

Saint John of God Hospitaller Services

# Saint John of God Hospitaller Services - 1 Bedes Close

## Inspection report

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Date of inspection visit:  
07 March 2018

Date of publication:  
27 April 2018

## 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

We undertook an unannounced inspection on 7 March 2018.

Saint John of God – 1 Bedes Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Saint John of God – 1 Bedes Close is a residential care home for up to four people living with learning disabilities. All of the living accommodation is on the ground floor of this detached house. All of the bedrooms have en-suite toilets and baths. At the time of our visit there were three people using the service and there were no plans to offer the fourth place to anyone else.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were safe at the service. Staff knew how to identify abuse and understand the safeguarding procedures to follow to protect people from abuse. Risks to people's health and well-being were assessed and managed. Appropriate risk management systems were in place which ensured staff delivered safe care.

Staff had been recruited safely, were well trained and supported in their roles. There was enough staff to make sure people were kept safe and to deliver person centred care.

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

People got enough to eat and drink which met both their dietary and cultural needs. Staff support people to attend health care appointments and make sure they receive any medicines they are prescribed.

Staff were kind and compassionate and treated people with dignity and respect. People who used the service had developed positive relationships with staff.

Staff knew people's likes and dislikes and people received personalised care. People's care plans were person-centred and provided staff with good information about how to support people. Relatives told us they had never made a complaint but would speak with the registered manager if they were not happy about anything

The service was well-led by the registered manager who understood people's needs and worked well with people and staff to improve the care delivery. There were effective audits and monitoring systems in place to ensure people's safety and quality of care.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Saint John of God Hospitaller Services - 1 Bedes Close

## **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 was planned to check 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.

This was a comprehensive inspection which took place on 7 March 2018 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included one person's care records, two staff recruitment files and records relating to the management of the service.

We spoke with one person who used the service, two relatives, five care workers, a community learning

disability nurse, an independent mental health advocate, the registered manager and the head of service.

## Is the service safe?

### Our findings

People continued to receive support which protected them against the risk of abuse. Staff had attended safeguarding training and knew how to identify and report potential abuse. The registered manager reported safeguarding incidents to the local authority for investigation to ensure people's safety.

People received care that minimised the risk of harm. Staff involved health and social care professionals in identifying and developing plans to manage risks to people's health, such as accessing the community and managing their finances. Staff carried out regular reviews of risk assessments to maintain people's continued safety. Staff said they had information about triggers to behaviours that challenged and had sufficient guidance to minimise the risk to people's health and welfare. Records showed staff identified and managed risks to people's health whilst promoting their independence. A learning disability nurse who had been involved with the service told us, "With the level of challenge that can be a daily issue in the home, staff maintain positive relationships with the service users and are quick to adapt, managing risk effectively and ensuring the safety of others."

There were enough staff deployed to meet people's needs. The registered manager adjusted the staffing levels to ensure people were kept safe and their needs were being met. Staff we spoke with confirmed staffing levels were appropriate and consistently maintained.

The provider's recruitment processes remained appropriate and were used consistently for checking the suitability of staff to provide care. This included carrying out interviews and checks on applicant's employment history, references, identity, right to work and criminal record checks. Staff told us and records confirmed they had undergone all the checks before they started to provide care.

People had their medicines administered and managed in a safe and secure manner. People received their prescribed medicines and administration records confirmed this. Staff were trained and competent to manage people's medicines. Staff consistently followed the provider's policy on safe medicines management. Healthcare professionals were involved in reviewing people's medicines to ensure these remained appropriate for their needs. The medicines administration policy was up to date and accessible to staff for guidance.

People consistently lived in a well-maintained and clean environment. Staff understood how to minimise the risk of infection and followed good hygiene practices.

People continued to receive care from staff who minimised the risk of avoidable harm. Staff followed the procedures on recording and reporting accidents and incidents which detailed the actions they had taken to support the person. The registered manager monitored and reviewed accidents and incidents and ensured staff had learnt from these to reduce the risk of a recurrence.

## Is the service effective?

### Our findings

People who lived at Bedes Close had lived there for between four to ten years. This meant staff knew and were able to support people's care needs well. The fourth bedroom was being used for staff that spent the night at the home who could be called on if needed by the night staff. The registered manager told us there were no plans to make any admit anyone new to the service.

People received care in line with best practice and legislation. The registered manager worked closely with health and social care professionals to assess and develop care plans to meet people's needs before they moved into the service. This ensured each person had a support plan that included guidance from professionals. Records showed staff followed the advice provided to support people. A community learning disability nurse told us, "The staff are always willing to ask for, and accept outside support, and act on advice or suggestions given."

People were supported by staff who had the knowledge and skills required to undertake their role. Staff were happy with the training opportunities available to develop their practice. Staff attended the provider's mandatory training and refresher courses which included safeguarding adults, medicines management and the Mental Capacity Act 2005. This ensured they kept their knowledge up to date in line with best practice guidance.

People were supported by staff that had their practice monitored. Staff told us they benefitted from having regular supervision to discuss their work and professional development and an annual appraisal of their practice. Staff told us they felt supported in their roles and said the registered manager was always available for any help or advice they needed.

A newer member of staff told us their induction training had been good. They had worked with experienced carers initially until they got to know the people who used the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were two authorised DoLS in



place. Both of the authorised DoLS had conditions attached to them which had been met by the service.

People received sufficient amounts to eat and drink. Staff involved people in menu planning and provided meals which met each person's individual preferences, cultural and dietary needs. Staff were supporting one person to eat healthily as the dietician had advised them to lose weight.

People had access to healthcare services. Staff monitored people's health and supported them to attend appointments, visits to the GP and specialist appointments. A community learning disability nurse told us, "The staff advocate for their service users helping to ensure the service users have access to health care, with appropriate adjustments made."

People had access to all parts of the accommodation and two people knew the code to open the front door.

## Is the service caring?

### Our findings

Relatives were happy with the caring manner of staff. A community learning disability nurse told us, "I have found the staff team at Bede's Close to be compassionate and person-centred in regards to their support of the service users."

People who used the service enjoyed positive relationships with the staff that provided their care. People received care from regular staff which helped them to get to know each other. This enabled staff to understand how people wished to be cared for. For example, we saw one person was distressed. A staff member took them for a bath, knowing this was a good way of helping them to relax.

People were involved in making decisions about their care. We saw one person being shown picture cards so they could choose what activity they wanted to do in the morning. Another person used a tablet computer to make their wishes known.

Staff told us and records confirmed they took into account people's preferences and cultural needs about how they wanted their care delivered. For example, they explained how important it was for one person to follow a very specific routine when getting up. If any stage was missed out this would cause the person to become anxious.

People received care in a manner which respected their privacy and dignity. For example, in one person's care plan there were clear instructions about staff waiting outside the bathroom in order to afford them privacy.

People had access to information about the resources available to them at the service and in the community in a format they understood. This enabled them to make informed decisions about their day-to-day living. Staff understood how people communicated; for example, when they were happy, anxious or unhappy.

Staff knew when to give a person space or time to allow them to express how they wanted to receive their care. For example, care workers told us some people liked to spend some time in their bedrooms listening to music or watching TV.

People were supported to maintain relationships that were important to them. For example, one person visited their family at home. Relatives said they felt welcomed at the service and could visit when they wanted.

## Is the service responsive?

### Our findings

People continued to receive individualised care and support which met their needs. One relative told us, "[Name] has his own life now which is what we wanted."

Staff had information about each person's needs and the support they required. People were involved in discussing their care and indicated their likes, dislikes and preferences about how they liked their care delivered. People who used the service, their relatives where appropriate and health and social care professionals were involved in reviewing their support plans. Care and support plans were up to date and reflected people's current needs. People who used the service were supported to be as independent as possible and to learn new skills.

People received care from staff who understood them. For example, care workers were able to talk about the support each individual needed and did this in a person-centred way.

End of life care plan documentation was available. At the time of our inspection, there was no one receiving end of life care.

People continued to take part in a wide range of activities. A community learning disability nurse told us, "The staff work hard to ensure service users have a good quality of life, supporting them to access community to engage in chosen/preferred activity." An independent mental capacity advocate told us, "Before moving to 1 Bede's Close my service user was very reluctant to attend activities in the community and some of his behavioural traits were a real challenge for the Bedes Close team to manage. However, the team have worked carefully, through the implementation and following of care plans informed by the variety of different involved professionals to support the gentleman to participate in a variety of regular activities and outings and his behaviour, sleep pattern and quality of life has improved greatly since his move to Bedes Close."

Activities were personalised, meaningful and reflected what people were interested in. Staff supported people to engage in stimulating and entertaining activities to meet their social and physical needs. For example, one care worker told us they were always looking for different places to visit so people who used the service could benefit from different experiences.

The service had a complaints procedure and relatives we spoke with told us they would feel able to raise any concerns and were confident any issues would be resolved.

The service had an accessible information policy and their web site gave the following information, "The charity is committed to making sure that people who use its services, their families and the wider public have access to information in a form they can understand. If you require information presented in a different language in easy read format or large print please contact us on [telephone number and email address] and tell us what information you need and in what format and we will do our best to get this information to you as quickly as possible."

Information was also available in 'easy read' pictorial form.

## Is the service well-led?

### Our findings

The service continued to be well-led. An independent mental capacity advocate told us, "I have found both the current manager of 1 Bedes Close and other managers involved to be excellent in communicating effectively with other professionals and very professional in how they have made, kept and communicated complex and useful records to aid meeting the service user's needs." The head of service told us, "[Name of registered manager] is very good, well respected and has a good reputation with commissioners and healthcare professionals. She has a detailed knowledge of people who use the service and is a good leader, She is not afraid to ask if she is unsure which is a strength." Staff told us, "[Name of registered manager] is approachable and feel confident in her."

People continued to benefit from a culture of openness and transparency at the service. The providers philosophy was, "The people we support are at the heart of all we do and we approach all aspects of service delivery with person-centred thinking and ways of working." We found this was working in practice and people received person centred care which met their individual needs. It was clear from talking with relatives and staff the achievements and progress people had made since living at Bedes Close.

The systems and processes to check the quality and safety of the service continued to be effective. The registered manager and provider made a number of regular checks to make sure to people received safe and good quality care. The records of audits and checks demonstrated that the registered manager identified gaps and areas for improvement.

Staff told us they felt well supported by the registered manager, were involved in make decisions regarding care delivery and worked well as team. Many of the staff had worked at the service as agency workers. They had found it such a nice place to work they had then applied for permanent positions. One care worker told us, "I really liked the way the place was run; it's more like a home here. The guys have a good quality of life and the care is really good. They get out on activities, get good choices and are encouraged to be independent."

People using the service, their relatives and staff continued to share their views about the service. People who used the service were asked for their views about the service at monthly meetings and what they wanted. For example, one person said they wanted to go on holiday and this was being arranged.