

# Saint John of God Hospitaller Services

## The Minims (12 & 31)

### Inspection report

31 The Minims  
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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 ●

# Summary of findings

## Overall summary

### About the service

The Minims (12 & 31) is a residential care home providing personal care to 10 people who have a learning disability and some who have a mental health diagnosis. The home can accommodate up to 12 people.

The home comprises of two separate bungalows within the same street, numbers 12 and 31. Each bungalow can accommodate six people. There were four people living at number 12 and six people living at number 31 at the time of this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People told us they liked living at the home and felt safe. Relatives told us they never had concerns about people's safety. Risks to people's health and welfare were assessed and staff knew the measures in place to keep people safe. Staff were knowledgeable about safeguarding procedures and how to report their concerns internally and externally. Staff administered people's medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were knowledgeable about people's dietary needs and they were supported by health professionals if needed to ensure people ate and drank well.

Staff told us they had training to help them understand their roles. They felt supported by their managers.

People received joint up care from staff working at the home as well as health and social care professionals.

There were regular reviews of people's care to ensure the support they received fully met their needs.

People and relatives told us staff were kind and caring and they trusted staff. Staff involved people as much as possible, relatives where appropriate or independent advocates in people's care to ensure the care people received was in their best interest.

People were supported to attend day centres and plan the activities they liked to do regularly like shopping, going to cinema and gardening. Regular outings were organised so that people could visit places. Complaints were recorded, and actions taken to address all the issues raised by the complainant.

Audits completed by the registered manager and the provider were effective in identifying areas in need of improvement and actions were taken to improve the quality of the service provided

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 09 January 2019).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below. □

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Minims (12 & 31)

## **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.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

The Minims (12 & 31) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people receiving a service and five members of staff including care staff, deputy manager and registered manager. We also spoke with the providers regional manager. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. On 27 January 2020 we spoke with two relatives and a social care professional who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person said, "I am very safe here. I like it here. Staff come with me when I go out."
- We observed people who could not speak with us throughout the inspection and they were relaxed and smiled in staff's presence and had confidence to approach staff throughout the day to indicate what they wanted. This meant, people felt at ease and trusted staff.
- Relatives told us they visited regularly and always found staff being nice and patient with people. One relative said, "We have never had any concerns about [family member's] safety or wellbeing."
- Staff received training to understand how to recognise possible signs of abuse. They were confident in describing the possible forms abuse could take. Staff knew how to report their concerns internally or to external safeguarding authorities.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were knowledgeable about risks to people's health and well-being. They knew how to support people to encourage independence and promote their safety.
- Risk assessments were developed for each identified risk to people. For example, there were risk assessments for moving and handling, choking and being out in the community. In addition, there were environmental safety checks which addressed areas like fire safety.
- People who communicated through behaviours that challenged others had positive behaviour support plans in place which staff followed. Staff analysed the behaviours and actions were taken when needed to try and reduce these.
- Well developed procedures were in place to ensure staff were able to safely evacuate people in case of an emergency.
- Staff with appropriate skills and competence managed people's medicines safely.
- Regular checks were in place to ensure people received their medicines as intended by the prescriber.

Staffing and recruitment

- There were enough staff to meet people's need safely. Staffing numbers were adjusted by the registered manager depending on how many people were using the service and based on people's needs.
- Staff told us there were enough staff and the registered manager and deputy manager was available to step in and cover shifts when it was needed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

### Preventing and controlling infection

- We found all the areas where people lived to be clean, fresh and free of malodours. Areas in bungalow number 12 needed some redecoration. There were aspects of bedroom doors which were scratched, and paint work needed refreshing. Re-decoration work in various areas had commenced in the home before the inspection.
- Staff ensured infection control procedures were in place and adhered to including completing infection control training. Personal protective equipment was readily available to staff when assisting people with personal care.

### Learning lessons when things go wrong

- This was an area the registered manager was further developing to ensure it was imbedded in everyday practice. However, when anything went wrong staff were updated through supervisions and staff meetings to ensure remedial actions needed were known by everyone.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Guidance developed by health and social care professionals was in place for specific needs people had. For example, nutrition or behaviour support. This helped ensure that the care and support people received was based on current best practice.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone.
- In addition to the induction training, staff received annual refresher training in safeguarding, manual handling, infection control and others.
- Staff told us they were well supported through one to one meeting with their line manager and staff meetings. One staff member said, "The manager is very supportive and listens to us if we put forward any ideas. I have regular supervisions and staff meetings."
- Relatives felt that staff were well trained. One relative told us, "I believe the staff provide safe and effective care and they know what they are doing." Another relative said they were confident that staff had the right skills and approach to care to meet their family member's needs.

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

- People told us staff were providing tasty meals and they could choose what they wanted to eat. One person said, "I like beans on toast. It's nice." Menu options were discussed with people and based on their likes and dislikes.
- Relatives told us staff were knowledgeable about people's dietary needs and offered healthy meals.
- People's eating and drinking needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

- People were supported to attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs by their social worker and health professionals

involved in their care.

- We found staff were able to identify people's changing health needs and they communicated effectively with appropriate health care professionals. This helped ensure people were getting the right support when they needed it.

Adapting service, design, decoration to meet people's needs

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
- The environment was undergoing regular refurbishment, painting and decorating to ensure it was well maintained and comfortable for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity a care plan was in place to evidence what restrictions were in place and how they were still encouraged to have choice and control over their life. One relative told us, "I am aware that for safety reasons [family member] is not able to go out alone and has the DoLS in place."
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, independent advocates, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
- People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they felt respected by staff working at the service. One person said, "I like some staff better than others, but they are all friendly and very nice to me."
- Relatives felt staff were kind and caring and knew people well. One relative told us, "Staff are very kind and caring. They know [family member] very well and are able to implement strategies to help manage difficult times. They know [family member] very well and even better than us!" Another relative said, "Staff are very kind and caring. If I speak to anyone on the phone they deal with us sensitively. Staff are very friendly and really know people very well. They can pick up (issues) from body language. They [people] are treated as individuals."
- Staff told us about the people they supported. They spoke with compassion and in a caring way. We saw staff were always courteous and kind towards people they supported.

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

- Staff helped people to make as many decisions and choices about their care as possible. They observed people's likes and dislikes and their behaviour to establish what people wanted.
- Staff involved independent advocates and health and social care professionals in their care so that decisions could be made in people's best interest when needed.
- Relatives told us they attended regular reviews and kept them up to date about people's care. They found these useful and provided them with an opportunity to talk about people's changing needs. One relative said, "Family have been involved in the assessment process and have been to a number of review meetings."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's personalities and were decorated with pictures and posters on the walls.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us the care they received met their individual needs. One person said, "I like living here. I do what I like, and [staff] help me." Relatives told us people were treated as individuals and the care they received fully met their needs.
- Care staff were able to tell us about the personalised care and support they provided for people.
- People's care plans included personalised information to support the staff team to deliver consistent person-centred care.

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 care plan detailed their communication needs they had.
- Staff told us how in addition to verbal communication, they learnt to read people's facial expressions and body language. Staff also used pictorial menu forms and other pictures to aid communication with people.

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

- People and relatives told us that staff supported people with their planned activities. One relative told us how staff were trying to engage a person in different activities as their mobility changed.
- People had planned weekly activities which included outings, day centre, shopping trips, music therapy and exercise classes. In-house activities were provided by staff on a daily basis depending on people's preferences. We discussed with the registered manager that people may benefit from a more structured in-house activity sessions to ensure they had something to look forward to.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was appropriately displayed and shared in an accessible way with people and relatives to ensure they knew how to raise their concerns. However, this needed updating to ensure contact details of relevant authorities were included in the policy so that people could take their complaint further if needed.
- People and relatives were encouraged to share any concerns and complaints with staff or members of management. The registered manager spent time during the day talking to people, this gave them further opportunities to identify any concerns or complaints.

- Relatives told us they had no reasons to complain, however they were positive that if they needed to it would be listened. One relative said, "If I had any concerns I would have no problem speaking with the [registered] manager or staff with whom I have a good relationship with."

#### End of life care and support

- People's end of life preferences and choices were recorded. No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care if needed.
- Staff received training to understand how to provide effective care to people nearing the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People and relatives were happy how the home was run. One relative said, "I do know the [registered] manager. I do think that overall the service is well managed." Another relative told us, "As a family we are all very pleased with the standard and the quality of care [family member] receives."
- The registered manager used the provider's established governance systems effectively to identify where improvements were needed. For example, the registered manager was further developing care plans, lessons learnt process, activities and the environment people lived in.
- Accidents and incidents were recorded and analysed for trend and patterns.

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

- The registered manager told us they promoted transparency within the team. They openly communicated with people, family members and health and social care professionals.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to manage all the aspects of the service.
- Staff told us they had knew their responsibilities and how the provider expected them to deliver care and support to people.
- Meetings and handovers were used as an opportunity to share any learning across the staff team and give staff the opportunity to fully engage in the running of the home.
- Staff were provided with additional training above the ones considered mandatory by the provider to enhance their skills. For example, sepsis training, catheter care, epilepsy training and stroke awareness

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

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. There were regular meetings organised at the home.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about

the quality of the service provided.

Working in partnership with others

- The management worked in partnership with health and social care professionals to meet people`s needs effectively.
- The local Commissioning Authority carried out a recent monitoring visit at the home and found the home to be of a good standard.