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

This inspection took place on 20 January 2016. The previous inspection took place on 18 December 2013, when the service was compliant with the regulations assessed at that time.

St John of God Care Services Supported Living is coordinated from an office base located on the Aske Hall Estate, near Richmond. The service provides supported living services to people living in Scorton, Leyburn and Catterick Village. The service is registered as a supported living service and provides the regulated activity 'personal care' to people living with learning disabilities and autism.

At the time of this inspection the service supported 28 people and employed 47 staff who were involved in providing the regulated activity.

The service had a registered manager, who had been registered with us since October 2010. 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.

People who used the service and relatives told us that the service was safe. People were protected by staff who were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary. People who used the service, relatives and staff also told us that the registered manager and management team listened and acted on feedback.

Safe arrangements were in place for staff recruitment, with people who used the service being involved in the recruitment process. Staff rotas were organised in advance and ensured that enough staff were available to keep people safe. Where agency staff were used information about their qualifications and experience was obtained, they were introduced to the service and used regularly to help maintain continuity.

The service had health and safety related procedures, including emergency plans, in place. Systems for reporting and recording accidents and incidents, including detailed reviews and actions, were in place.

The care records we looked at included detailed individual risk assessments and management plans. Risk had been managed collaboratively and in a way that helped to maintain people's independence.

Safe systems were in place for assisting people with medicines, where this was part of their agreed care plan. Detailed information was available about people's medicines and the support they needed. Records and discussions with staff evidenced that that staff were trained and checks took place to ensure medicines were being given safely.

Staff had been provided with training and support to help them carry out their role. This included specialist

training relevant to the needs of the people staff were supporting. Staff told us they were well supported and monitored by the registered manager and other staff.

The support people needed with eating and drinking was detailed in their care and support plan and professional advice had been sought if people had additional nutritional needs. People were involved in meal planning and food preparation where possible, and enjoyed regular 'take away' nights.

People's care records included detailed information about their health and wellbeing, so that staff were aware of information that was relevant to their care. Relevant health care professionals had been involved when needed and people had been supported to make decisions about their health and treatment options.

People and their relatives told us that staff were caring and treated them well. Staff were able to describe how they worked to maintained people's privacy and dignity. We saw examples of people being supported to maintain their privacy and independence.

People's care records showed that their needs had been assessed and planned in a detailed and person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their support and that their views were listened too.

People had been provided with accessible information about making complaints or raising concerns. We saw examples of the service responding well when a person using it had raised concerns. People and their relatives told us that staff were approachable, listened and responded if they raised anything.

The registered manager was very experienced and a strong management structure was in place to support them. People who used the service, relatives and professionals all told us the service was well led, with an ethos of being open and providing good quality, person centred care to people. Staff told us they enjoyed their jobs and expressed how important it was to support people well.

Checks and audits took place to monitor and improve the quality of the service's work. People who used the service, relatives and other professionals were routinely involved in meetings and reviews so that their feedback could be taken into account.

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.

People who used the service and their families told us they felt safe.

Staff were recruited safely and knew how to safeguard people from avoidable harm.

People had individual risk assessments in place to help manage risks and keep people safe.

Medicines were stored and administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff had been provided with training relevant to their roles and were supported and supervised well.

The service followed the principles of the Mental Capacity Act 2005 and involved people in decisions about their care.

People's nutritional needs were assessed and planned. Support with food and drink was provided according to individual need. People were encouraged to take part in cooking or helping to prepare food and drink if they were able.

The service sought professional advice and support when needed, to ensure people's health and welfare was maintained.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They knew people well and were able to describe people's needs and how they supported people.

There were no restrictions on visitors. Relatives were involved and kept informed about their loved ones care.

People were supported to make decisions and choices. Advocates were involved if people needed support with specific issues and a self-advocacy group was available to people who used the service.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their support. Staff provided responsive care according to people's individual needs.

People had plans in place to help them access work, education and social events in the local community. Work was being completed to support people through changes that were being made to their day service provision. This included working with people to access alternative community based activities.

A complaints procedure was in place. People felt able to raise any issues and had confidence that they would be listened to. The service had responded positively to a recent concern raised by someone using the service.

Is the service well-led?

Good

The service was well led.

An experienced registered manager was in place. They were supported by a strong management team, who were well thought of by people who used the service, relatives and staff.

The culture and atmosphere was open and friendly. Staff told us they shared the service's values and enjoyed their jobs.

Systems to monitor and improve the quality of the service were in place at all levels of the organisation.

St John of God Care Services Supported Living

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 carried out our inspection on 20 January 2016. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at past inspection reports, any information that had been shared with us about the service and any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within a required timescale.

The provider completed a provider information return (PIR) before our inspection visit. 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. The PIR provided us with detailed information about the service and was returned on time.

At the time of our inspection the service provided personal care and support to 28 people. We visited 12 people who used the service in their supported living arrangements. This enabled us to speak with people who used the service, observe the care and support provided and speak with seven staff.

During our visit to the office we spoke with the registered manager, the service improvement manager and the service's quality and safety manager. We also reviewed a range of records. These included three people's

care records, such as assessment and care planning documentation. We looked at five staff files, including staff recruitment, support and training records. We also looked at records relating to the management of the service and a variety of policies and procedures. Any additional information we asked the service to send us was provided promptly.

After the inspection visit we spoke with three relatives on the telephone. We also asked an additional eight care staff and five health and social care professionals for feedback about the service.

Good

Is the service safe?

Our findings

People we visited told us they felt safe and appeared happy and comfortable in their homes. The relatives we spoke with also felt that their loved ones were safe and cared for. For example, two relatives we spoke with told us how their loved one always seemed happy to return to their supported living house after a visit to their relative's home. In both cases the relative thought that this was a sign that the person felt happy and safe in their supported living arrangement.

The service had in place arrangements to protect people from abuse and ensure that any concerns were reported. The staff we spoke with told us that they had received training on recognising and safeguarding people from abuse. Training records we saw confirmed this. Staff were clear on their responsibilities and able to tell us how they would report any concerns to their management or other external agencies if necessary. The staff we met and spoke with had confidence in their line managers dealing with issues appropriately and felt able to raise concerns. One staff member was able to tell us about concerns they had raised in the past and how these had been handled effectively by their management. One staff member told us, "It is really important to protect them [people who use the service]."

The service protected people from unsuitable staff. During our office visit we checked the recruitment records for three staff. These records showed that new staff underwent a thorough recruitment process. This included obtaining an employment history, written references, completing interviews and undertaking a Disclosure and Baring Service [DBS] check. The DBS checks whether or not people have a criminal record or are barred from working with certain groups of people. This helps employers make safer recruiting decisions. We also saw that people who used the service were involved in the recruitment of new staff. For example, people meeting with potential staff at the interview stage. The registered manager explained how this also enabled them to see how potential staff interacted with the people who used the service and if they had the right values and approach.

Staffing levels were determined by individual contracting arrangements with the local authority, who funded people's care. This meant that staffing arrangements in the supported living arrangements varied, depending on the needs of the people living there and the care and support that was funded for each individual by the local authority. The registered manager and staff told us that recruiting the right staff was one of the service's main challenges. A permanent recruitment drive was on-going, but the service had staff vacancies at the time of our visit. These were covered using a mixture of agency staff and existing staff working additional shifts. Where agency staff were used the registered manager explained how they used the same agency staff as much as possible, to help ensure that they knew the people they were caring for. The rotas we viewed confirmed that this was the case. Information about the skills and experience of agency staff was obtained and they were introduced to the service in which they would be working.

Staff and other professionals we spoke with felt that people were safe and well cared for by the service. Rotas were prepared well in advance and checks carried out by management to ensure sufficient staff were on duty. Management 'on call' arrangements were also in place to support staff in the event of an emergency.

The registered manager told us how staff performance was monitored and if necessary disciplinary procedures were used to protect people. We were shown an example where the service's disciplinary procedures had been used. This demonstrated that when staff had failed to follow procedures and put people at potential risk, the registered manager had ensured that appropriate investigations and disciplinary actions had been completed. Support to the registered manager had been provided by the service's human resources department during this process.

Staff described a positive approach to risk management, supporting people to get the right balance between risk taking and safety. For example, one person had not wanted hot water temperatures in their home limited to the normal accepted 'safe' levels. Staff had worked with the person to implement an individual risk assessment and set the hot water temperatures at a higher level, so that they could enjoy baths and showers at their preferred temperature. A health professional told us, "I have found them to be a safe organisation, and they involve the community learning disability team appropriately in assessing risks and developing care plans accordingly." The care records we viewed included risk assessments and management plans. These provided information to staff on the risks that were relevant to people and what needed to be done to reduce the risk, while maintaining independence.

Systems were in place to report and monitor accidents and incidents. Staff were aware of the need to report accidents and incidents and the registered manager carried out a monthly review of accident and incident reports. The records we viewed showed that appropriate actions had been taken following the incident or accident. For example, involving relevant professionals and reviewing staff practice to help prevent re-occurrences. A monthly report on accidents and incidents was also shared with the service's quality and safety officer, to provide an additional level of scrutiny.

The service supported people with their medicines safely. During our visits we saw staff administering the tea time medicines. This was done in a safe way, in accordance with the services medicine administration procedures. For example, two staff checked the medication record and the medicine label before administering medicines, to ensure that the correct medicine and dosage was given. They also completed stock counts and ensured that medicine records were updated correctly and accurately. When administering medicines we saw that staff explained what was happening to people who used the service, in a pleasant and encouraging way.

Medicine profiles were available, providing information on the medicines people were prescribed and how each individual liked to take their medicines. This included information for medicines prescribed on an 'as required basis', to help staff make safe administration decisions. The medicine administration charts we viewed were neat and tidy, with clear recording. They showed that people had received the medicines they were prescribed. Where people were prescribed medicines for agitation and distress staff were able to describe how this was only used as a last resort, with other techniques and strategies used first to minimise the use of such medicines. Staff told us that they received safe handling of medicines training, along with regular medication observations to check and ensure competency. Records we saw confirmed this.

Good

Is the service effective?

Our findings

Staff told us that they received training and support to help them do their jobs well. One staff member told us, "We have a very regular training program with St John of God, sometimes it feels like we do too much, but surely that's better than thinking it's not enough." Staff confirmed that everyone was trained in subjects such as first aid, health and safety, manual handling, medication administration, safeguarding, food hygiene and fire awareness. Staff also told us that they had undertaken more specialist training to help them meet the needs of people they cared for. For example, staff had completed training on non-abusive psychological and physical interventions, with an emphasis on positive behaviour support. This helped them to support people by managing and preventing behaviour that might become challenging. They had also undertaken training in epilepsy and use of stesolid (specialist medicine used to control and treat seizures) which helped them respond to people's medical needs and keep people safe. The vast majority of staff had also completed formal care qualifications. The training records we looked at confirmed this information.

Staff we spoke with told us that they felt supported. They confirmed that there were checks and systems in place to monitor their performance and ensure that staff were doing their jobs properly. We looked at the support and supervision records for two long standing staff. These showed both staff had received four formal supervision sessions, one appraisal and regular observations of their medicine administration competence during 2015. Our observations and discussions with staff during our visits showed that staff knew people well, understood their needs and had the knowledge and skills they needed to look after people effectively.

The registered manager was able to tell us about the new appraisal process that was being implemented. We looked at some examples of this completed process. There were detailed records, which included an assessment tool [based on the care certificate, a recognised qualification aiming to provide workers with the skills, knowledge and behaviours they need to provide compassionate, safe and high quality care] to help inform the staff member's on-going development plan.

Staff we spoke with understood the importance of communication and were able to describe the different ways people who used the service communicated with them. For example, one person used an iPad with flashcards and pictures, so that staff could ask the person questions and get answers. One staff member told us "We need to know the tenants [people who use the service], because they can't all verbally communicate, they have their own ways of telling you things." We also saw that information about people's communication needs was detailed in their care and support plans.

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.

The registered manager was aware of the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They had been working with the local authority to develop their approach to the MCA and ensure they were protecting people's legal rights. Court of protection appointees were in place for five people who used the service, with three other people going through the process of having an appointee put in place. The registered manager was able to show us examples of best interest decision making that had taken place. For example, decisions about one person moving into a supported living arrangement and for another to receive dental treatment. We saw that the person using the service, their family, advocacy and other relevant professionals had been involved in best interest decision making. Feedback from professionals included, "My impression has been that staff are aware of the MCA requirements, but I have limited experience of dealing with such matters with this particular service. The one experience I have had with them that involved the MCA, they responded well and took on board the necessary requirements."

The care records we looked at included health action plans, which had been updated within the last 12 months. People were registered with local doctors and other health services and accessed these when needed. We also saw from records that people were supported to access specialist services when needed. For example, we saw involvement by the speech and language therapy team, psychiatrists, dentists and consultants. Where people lacked the capacity to make decisions about their health and treatment options there had been best interest decisions made involving relevant people. For example, we saw examples of this relating to decisions about dental treatment and treatment options for a serious illness.

During our visits we saw people making drinks and helping staff to prepare meals where they were able. We also saw the evening meal taking place in one house. We saw that staff supported people well and that there were no restrictions on people's access to food or drink. People were involved in menu planning and shopping, and there were regular 'take away' nights that people told us they enjoyed. One person told us about their favourite food, which they sometimes got from a local shop saying, "I like a mince and onion pie or scampi and chips."

The care plans we looked at included detailed information on people's dietary needs and the support they needed to ensure an adequate dietary intake. For example, one person had received support from the speech and language therapy service recently, and needed a textured diet and thickened fluids to enable them to eat safely. The plans also included information about the support people needed to prepare their own meals, drinks and snacks as much as possible. We saw that plans varied depending on the individual and their wishes and abilities. For example, some people cooked meals themselves, while others helped staff with food preparation. Staff were able to give us examples of how they responded to people's different dietary needs. For example, at one service some people were trying to eat healthily and lose some weight, so they used a 'lite' margarine. Other people needed a higher calorie diet, so used full fat butter.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and kind. One person told us, "They are nice." Another said, "I like it, staff are good." A relative told us, "The staff are absolutely brilliant and go above and beyond." Another relative described the support workers as, "Lovely."

During our visits we saw people being treated well by their support workers, chatting together and doing things in friendly and collaborative ways. For example, asking for people's permission and help to carry out routine checks of their money. Helping people with their jigsaws, helping people to paint their nails, and encouraging people to help prepare food for tea. There was a comfortable and homely atmosphere at the services we visited.

We observed two staff assist one person to move using a hoist. This was done in a kind and caring way. The staff explained what they were doing and reassured the person throughout the manoeuvre.

The staff we met knew people well and were able to tell us about people's individual needs. They could also describe how they involved people in decisions and choices about their day to day lives. For example, asking what people wanted to wear or do, looking for non-verbal communications where people were unable to tell staff what they wanted, and providing people with information or explanations to help them make decisions or choices.

The service also involved people in other ways, such as the recruitment of staff who would be working with them. For example, as part of the recruitment process prospective staff met with people who used the service, to see if they got on and had the right approach and values. During our visits some people showed us their bedrooms, and told us how they had chosen the colour schemes and furnishings with support from staff. The rooms we saw were very individual and reflected people's different interests and personalities. People showed us their rooms with pride.

Some people who used the service were able to go out independently to visit friends and relatives and told us about this. Other people needed staff or family support. The relatives we spoke with confirmed that there were no restrictions on visiting and that they could call to see their relative whenever they wished. For example, one relative told us, "It's just like visiting our other son." Another said "It's 24 hour access."

Some people also told us how they went to stay with their relatives at the weekend if this was what they wanted to do. Relatives felt that staff involved them appropriately and kept them informed about their loved ones care. Communication between the service and people's relatives was described as, "Good."

Recently people who used the service had been involved in local authority reviews of their support, including arrangements for day services and placements. Advocacy services had been involved to help support people during this process. There was also a self-advocacy group which people who used the service were encouraged to attend.

Good

Is the service responsive?

Our findings

People who used the service told us that they were happy with their personal care and support. People who couldn't speak with us appeared cared for and comfortable with staff. We saw staff providing care and interacting with people well. For example, one person came home from their day placement and indicated that they wanted to take off their shoes and have a shower before tea. Staff responded and assisted them to do so.

Relatives we spoke with were also happy with the care their loved one was receiving. One relative told us, "They are excellent in everything, so well looked after, just like home from home." Relatives also told us that people always looked cared for. For example, one relative described how their loved one was, "Always turned out lovely." Another told us that their relative was always presentable, with hair washed and dressed in appropriately clothing.

Each person had their own care and support plan and there was evidence that people's needs were being appropriately assessed, planned and reviewed. People who were able to talk with us told us that they were involved in planning their care. Staff told us that people were involved in support planning as much as possible. For example, one staff member told us "We sit with the tenants (people who use the service) to find out their likes, dislikes, preferences, how they wish to be assisted etc. We follow the lead of the tenants."

We saw a variety of levels of involvement in the records we looked at, depending on the needs and wishes of the person. For example, one of the care and support plans we looked at had been written by the person. It started off by saying, "I have completed my own support plan with a little help from staff." There were records of monthly reviews or discussions involving staff and people who used the service. The care records we viewed included very detailed information about people and the support they needed. Individual risk assessments were in place. The records we saw varied greatly between each person to reflect their individual circumstances and the risks relevant to their care. For example, one person used the internet a lot, and we saw that staff had worked with the person to explore the risks and help the person use the internet safely. Care planning and assessment was collaborative and focused on people managing risks and challenges positively, so that they could maintain independence and still do the things they enjoyed. For example, one person loved push bikes, but had caused some disagreements with other tenants by bringing bikes into the house to maintain them. Staff had worked with this person to buy their own shed, which they had fitted out with carpet and lights and now used for their bike maintenance.

We saw evidence that people had access to the local community and meaningful activities. People we visited told us about their plans for holidays, their work and placements, and how they liked to spend their time. Records supported this and included plans covering individual's relationships, education, work and social needs. For example, one person had a paid job and personalised learning programme at college. Another had a weekly plan that included one-to-one staff support, going to the gym and work. Relatives also told us that they could visit freely and that trips home took place regularly.

Staff and other professionals told us that it was not always easy to meet people's social and educational

needs as fully as they would like, due to changes in the way placements and day services were being provided by the local authority and individual funding arrangements. The registered manager was able to explain how they were responding to this challenge, by developing individual social profiles with people who used the service and using these to explore alternative ways of meeting people's needs within the local community. Where people's day services were under review advocacy was in place to support people through this process and ensure that their views and wishes were represented.

People and their relatives we spoke with told us that they felt confident raising any issues or concerns and that they were listened to. For example, one person told us staff were approachable and helpful. One relative described how if they wanted to raise any day to day issues support workers were, "More than willing to help." Another relative told us they could raise any issues or concerns easily, saying "Oh they are definitely all approachable, particularly [name of senior support worker in charge]."

The service provided information about the service to people who used it. This included an easy read guide for people who used the service, which included information about making complaints. The complaints information was detailed and included appropriate information about the ombudsman and CQC. Management systems were in place to monitor complaints and ensure that they had been responded to appropriately. The registered manager was able to show us what had been done in response to the most recent concern, where a person had raised concerns about their one-to-one funding being reduced by the local authority. The person had been supported to formally raise their concerns with the registered manager by their support staff. Their psychiatrist and advocate had been involved and a review of the local authorities decision requested. A follow up meeting had also been arranged with the person to monitor progress.

Good

Is the service well-led?

Our findings

Appropriate management structures and arrangements were in place. The service had a registered manager, who had managed the service for 15 years and was very established in their role. They were able to tell us clearly about the approach and values of the service, and were committed to continuous improvement and providing people with good care. Other staff we spoke with also understood the service's vision and values. For example, one staff member told us "I thoroughly enjoy working for Saint John of God. I believe in their values and honestly believe that the staff team at [name of service] work within these values."

The registered manager was supported by other senior staff within the organisation, including a deputy manager, a service improvement manager [their line manager and supervisor] and a quality and safety manager. Each individual supported living arrangement also had a senior support worker, who undertook day to day management tasks within the individual services. There was a 24 hour on call service provided by the management of the service, enabling people who used the service, staff and relatives access to management in the event of any concern, question or need.

People who used the service knew who the manager and senior support staff were. They saw them during regular visits or while they worked in the individual schemes, and said that they were approachable. One relative told us how they had confidence in the service's management. They described the senior support worker and deputy as "very approachable," "Really understanding," and described how they could always get hold of them if needed. Feedback from other professionals was that the service was well led and well managed. For example, one professional told us, "Generally I believe the culture is one of being person centred and aiming to support people's individual needs, and to help them to have as good a quality of life as is achievable."

The service had a variety of quality assurance and governance process. These were evident at all levels of the organisation. During our visits support staff were able to describe and show us the routine checks that took place within the individual supported living schemes. For example, regular checks during each shift to ensure that people's finances were in order, that medication had been administered safely and that the premises in which people were living were safe and well maintained. During our visit we saw staff involving people who used the service in these processes. For example, asking people if they wanted to help staff carry out a check of their money and letting them assist if they wanted to. Staff also received supervision and there were regular competency checks carried out.

The registered manager and deputy manager were able to show us the checks and audits that they undertook. For example, visits to the different supported living services were completed and resulted in management reports. Accident, incident and safeguarding logs were analysed on a weekly and monthly basis, to identify trends and ensure all actions had been taken. More senior staff within the organisation also monitored the service. For example, on the day of our inspection the quality and safety manager was carrying out an audit. They visited regularly to carry out quality and compliance reports and base line audits. We saw that these visits were themed around CQC requirements and any improvements or

recommendations were fed into the service improvement plan. Where areas for improvement had been identified there were records of the actions and progress that had been made.

Throughout our inspection the registered manager and other staff we met were professional, friendly, open and transparent. They were organised and able to provide us with the information and explanations we asked for quickly and thoroughly. The records we asked for were organised and enabled information to be located quickly and easily.