Care Quality Commission

Saint John of God Hospitaller Services

Religious Services Supported Living South

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

Religious services supported living South, is a supported living service which provided the 'Regulated Activity' of 'personal care' for those who lived there. This service was owned by the charity, Saint John of God Hospitaller Services. People were supported with a range of personal needs which included those who lived with dementia, mental health and physical health needs. At the time of this inspection six people received support.
This service provides care and support to people living in a 'supported living' setting, 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 is referred to as a 'convent.' A convent is either a community of religious sisters, or nuns; or the building used by the community, particularly in the Catholic Church. The premises were not inspected by us because the provider is only regulated for 'person care.' People were living in their own homes and the building was owned by the provider.

At our last inspection we rated the service as 'Good' in all five key questions. 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 ongoing 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.

Following our previous inspection, the agency changed their address for this service. However, this did not include a change of management and services continued to be operated from the same premises location. Therefore, this is not a newly registered service as the Care Quality Commission (CQC). For this reason, we are writing this inspection report as a 'return to good' service and not as the first inspection report for this service.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People who lived at this service shall be referred to within this report as 'Sisters' in accordance with their religious Catholic following. The Sisters who lived at Religious services supported living south (RSSL) agreed to follow the duty of 'obedience' as a key part of their religious practices. This meant that Sisters had a duty to comply with the will of another who had the right to command them. In this service this 'right' belonged to those superior Sisters chosen as 'community leaders.' Community leaders provided extensive, personalised support and advocacy for people at RSSL. Staff and community leaders told us that the service was well managed.

Sisters were protected from abuse by caring and kind care staff who had received training and support to understand how to report safeguarding concerns appropriately. A community leader who visited RSSL also had a 'lead' safeguarding role for Saint John of God Hospitaller Services. The provider upheld a policy of 'non-discrimination on the basis of race, religion, sex, disability or social status.'

Sisters received their medicines safely from staff who had received medication training. Risks to Sisters were assessed and actions taken to mitigate identified risks. Risks of infection were minimised with the use of protective equipment such as gloves and aprons. Staff were planning to complete infection control audits for the service at the time of this inspection.

The Sisters were supported to eat and drink enough with their individual and religious preferences catered for. Staff had received training in their roles and Sisters were supported to access healthcare services when they required this intervention.

Sisters at the service were supported to practice their faith by attending 'mass' at the local St. Mary's church at the top of the road. Staff provided support for those Sisters who required additional help to access the church. There was also a chapel within the service which was accessible for people to use on a daily basis. Others from the wider community, which included a Sister from a neighbouring care home, were invited to attend the chapel.

End of life care was provided by the care staff in conjunction with the community leaders at the service. The provider worked in partnership with healthcare professionals when delivering care to Sisters at the end of their lives. No-one was in the active phase of dying or receiving palliative care at the time of this inspection.

Sisters are supported to have maximum choice and control of their lives and community leaders and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Sisters felt confident to raise concerns either directly with the care staff or with the support of a community leader. Concerns were responded to appropriately and in a timely manner.

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.

Is the service safe? The service remained safe.	**Good** ●
Is the service effective? The service remained effective.	**Good** ●
Is the service caring? The service remained caring.	**Good** ●
Is the service responsive? The service remained responsive.	**Good** ●
Is the service well-led? The service remained well-led.	**Good** ●

CareQuality Commission

Religious Services Supported Living South

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 and conducted by one inspector. The inspection took place on 19 October 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care to people in supported living service. People are often out during the day. We needed to be sure that the registered manager would be in for us to speak to.

We used information the provider sent us in the Provider Information Return (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 also reviewed information held about the service which included notifications. This is information we require the provider to send to us in law, following certain incidents and accidents.

We reviewed records for two Sisters, one member of the care team and one team leader. The records we viewed included staff training and recruitment records as well as organisational quality and safety policies and procedures, audits, investigation reports and surveys completed by or on behalf of the Sisters at the service.

We spoke to the registered manager, an operations manager, the team leader, a member of care staff, three community leaders and observed and spoke to three Sisters interacting with care staff. We also contacted community health and West Sussex County Council social services commissioning colleagues.

Good

Is the service safe?

Our findings

At our last inspection in June 2017, we found that Sisters were protected from abuse and avoidable harm with robust systems, process and competent staff and community leaders who understood how to report any concerns that may arise. At this inspection we found that this was still the case.

Sisters continued to be supported by effective systems and processes that helped to keep them safe. Incidents and accidents were centrally monitored and analysed by the provider's health and safety manager which ensured there was robust oversight of any trends. Actions were taken when incidents and accidents happened which meant that the registered manager had improved the service that Sisters received as a result of the learning. For example, for one Sister, additional falls equipment had been obtained which would alert care staff via an electronic device if they were to get up from their bed during the night. This enabled staff to attend to their needs promptly which reduced the risk of falls for them.

Staff received safeguarding training and understood how to report any concerns to the appropriate external organisations when this was required. Community leaders continued to provide support and guidance for Sisters which helped to keep them safe. One of the community leaders had a 'lead' role in safeguarding for the service. We spoke with them at this inspection. They confirmed that they regularly met with the registered manager and provider to discuss safeguarding which ensured that any concerns or identified risks for people were continually monitored across the organisation. Information for staff was displayed in the service's office which ensured that staff were regularly reminded of the actions required following any identified concerns of a safeguarding nature. We spoke with a team leader who confirmed their understanding of whistleblowing procedures. A whistleblower is an employee that reports an employer's misconduct.

There were enough staff on duty. Sisters were supported to have their care needs met at a time that suited their preferences and were not rushed by care staff. Recruitment practices continued to be safe and care staff had appropriate safety checks completed before they started work. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. This process ensured as far as possible that staff had the right skills and values required to support people.

Medicines continued to be given safely to people with robust systems to ensure the safe storage, administration and recording of medicines. Staff completed a 'reflective' practice account for one medicines error which meant that there was effective learning from incidents of when things went wrong in practice. The pharmacy who supplied medicines to the service had also completed an audit of how medicines were managed at the service. Staff received medicines training and detailed competency assessments which meant that they were competent to give medicines safely to the Sisters.

Risks to Sisters were assessed with measures in place to reduce and mitigate these identified risks. Community leaders and staff worked together to monitor and manage risks to the Sisters, whilst they

ensured their freedom was respected. One Sister who had a period of ill health following a serious illness was supported to go on holiday with the community leaders with potential risks discussed and planned for to reduce risk. A community leader told us, "We took Sister [name] to Ireland for 10 days. It was wonderful. When we came home staff commented about how well she looked."

The registered manager was aware of appropriate measures to support Sisters and staff to manage behaviours that may challenge. Records had been implemented to monitor any incidents of behaviour that may challenge which could be displayed when a person is living with dementia.

Sisters continued to be kept safe from the risks of infection. Staff used protective equipment such as gloves and aprons. Sister's rooms were kept clean. The registered manager and operations manager for the organisation told us that they were in the process of implementing an infection control audit which would be completed on a monthly basis.

Good

Is the service effective?

Our findings

At our last inspection we found that the Sisters received effective care and support which promoted a positive quality of life. Staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. At this inspection we found that Sisters continued to be supported by an effective service.

Sister's needs, and choices were assessed in a person-centred way, with care and support provided that achieved positive outcomes for them. The registered manager told us how they worked with health professionals and the community leaders to assess and meet the needs of the Sisters when they moved into the service. They said that for one Sister, "I spoke to the GP and they sent me their [Sisters] medical history. When she arrived, I sat down and went through everything with her."

Staff had the skills and knowledge to meet people's needs. Staff received training to support those who lived with dementia. The registered manager and team leader were completing a train the trainer course for medication management. The registered manager told us that this was to ensure, "That I am competent to do the competency assessments for staff." Staff received a mixture of face to face, practical and online training courses. The registered manager had ensured that training was planned to support care staff to understand the specific religious requirements of the Sisters in more detail. This training would provide detailed information about the specific religious practices, choices and preferences of the Sisters and how staff could support them to achieve this.

Staff were supported in their roles by an approachable registered manager who gave staff regular supervision sessions. This gave them opportunities to discuss aspects of their roles and any areas for development or learning that may be required. Staff told us that they felt supported by the registered manager. One member of staff said that the, "Manager is really easy to talk to if there's a problem."

Sisters were supported to eat and drink enough to meet their individual needs and preferences. A chef was employed to prepare daily meals. This included preparing special meals that supported the Sisters to follow religious celebrations. Sisters enjoyed celebratory meals on other occasions that were important to them, such as their birthdays. The registered manager told us how they had supported a Sister to maintain their dietary preference of a vegetarian diet. They said, "We've got her in special foods to support her needs."

We saw that Sisters benefitted from a shared meal time experience. Community leaders told us that this had positively supported those who experienced low moods or depression to engage with others on a regular basis.

Sisters continued to receive support and input from healthcare professionals as required. The registered manager told us of an example of the intervention that had been provided for one Sister when their weight had decreased. Nutritional supplements were prescribed for them to maintain a healthy weight. The team leader told us that staff had a, "Good relationship with health professionals" who visited Sisters at the service. The local doctor's surgery provided information to support Sisters if they needed to stay in hospital.

This included a dementia care plan to positively support Sisters needs to be clearly understood by hospital staff when they were living with dementia. One Sister said in a recent survey that, "During a recent illness I have been very impressed by the attention I have received [from staff and community leaders]."

Sisters were asked for their consent appropriately and in line with legislation 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. We checked whether the service was still working within the principles of the MCA and found that they were.

One Sister had a community 'Deprivation of Liberty Order' in place. A community leader had been nominated as their representative who ensured that this 'order' was followed. The registered manager told us how they worked with a social services representative regarding the 'order' and that the Sister was supported to attend a day centre "three times a week" and that "she [Sister] loves it." This demonstrated that despite the 'order' being implemented, the Sister's liberty and freedom was not restricted.

Good

Is the service caring?

Our findings

At our last inspection we found that Sisters were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. We found that this was still the case at this inspection. Sisters and community leaders felt that the staff were caring. Some comments noted on a survey completed by the Sisters, stated that staff were, "Very thoughtful and helpful and kind."

Staff and community leaders who knew individual Sisters needs and preferences very well, continued to provide appropriate emotional support when this was required. Staff understood how to communicate with Sisters. This included the use of records that staff completed each day, which used a pictorial format for activities completed by the Sisters.

Staff and community leaders spoke sensitively with Sisters and demonstrated a very compassionate and empathetic approach when they spoke with or on behalf of the Sisters at the service. The needs and wellbeing of the Sisters was at the centre of the staff and community leader's priorities. Staff and community leaders spoke passionately about the support they provided to the Sisters. The sisters were clearly well supported by a team of staff and fellow senior Sisters [community leaders] who worked to ensure that a good quality of life was experienced by those who lived in the convent.

Sisters and community leaders were happy with the joint working and support provided by the care staff and management team. One community leader said there had been, "Situations where we thought it couldn't change [for Sisters] it has. They have regained their independence and quality of life."

Community leaders continued to act as advocates for the Sisters. This ensured that they were supported to make decisions about their daily lives in accordance with their religious beliefs which was important to them.

The provider had a policy of 'non-discrimination' for various aspects of the lives of those they supported. This included but was not limited to; 'race' and 'religion.' This was of particular importance to those who may not be able to always clearly express their wishes due to living with dementia. All Sisters were enabled to continue to practice religious practices that were important to them. This meant that the Sisters individual religious choices were respected and upheld in accordance with legislation and evidence based guidance.

Sisters were treated with respect and dignity. Their independence was maintained and promoted by caring staff and community leaders. We asked a team leader what they felt the staff did well at the service. They said, "Looking after the Sisters." They also said that staff were good at, "Keeping people [Sisters] independent" by providing, "Person-centred care" and that, "Each person is treated as an individual."

A community leader told us, "One size doesn't fit all" and described how some Sisters liked to stay up with them in the evenings when others had gone to bed. This demonstrated that Sisters were supported to live as individuals by a team of caring staff and community leaders around them.

Relationships that were important to the Sisters were supported. Relatives and friends were able to stay in a nearby bungalow owned by the provider. This enabled people to stay close by to the Sisters when they visited them. No restrictions were placed upon visitors to the service and positive relationships were encouraged and supported by the staff and community leaders. One Sister had wanted to visit their brother and this had been funded and organised by the provider.

Privacy was upheld and confidentiality continued to be maintained. Records were held securely and in accordance with legal requirements.

Good

Is the service responsive?

Our findings

At our last inspection we found that the Sisters received care and support in a person centred way from staff who knew them well. We saw that care plans were reviewed regularly to help ensure they continued to meet people's needs. We found at this inspection that Sister continued to receive a responsive service that met their personalised and individual needs and preferences. One Sister said when asked what they would do to improve the service, that they, "Couldn't think of anything." They also said, "I get my hair done, meet friends and listen to relaxing music."

Sisters continued to have up to date care plans that provided the care staff with sufficient personalised information regarding their individual care and support. Community leaders and Sisters were actively involved with the regular reviews of the care received by them. Staff and community leaders knew the individual choices and preferences of the Sisters very well. They were able to clearly describe each Sisters personal routines and aspects of their daily lives that were important to them. Staff provided appropriate support to enable the Sisters to maintain their religious practices, which included attending 'mass' on a daily basis.

Technology was used to support the delivery of timely care. For example, one Sister required an additional 'falls sensor' in their bedroom to monitor their movement for safety. Staff held an 'electronic pager' which would notify them if the Sister had got up during the night. This enabled staff to attend to their needs promptly. Falls had reduced for the Sister since the new equipment had been installed.

Staff supported Sisters to take part in activities that were of interest to them. During the inspection, staff were creating a 'scrap book' which a small group of Sisters helped them to decorate. This contained photographs of a recent outing the Sisters had enjoyed to a garden centre.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Information held about Sisters needs clearly identified their communication needs when they may be living with dementia or a sensory loss.

Complaints and feedback were used as opportunities to improve the service. There was an open culture at the service and the registered manager told us that Sisters would, "come to me [registered manager]" if they had any concerns or complaints. The registered manager had placed a 'communications book' in the main foyer of the service for Sisters to note down any comments they had which they would like the staff to address. This had been implemented after a concern had been raised by one Sister in a survey, about the cleaning of the home.

Surveys were completed on an annual basis, which also asked the Sisters for feedback regarding possible areas for improvement. The comments were largely positive, with no formal complaints from those who used the service. One complaint had been raised by former care staff. This had been openly addressed and

responded to appropriately. Guidance for how to raise a complaint was given to Sisters when they moved into the service. The provider ensured regular meetings were held where any concerns or complaints about the service could be discussed. These were attended by the registered manager, operations manager and the community leaders who provided feedback on behalf of the sisters.

Sisters received very compassionate care at the end of their lives. Care staff and community leaders ensured that they received the support they wished to have which enabled them to have dignified, pain free deaths. The registered manager told us of an example when the staff worked closely with community healthcare professionals to support a Sister to come home to the convent from a hospital at the end of their life. This was in accordance with their personal preferences and wishes and ensured that they were able to be surrounded by others who shared their faith and beliefs when they died. Community leaders stayed with them throughout the dying phase of their life, offering comfort and prayers to support and reassure them. One community leader told us how they continued to visit Sisters if they had to move into other services that provided more intensive levels of care and treatment at the end of their lives.

People had ''do not attempt cardiopulmonary resuscitation' 'DNACPR' forms. These were completed by a medical professional, either with the person or in the person's best interests if they are not able to give their views of their preference regarding resuscitation. The registered manager told us they ensured the Sister's DNACPR forms were taken with them on outings. This ensured that this information was immediately available to healthcare professionals should this be needed when they were outside of the convent. Funeral arrangements and preferences were recorded in care plan's and supported Sister's to die with dignity with their wishes respected.

Good

Is the service well-led?

Our findings

At our last inspection we found that those who lived at the convent, were all positive about how the service was run. They were complimentary about the management and staff. At this inspection we found that the service continued to be well managed by a dedicated and committed management and staff team. A Sister said in a survey that the registered manager, "Is a very good manager and responds to our differing needs willingly." Another Sister said that the registered manager, "Follows things through when situations arise. Good working relationship with the team, thank you."

There was a clear vision to deliver person-centred care and support, with positive outcomes achieved for those who used the service. The Sisters received a service that reflected the 'aims and objectives' and 'individual's rights' as specified by the provider within the service 'Statement of Purpose.' These included, 'autonomy', 'fulfilment', 'dignity', 'confidentiality' and 'emotional needs.' The service also had a 'mission statement' which stated that, "Our mission is to respond to needs in society without discrimination." The provider aimed to meet these needs by promoting wellbeing with a service that demonstrated, 'compassion', 'hospitality', 'justice', 'respect' and 'trust.' Sisters were treated respectfully and supported by compassionate staff to fully uphold their religious practices which ensured that they were not subject to discrimination on the grounds of their religion or other protected characteristics such as age, gender or disability.

Systems and processes ensured the quality and safety of the service provided was effectively monitored. Audits continued to be completed to monitor falls, medicines management and health and safety. Accidents and incidents were centrally monitored by the providers health and safety manager. This ensured impartial, external oversight of all incidents. Trends were identified and the health and safety manager requested that the registered manager took corrective action which ensured that the service and experience for the Sisters was continually improved.

There was an 'open door' management culture which encouraged and promoted a transparent approach for staff. Regular meetings continued to happen which involved management, staff and those who used the service. The operations manager completed monthly quality support visits to the service with the registered manager. There was also a 'service improvement plan' in place. Quality assurance surveys were completed by the Sisters with support from the community leaders. This ensured that the Sisters were involved with service improvements. Feedback noted in the surveys was positive.

The registered manager was able to describe their positive working relationship with external health and social care professionals. We contacted health and social care professionals who did not report any concerns about the service provided. The registered manager continued to provide us with information that we required in law when specific events happened.