

Saint John of God Hospitaller Services

St John of God Care

Services Lindisfarne

Inspection report

Lindisfarne Court
Haughton Village
Darlington
County Durham
DL1 2DZ

Tel: 01325365428

Website: www.saintjohnofgod.org

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St John of God Care Services Lindisfarne known as Lindisfarne Court is a residential care home providing personal care to 12 people at the time of the inspection, The service can support up to 13 people. The service comprises of three purpose built bungalows.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People were supported by staff to pursue their interests. People took part in activities at home and within their local area. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including engagement and having a voice regionally within the registered provider. People in the service told us that staff supported them well to be independent. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People's care, treatment and support plans had clear guidance on what people's goals and aspirations were. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. We received positive feedback from people and their family members about the service. Staff members were positive about working at the service and felt supported by the manager and the provider.

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

Rating at the last inspection and update

The last rating for the service was outstanding, published on 28 April 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the previous inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St John of God Lindisfarne on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was Well-led

Details are in our well-Led findings below.

Good ●

St John of God Care Services Lindisfarne

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St John of God Care Services Lindisfarne known as Lindisfarne court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. St John of God Care Services Lindisfarne is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had a manager registered with the Care Quality Commission. At the time of the inspection the registered manager was absent however appropriate cover was 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 7 relatives about their experience of the care provided. We also spoke with 7 members of staff including the manager and support workers.

We reviewed a range of records. This included people's care and medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including risk assessments and procedures were reviewed. We also carried out a visual inspection of the premises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Potential risks to people were assessed, monitored, or mitigated. People told us they felt safe. One person told us, "The best support and best management team. I feel safe and well looked after, I feel content."
- People's care records were updated to include all the information needed to provide safe care.
- The provider had improved systems to record and monitor accidents, incidents, and safeguarding concerns.
- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies.
- Staff had training on how to recognise and report abuse and they knew how to handle any allegation of abuse appropriately and were confident to report them.

Using medicines safely

- Medicines were managed, recorded and administered safely.
- Where people were prescribed 'as and when required' medicines. Specific guidance for staff to follow was in place.
- People received the right medication at the right time from staff who were appropriately trained to provide this care safely. One person told us, "I know all about my medication what it is for when to take it and it is always on time. They have strict timings. If I didn't like being here I wouldn't be here."
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Staffing and recruitment

- Recruitment checks were completed to help make sure suitable staff were employed.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Safe recruitment practices were in place and staff received an induction to be able to provide safe care.

Preventing and controlling infection

- The service used infection, prevention, and control measures to keep people safe. The service had arrangements for keep premises clean.

Visiting in care homes

People were able to receive visitors without restrictions in line with best practice guidance.

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.

- Consent to care was recorded in people's support plans. All people had the capacity to make decisions about their care and make their wishes known to staff.
- Management and staff were aware of their obligations of working within the principles of the MCA.
- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.
- People told us they were listened to, and their choices respected.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff were trained in dignity and respect. We observed staff treat people with kindness and respect.
- People felt listened to and valued by staff who engaged meaningfully with them. There was a positive rapport between people, support staff and the management team.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics for example, due to cultural or religious preferences.
- People were supported to maintain personal relationships, with friends and family.

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

- Staff took the time to understand and develop a rapport with people. We observed a friendly atmosphere and mutual respect between people and staff.
- People were enabled to make choices for themselves. Staff ensured they had the information they needed. One relative told us, "Our relative's health would have deteriorated as their (medical condition) was never taken seriously before, here the support for the balanced diet has improved their health because the staff have been able to support them to understand what's needed for better outcomes."
- People were supported to have regular discussions to have their say regarding their support and discuss any changes to their support with staff and their advocate or relatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. One relative told us, "We couldn't thank this place enough thank heavens we found it. We really appreciate what we have here for our relative. I would say they have extended our relative's life. Helping them to manage their health independently from gaining the right skills."
- People were supported to learn daily living skills of their choice.
- Staff engaged with people in a dignified way and ensured their privacy was respected.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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.

- People's support plans and relevant documentation included risk assessments that highlighted where risks needed to be mitigated.
- Audits were carried out regularly by the manager, who was able to identify and address issues effectively.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- The manager encouraged people and staff to be open with each other. Staff felt supported by their colleagues and the manager.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with the management.
- People's relatives shared their feedback with us on the positive culture of the service. One relative told us, "I'm happy with the service it's had its ups and downs over the years. But if I had a problem, I would go to the deputy manager."

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 manager was aware of their responsibility under the duty of candour regulations.
- There had been no recent incidents that required a response under the duty of candour.

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

- Regular staff and resident meetings were held which gave the opportunity for people to raise any concerns and for the management team to inform people of any changes within the service.
- People, and those important to them, worked with managers and staff to develop and improve the service. One person told us, "I have been here for 30 years. We get involved with recruitment of staff. I consider it a privilege to be part of that. Where possible we have a say in who takes care of us. I absolutely love it here, I have a say in what I want and have an amazing support team and management. For me this team has been the best for a while and this is down to the management team."

Continuous learning and improving care and working in partnership with others.

- The service worked in partnership with advocacy organisations, social workers and other health and social care organisations to develop their service to meet people's needs.
- The provider had an action plan for the service that was regularly updated that highlighted areas for improvement.