

Saint John of God Hospitaller Services

St John of God Care Services Supported Living

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 ●

Summary of findings

Overall summary

About the service

St John of God Care Services Supported Living provides care and support to people living in supported living settings, so that they can live as independently as possible. The service supports people living within Richmond, Catterick Village and Leyburn and specialises in supporting people with a learning disability and / or autistic spectrum disorder. At the time of our inspection 25 people received support.

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 and their relatives expressed their confidence that people were safe and received care that met their needs. Risks were effectively managed by a staff team that were familiar with people's needs. People received their medication as required. Appropriate actions were taken when there were accidents or incidents. Staffing levels met people's needs and people received support from a consistent team of staff.

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. People were asked for their consent to their care and staff supported them to make their own decisions.

There were good relationships with health and social care professionals to ensure people's changing needs continued to be met. People were supported with their dietary needs and preferences. Staff felt well supported in their roles through a series of supervisions and appraisals. The provider had recently updated their training programme to ensure it encompassed the different types of support people needed.

Staff treated people with kindness and upheld their dignity and respect in how they supported them. People were comfortable with staff and relatives provided positive feedback about how they had been supported as families.

People had detailed, person-centred care plans which guided staff as to the support they required. People had full and active lives and were encouraged to partake in activities of their choosing and to be a part of their community. Complaints were addressed appropriately, and people and their representatives were confident in raising any issues. Staff were familiar with people's individual communication needs.

The person registered to manage the service had left shortly prior to the inspection. In the absence of a

registered manager, the service was being managed by the deputy manager with high levels of oversight from the provider team. People and staff provided positive feedback about the management of the service and talked positively about the improvements being made. The provider's vision was shared with the staff team who were engaged with this. Staff and people's views were listened to and acted upon. A series of checks were completed to monitor the quality and safety of the service and to drive improvements.

We made a recommendation about the systems of governance to ensure identified actions were followed up in a timely manner.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 November 2018).

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 details below.

Good 

St John of God Care Services Supported Living

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 first day of the inspection was undertaken by an inspector and an assistant inspector. One inspector visited on the second day.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had been away from work for some time prior to the inspection and de-registered shortly before. We were assisted throughout the inspection by an experienced deputy manager and an operations manager. The deputy manager and provider team had been involved in the day to day of the oversight of the service in the absence of a registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also

requested a home visit, which was arranged.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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.

We reviewed information we had received about the service from the provider since the last inspection, such as notifications which the service is legally required to send us. We received feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the operations manager, deputy operations manager, deputy manager, a senior support worker and seven support workers. We reviewed full care plans for three people, and elements of documentation for a further two. We looked at medicine administration records for three people.

We viewed a selection of records relating to the recruitment and support of the staff team and the management and running of the service, including policies and procedures.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of potential indicators of abuse and were confident in how they would share their concerns. Staff also understood how to escalate their concerns if they felt these were not being addressed.
- Safeguarding concerns were shared openly with the local authority to enable enquiries to be undertaken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were aware of potential risks for people and what actions to take to try and mitigate these. Risk assessments were in place and reviewed on a regular basis to ensure they contained up to date information. On the first day of our inspection, bed rail risk assessments were not in place. The provider began to introduce these prior to our second day.
- Records of accidents and incidents were completed and consideration was given to changes the person may require in their support.
- The management team had an overview of accidents and incidents to ensure appropriate actions had been taken. Consideration was given to any learning from incidents. A staff member told us, "Everybody here is honest, if you make a mistake you have the confidence to hold your hands up."
- People and their relatives told us staff provided people with safe care. A person stated, "I get well looked after."

Staffing and recruitment

- The provider continued to operate safe recruitment procedures. Potential candidates met some of the people who used the service which enabled the management to observe their interactions and to get people's feedback.
- There was enough staff to meet people's needs and there was continuity, with many of the staff having worked at the service for a number of years. Staff had established strong relationships with people and their relatives.
- For people who received one to one support they had been supported to engage in activities and staff were aware of their hours, but this hadn't been consistently recorded. This was discussed with the management team who agreed to implement this.

Using medicines safely

- People received their medicines as prescribed.
- Staff undertook medication training and their competency was assessed, to ensure they had the right knowledge and skills.
- Checks of people's medication were completed to ensure the administration procedures were safe.

Preventing and controlling infection

- Staff had access to and wore personal protective equipment when this was required. This helped to control and minimise the spread of infection.
- People were encouraged and supported to maintain a clean environment.

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 requires improvement. At this inspection this key question has now improved to good. 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 prior to receiving support from the service. This helped to ensure people's needs could be met and to plan the support together. People and their families were encouraged to visit their potential new home to meet people and staff and to see how they felt in the environment.
- People were encouraged to express their wishes and make choices about the support they received.
- The management team had developed their understanding of best practice and were keen to embed this within the service to promote good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received regular supervisions, which aided their professional development and supported their well-being. Staff had annual appraisals of their performance.
- Staff undertook training which the provider considered to be mandatory and their practice was observed. The provider had recently introduced a new package of training to ensure staff had the required knowledge and skills to support people.
- New staff completed an induction which involved them shadowing more experienced staff, undertaking training and having observations of their practice. This helped to ensure that new staff had the right approach and values in their practice.

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

- People were encouraged to be independent with preparing their own food and drinks where possible.
- Information was recorded in people's care plans about any specialist dietary requirements or preferences people had and staff were familiar with these.
- Referrals were made to healthcare agencies if people were struggling with elements of eating or drinking or if there were concerns about their intake.

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

- Detailed information was recorded about people's health conditions, how this affected them and the professionals to contact. This information helped to guide staff.
- Staff maintained regular contact with healthcare professionals, including GP's and chiropodists. Advice and guidance given by professionals was recorded in people's care plans.
- Hospital passports and health action plans were completed, which provided detailed information about

people's medical history and people involved in their support. This information can aid other professionals should people require care in a different environment, such as hospital.

- People's oral healthcare needs were assessed, and they were supported to ensure they maintained good oral hygiene.

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. 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.

- Progress had been made in relation to the completion of MCA's and the provider acknowledged this was a continued work in progress. Capacity assessments were completed when there were concerns about a person's understanding and were done so in line with the principles of the MCA.
- The management team understood what actions to take if people were being deprived of their liberty and liaised with the appropriate authorities.
- Staff sought people's consent when providing support.

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

- Staff approached people in a patient and kind manner. People were comfortable with staff and confident to ask for their assistance or support.
- Staff knew people well and had built a rapport with them. Staff spoke about people with genuine affection and in a respectful manner and expressed a desire for people to have a good quality of life.
- People and their relatives were positive about staff's approach. A person said, "The staff are all lovely." Relatives comments included, "They are very caring; not patronising. They are caring towards me as well" and "The staff are all very nice. You can ring up and ask any of them anything."

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

- People were encouraged to make their own day to day decisions wherever possible; staff understood the importance of people trying to maintain control over their own lives. A relative told us, "Staff are always asking [person's name] all the time what they want to do. They're totally included and listened to and it's acted on."
- Staff were familiar with people's different forms of communication. Detailed information was recorded in people's care plans about how to support with their communication and decision making. This may have included limiting the amount of options, to avoid overwhelming the person, or using objects to aid in the explanation.
- Staff involved people's relatives or representatives in decisions when it was appropriate to do so. People had access to independent organisations to aid with decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain and develop their independent living skills. This may have included taking responsibility for maintaining a clean and tidy home or encouraging people to do elements of their own personal care routine.
- Staff understood the importance of maintaining people's privacy. A staff member explained how they did this, "I always support behind closed doors. I wouldn't discuss things when going out in public, everything is confidential. We knock before we go into people's rooms." People's preferences as to the gender of their support workers was also respected.
- People's care plans explained what helped the person to feel good about themselves.

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 had detailed, person-centred and ability focused care plans. Plans were under continual development, as staff became more familiar with the person's needs and wishes.
- Care plans recorded people's outcomes and things they wanted to achieve. The provider agreed to ensure goals were regularly reviewed to establish any additional support required.
- Detailed information was recorded about people's family and lift histories to help inform the type of and approach to the support required. For one person, family had provided a very detailed life history which ended with, 'We thank the service for all their caring and kindness'.
- Staff were familiar with people and had developed strong relationships. A member of staff stated, 'We've known the people for so long that we know their ways.'
- People's relatives told us about the positive impact the support had for their relatives. For example, one stated "I think it's been excellent. Everything is positive, [person's name] is really encouraged to take charge of themselves and is standing six inches taller." Another relative described the person as having come out of their shell.

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 were supported with their communication needs. Detailed information was available about people's verbal communication, hearing and sight and actions they may display if they are happy or unhappy This helped staff to better understand people's needs and how they could effectively support them to communicate.
- Information was available in a variety of different formats according to people's needs and preferences.

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 were supported to maintain relationships that were important to them. Staff had also built relationships with people's relatives. A relative described how staff had not only cared for their relative, but also them.
- People had full and active lives. This included attending day centres, having parties, visiting museums, going to the cinema and shopping. People were in control of what activities or groups they wanted to be a part of.

- People were encouraged and supported to be a part of their local community. For some people, this included volunteering for different charities.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and complaints had been appropriately addressed. We discussed with the provider ways to improve the recording of investigations into complaints.
- People and their relatives understood their right to complain and felt confident to raise any issues with staff and members of the management team. For example, a relative told us, "I would go straight to staff, they are very approachable. If I had any concerns or wasn't happy with anything I would speak with them."

End of life care and support

- People's end of life wishes had not been consistently explored with them. The provider had recognised this, and recently devised an easy-read document called 'My End of Life Plan' to enable discussion around wishes.
- The staff and management had established relationships with professionals to enable people to be supported with their health in the environment of their choosing.

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.

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

- The quality and safety of the service was monitored through a series of checks and audits. Whilst these had been effective in highlighting areas for improvement and driving significant changes in some areas, they did not consistently demonstrate that actions had been completed or followed up in a timely manner. The management team acknowledged and agreed to address this.
- A series of checks were undertaken by different levels of the management team. This enabled an additional level of monitoring and for them to consider patterns and trends within services and for individuals.
- The service was being overseen by the deputy manager and provider team. People and staff provided positive feedback about how the service was being managed.

We recommend the provider review their systems of governance to ensure actions identified are followed up and completed in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the improvements being made to the service which would positively impact the people receiving support. For example, a staff member stated, "I think it's fantastic and I know it is because the families tell us all the time. If I had a son or daughter with disabilities, then I'd be more than happy for them to be here."
- Staff felt more engaged with the provider's vision for the service and appreciated how much more visible the senior management team had been. For example, a staff member told us, "The new management are turning it around. We have had two staff conferences and we've had the chief executive visit."
- The management team were familiar with people and their circumstances and were committed to providing a person-centred service for people.
- People and staff felt confident in sharing their views with the management team and that these would be heard and acted upon. People had been kept informed of the changes happening within the service.

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 provider shared information openly with people, their relatives and professionals and worked closely with them.

- They understood the importance of apologising when mistakes had been made and saw this an opportunity to develop their service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had the opportunity to contribute their views through a variety of methods including staff surveys and meetings at both a local level and with representatives from the senior management team.
- The provider had placed a keen focus on improving engagement with people to hear their feedback about how the service could be improved. People were invited to attend tenants meeting, to visit the provider's head office and meet with members of the senior management team and were asked to complete quality assurance questionnaires. The majority of questionnaire feedback had been positive and was considered in the development of the service.
- Professionals were also invited to contribute their views. One professional had stated, 'I find the staff friendly and helpful. They always take good care of the tenant's health needs. Tenants make me feel welcome in their home. I find this a good service and have no concerns.'
- The staff and management team had developed strong relationships with local health and social care services and strongly advocated on people's behalf.