safeguarding alert was inputted onto the system, an email flag was sent to senior managers within the organisation within 30 minutes ensuring they checked that actions had been taken to ensure people were immediately safe. The registered manager said that they carried out checks of every accident and incident form to ensure that all accidents and incidents had been reported and that appropriate actions had been taken.

Staff told us they had been trained in Positive Behaviour Support [PBS] and in NAPPI [a training approach for psychological and physical intervention]. One staff member told us; "The PBS has been a blessing, we've learnt to see the triggers and stop the behaviour before it escalates and it gives us ways of going around it." Another comment was; "The NAPPI [Non Abusive Psychological and Physical Interventions] training gave us all a lot of confidence." The service also carried out specific behavioural recording to support work being undertaken by a community learning disability nurse who was supporting the person with their behaviour. This showed the service responded positively to managing behaviour that may become challenging.

The two staff files we looked at demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check [DBS] which was carried out before staff started work at the service . The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We saw that the service had developed a personal development plan for one new recruit whose references contained only dates and little insight on their performance.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and skills to meet the needs of the person who used the service. There was at least one person working at

Good

Is the service safe?

the service at all times and another staff member came in for six hours a day to enable the person using the service to access the community. During night time hours a member of staff stayed on the premises as a 'sleep over' and could be called upon if needed. From our observations we saw that when the person needed help or support the staff were visible and available to provide help and support. Relatives we spoke with stated the service had been short staffed but they were aware that some staff had been off on long term leave and were now returning to the service.

We saw staff working in a safe manner regarding reducing any risk from infection and staff explained to us about cleaning schedules and good infection control practice. One staff member said; "We have loads of equipment like gloves and aprons and we steam mop surfaces daily. We have a daily list of cleaning jobs and a more thorough deep cleaning rota that we all sign when we have done." A relative told us; "The house is always clean and tidy."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment.We checked the medicine administration records [MAR] together with receipt records and these showed us that the person received their medicines correctly. Arrangements were in place for the safe and secure storage of medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

All staff had been trained and were responsible for the administration of medicines to the person who used the service. One new member of staff told us that they observed medicines administration but had not yet been fully trained to administer them though this training was scheduled in the near future. Another staff member said; "You must never get complacent with meds, always be careful."

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Staff also confirmed to us that they informed the manager whenever they gave medicines that were "as required". We saw there were records from the person's GP that agreed to medicines being given covertly. This meant that medicines could be disguised in foods. Staff members told us they they always offered the person their medicines in the normal manner and it was only when the person refused that that they re-offered them with yoghurt on a spoon.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that the person received their medicines as prescribed.

Good

Is the service effective?

Our findings

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the person who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered 'mandatory' and was renewed on a three yearly basis. The training plan for 2015 showed the training updates that would be due during 2015 were planned or completed. Staff also received training specific to the needs of the person who used the service including autism awareness, Positive Behaviour Support, NAPPI and risk assessment and incident reporting. One staff member told us; "The autism training was excellent, I really enjoyed it and learnt a lot."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. We saw records to confirm that supervision and annual appraisals had taken place. Induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff. We spoke with one newly recruited staff member who was still undertaking their induction programme. We saw how they met weekly with the service manager to review their progress. The service had developed a personal development plan for this staff member that was very specific to their learning needs. For example the staff member was put forward for specialist driving training and an assessment as they would be driving the person's own vehicle. This staff member told us; "I am really enjoying the role, everyone has been really helpful and kind towards me and I feel part of the team." This showed the service supported staff on an individual basis to learn and improve their performance.

The registered manager and staff we spoke with told us that 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 registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions. 'Best interest' decisions are where decisions about treatment or accommodation are made for or on behalf of a person by people such as carers or doctors who know them well. Staff were able to inform us that the person using the service was not required to be subjected to a DoLS but was under the Court of Protection in relation to finances.

Staff told us that menus and food choices were discussed with the person who used the service on a daily basis. We saw that the person was provided with a varied selection of meals and staff ate with the person therefore promoting a more homely atmosphere at the service. Staff told us; "We have a weekly menu and its healthy and balanced but the person still has odd takeaways which we all enjoy." The registered manager told us that staff and the person who used the service went shopping for food on a regular basis.

We saw that staff monitored the person's weight for losses and increases. We saw the Malnutrition Universal Screening tool [MUST] tool was in place. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition [under nutrition], or obese.

The person was supported to maintain good health and had access to healthcare professionals and services. Currently the person was working with a community learning disability nurse regarding their behaviour. Staff also said; "The GP is brilliant, they know [the person] well and will come to the home if we need them." The person was supported and encouraged to have regular health checks and were accompanied by staff to hospital or other appointments. This meant the person who used the service was supported to obtain the appropriate health care when it was required

Good

Is the service caring?

Our findings

During the inspection we observed positive interactions in the communal areas. We saw that staff interacted well with the person and provided them with encouragement. Staff treated the person with dignity and respect, were attentive and showed compassion. Staff took time to sit down and communicate with the person in a way that theyn could understand.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew the person well, including their personal history, preferences, likes and dislikes. One staff member told us; "The person has lots of choice and can tell us what they want." Whilst we were in the kitchen talking to staff, the person who used the service came in to speak to staff on numerous occasions. Each time staff were respectful to the person and provided them with the answers and reassurance that they required. Relatives told us; "The staff do a good job, they care for [my relative] very well," and "At the moment my relative is happy."

There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed working there. We saw that the person had free movement around the service and could choose where to sit and spend their recreational time.

We saw that the person was encouraged and supported with decision making. The person made decisions about how they wanted to spend their time and what they wanted to eat and drink.

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices. One staff member described how they promoted the person's independence and maintained their dignity when providing them with personal care support.The environment was developed around the person with furniture and furnishings that supported their lifestyle. The bungalow was very personalised and we saw staff respected the person's privacy when they chose to spend time in their bedroom.

At the time of the inspection the person who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

We looked at the arrangements in place to ensure equality and diversity and support for the person in maintaining relationships. We saw that the person who used the service had been supported to maintain relationships that were important to them. For example, one relative stated they visited each week and were always welcomed and offered refreshments and staff told us that they kept in regular phone contact and also discussed issues such as holiday plans with the person's family.

Good

Is the service responsive?

Our findings

Staff told us that the person loved music and could identify many songs and artists from a range of eras. As a result of this, staff had made a list of favourite songs and artists so that all staff knew the names which meant they could reassure the person with an appropriate answer when the person asked related questions. A relative told us; “They have worked really hard with [my relative] and stuck in. We’ve been very lucky with the staff that work at the service, they are quick and on the ball with [my relative].”

On the day of the inspection the person had been out to Hartlepool Marina and they had a group of places that they liked to go and visit with staff. The manager also told us how the staff were encouraging the person to try new places and the person had recently successfully been to a supermarket and was also planning on going to a social evening for people with learning disabilities with the support of staff. One relative told us they were; “Delighted as [my relative] is involved and going out more.”

During our visit we reviewed the care record of the person who used the service. The person had an assessment, which highlighted their personal care needs. Following this assessment, person centred plans around different aspects of the persons life had been developed with the involvement of the person who used the service and their family. We saw that the service had a very detailed life history for the person which had been compiled with their family. Care records we reviewed contained information about the person's likes, dislikes and personal choices. This had been written using photographs of the person and the items and activities they liked and disliked and it was a personalised document to the individual. We saw how choices were written into the plan. For example a section on “How I Make My Choices” included a section that stated; “I will tell you if I am tired. Sometimes if choices are around health and medical issues, people who know me well might help me make a decision.” This showed the person was supported to have their needs recognised by the staff team. The plan helped to ensure that the care and support needs of the person who used the service were delivered in the way they wanted them to be and with involvement from others where appropriate. Staff undertook monthly reviews of the person centred plan and this included any meetings with professionals, an update on health, activities, finances and medicines and also had a section about what made the person happy and what didn’t go so well. A relative told us that staff discussed holiday planning with them and that the service had sought to provide more drivers so the person could go out more whilst on holiday. This showed the service reviewed the care and support provided regularly and feedback was sought from the person and others close to them.

Staff demonstrated they knew the person well. They knew about their individual needs including what they did and didn’t like. Staff were responsive to the needs of the person who used the service. We saw staff getting the person drinks and biscuits and offering them time in their own bedroom when they became anxious about new people being in their environment.

Staff told us that the person who used the service would be able to tell or show staff if they were unhappy and that they would raise any issue of concern with the manager. Staff also told us that they ensured the person’s family was supported to raise any concerns or issues and that they would bring them to the attention of the manager.

Good

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The registered manager was based at a neighbouring service of the provider's but visited the service regularly and we saw by their interactions that they knew the person and the staff team very well. One staff member told us; "Everyone has support here, whenever you need it."

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member told us; "I have contacted the manager out of hours in the past and they dealt with the issue straight away."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work.

Both relatives we spoke with said they could discuss issues with the manager or staff team and stated they were very happy with the care provided. One relative said; "They have stuck in with [my relative]. It's been marvellous this year."

We looked at the arrangements in place for quality assurance and governance.to assess the safety and quality of the services being provided. The registered manager was able to show us the formal quality audit programme for 2014 and 2015. There was a rolling programme of audits for 2015 that had been completed, and we saw records of the medication audit that had been completed in December 2014 which had identified actions that had now been addressed. The service had a service improvement plan in place that included objectives to improve the quality of the service such as all staff who were drivers having additional training to support them in driving the person's vehicle safely. We saw these quality improvements had been actioned. A safeguarding audit had been completed which checked staff knowledge, reviewed staffing levels, reviewed incident reporting and reviewed the support to deal with behaviour that may challenge. This audit showed the service took the issues relating to the service seriously when providing support to someone whose behaviour may challenge. This was to ensure that they and the staff team were kept as safe as possible. Records also showed that audits of housekeeping, staffing, finance and health and safety had been completed. This meant there were clear records to show any actions that the service may have needed and when improvements or actions had been implemented.

Staff told us morale was good and that they were kept informed about matters that affected the service. Staff meetings took place every two months and staff were encouraged to share their views. We saw records to confirm that this was the case.