

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

This inspection was carried out on 06 June 2017 and was announced. This was the service's first inspection since registering with the Care Quality Commission.

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.

Religious Services South provides personal care for the sisters of Sion who live in a convent in Worthing. For the purpose of this report we will refer to the sisters receiving care and support as people. At the time of the inspection five people were receiving the regulated activity of personal care. The people living at the convent had given their permission for the community lead sisters living at the convent to act as their advocate and represent their best interest when required.

The community lead sisters told us they felt the service was safe and the individual risks to people receiving care and support were assessed and managed. There were sufficient staff to meet people's needs. Staff had undergone employment checks prior to working in the service. People received their medicines from staff who were trained and had their competencies checked.

Staff were aware of people's rights, choices and their religious needs and provided care and support in a personalised way. Staff received appropriate training and had regular supervisions and an annual appraisal, which enabled them to develop and understand their role and also meet people's needs. The provider had effective systems in place to monitor the quality of the service they provided.

People were supported to make decisions for themselves and encouraged to be as independent as possible. People and their representative were involved in planning the support people required. Staff understood how important it was for people to continue to live their life as they chose, following their religious faith. Staff supported people to engage in activities they liked.

People were supported to eat and drink and to access healthcare services when required. They told us staff were kind and caring and respected their privacy and dignity. Staff were quick to act on people's changing needs and were responsive to people who required support.

There were effective systems used for auditing and monitoring of the service provision. Issues were promptly identified by the service manager and the registered manager and actions were put in place to improve the service.

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 were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People's medicines were administered by trained staff who had their competencies checked.

Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote their choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity,

privacy and respected their religious beliefs.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences, personal circumstances and spiritual needs.

Guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

People were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were positive about the management and how the convent operated.

Staff understood their roles and responsibilities and felt supported by their manager.

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 inspection took place on 06 June 2017 and was announced. The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice to ensure that they would be available to support us with our inspection.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also reviewed the information we held about the service, notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two community lead sisters who were representing people's views, we spoke with the registered manager, the service manager, two staff members and the provider's service improvement manager.

We reviewed the care and support records of the three people that used the service, three staff records and records relating to the management of the service including employment records, auditing tools and training and development records.

Is the service safe?

Our findings

The community lead sisters who lived at the convent and represented the voice of the people receiving care and support told us they felt safe that the service provided by staff was safe and met people's needs. One of the sisters said, "I am very happy with the service." Another sister said, "I have no worries and no complaints. It is safe."

There was information and guidance displayed around the office about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. One staff member told us, "Of course! I would report if I had any concerns." They also told us they kept people safe by ensuring the environment was free from trip hazards and people were supported with the right equipment when required. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

We found that safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references were verified by the provider's human resource department.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff were based at the convent and were present in sufficient numbers day and night. Staff told us that on occasion they required day staff to start their shift earlier if more people wanted to get up in the same time in the morning and this was accommodated by the service manager.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included in areas such as falls, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, staff observed that a person had difficulties when walking up and down the stairs and they encouraged the person to use the lift or be assisted by staff.

Accidents and incidents were recorded in people's plans and on a central system for the provider. A health and safety lead reviewed all these and reported back to the registered manager. This report included if there were any themes emerging and if they required any further remedial action to be taken. This helped to ensure that where possible a risk of a reoccurrence was reduced.

People were supported to take their medicines by staff who were properly trained and had their competency assessed. Staff had access to guidance about how to support people with their medicines in a safe and person centred way. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. Staff also recorded and explained on the back of the MAR if people refused their medicines for any reason.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One of the community lead sisters told us, "Staff understands our needs very well and treat people accordingly."

Staff confirmed they had completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety and medicines training.

Staff felt supported by the service manager and were actively encouraged to have their say about any concerns they had in how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. A staff member commented, "I have had supervisions and feel supported by the manager."

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 working within the principles of the MCA and found that they were.

All the people who lived at the convent had made vows that were an integral part of their belief, one of these was of obedience. People gave the community lead sisters their consent to make decisions on their behalf. However we found that staff actively sought to gather information from people about their likes, dislikes and choices regarding their day to day life.

People had their nutritional needs met. The service employed a chef who was based at the convent and provided home cooked meals for the people living there. People's likes and dislikes were catered for. We found that staff regularly monitored people's weight and where they identified and where they identified a weight loss people were seen by the GP or dietician.

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required and staff supported them to attend their appointments.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. The community lead sisters told us staff were always kind and respectful. One community lead sister said, "The staff is very kind and respectful." Another community lead sister said, "Staff understand the sisters very well and they treat everyone with respect."

Staff helped and supported people with dignity and respected their privacy at all times. Staff told us they always knocked on people's doors before entering. The community lead sisters were complimentary about how attentive staff were about people's dignity and privacy. One of them told us, "The sisters are beautifully cared for by staff who protects their privacy and dignity."

Staff told us they enjoyed spending time with people and they often had a cup of tea with people. One staff member commented, "I really like working here. The sisters are very nice and they had very interesting lives." The people were supported to maintain the life that was clearly important to them in a way that promoted their independence, dignity and cultural beliefs.

People were supported to maintain relationships which were important to them. People were also involved in the planning of their care and support. People completed a "knowing me" profile where they recorded events from their life, what was important to them and what their likes and dislikes were. This helped staff to understand how to care for people in a personalised way.

The two community lead sisters at the convent acted as advocates for the members of the religious order. People who commit to their vows complete documentation for this to be in place. We found where required that the community lead sisters had been involved in decisions to support people's care.

The provider and staff were dedicated to provide personalised care and support to people. The service improvement manager told us, "It is very important to have a cup of tea and chat with people. They [people] are very good in opening up and giving away little things which we need to know. It is important finding out about what will trigger their happiness." We found that people were asked if they wanted to participate in interviewing staff when they applied to work at the convent. The service improvement manager told us how people showed the convent to visitors and invited them for a cup of tea. This meant that staff understood the importance of empowering people and created opportunities for them to feel important and valued for their contribution to the service.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Is the service responsive?

Our findings

People received care and support in a personalised 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. One community lead sister told us, "Staff accommodates likes and dislikes, they are excellent." Another community lead sister told us, "There is a lot of interaction between staff and the sisters. It`s all good."

People's care plans were sufficiently detailed to be able to guide staff to meet their individual care needs. For example one care plan we looked at noted the person's morning routine which included attending mass, this was an important part of their life. Staff were knowledgeable about preferred routines, background and personal circumstances. We saw that people had been supported in accordance with their needs and preferences. The staff we spoke with were able to tell us about the people's individual needs. For example one staff member told us about a person who liked to go to bed earlier, when others liked to spend more time watching TV and enjoying a cup of tea.

Each person had an activity planner which was planned around their likes and dislikes and interests. We found that people attended the local church as well as the local priest visited the convent once a week. People enjoyed regular walks and music exercises as well as visitors from the local community.

Staff engaged people to take part in daily living activities such as washing up and making a cup of tea. Other activities included visits from pupils from local schools, tea parties, musical exercises, shopping, walks on the beach. At the centre of people's routine was their religion, this was very important to them and they attended mass regularly where they could pray and satisfy their religious needs. People who used the service had opportunities to give feedback about the activities provided in regular meetings. For example in a meeting there were discussions about a person who used the service needing more personalised activities and a day centre had been suggested. This had been arranged and the person was attending to a day centre one day a week where they enjoyed activities specific to their needs.

We found that the service manager and the registered manager had regular meetings with the community lead sisters and people who received care and support where they discussed every aspect of the service and agreed any areas in need of improvement. For example it was agreed that there was a need for a call bell system. This was because the people`s needs were changing and they needed a system at hand to be able to request help if they needed it. The service manager was looking into finding the best option. Staff were regularly checking people to ensure they could ask for help if they needed. There were no recent complaints received at the service and the community lead sisters told us that the service manager and the registered manager were very responsive to anything they asked and they had no complaints. One community lead sister told us, "The manager is very responsive to everything we discuss. I have no complaints."

Is the service well-led?

Our findings

People, who lived at the convent, were all positive about how the convent was run. They were complimentary about the service manager, the registered manager and staff who were approachable and supportive. One staff member said, "The service manager is very approachable and has the time to listen."

The service manager told us they were actively working in the convent and available for people and staff. This was confirmed by staff who told us that the service manager had an open door policy and they always welcomed staff and offered support when needed. The service manager, registered manager and the community lead sisters worked closely to ensure people`s needs were met and they were happy and content.

The service manager and the registered manager were knowledgeable about people who used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them.

Audits were carried out in areas such as medicines, care planning and health and safety. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. We spoke with the service improvement manager who told us that they were responsible for completing audits to help ensure they provided a quality service to people.

The registered manager showed us the service improvement plan they had in place which contained all the actions from different areas they identified as needing improvement. We found this being comprehensive and clear on what the issue was, who was responsible to rectify it and the date when the actions were completed. For example it was identified that there were no discussions held with people and the community lead sisters about people`s end of life wishes. This was actioned by the service manager and we saw that people`s care plans contained information about people`s wishes.

The effective auditing and monitoring of the service provision meant that issues were promptly identified and actions were put in place to improve the service. This had resulted in improved systems for medicine administration and management, improved care records and positively impacted on the quality of the care people received.

We found that the provider was dedicated to improve the quality and the safety of the services provided across all their locations nationally. They collected data about falls, incidents, accidents medicine errors from all the services they had. Following the analysis of the data they had set their own objectives to reduce the numbers of slips, trips and falls happening at their services as well as medicine errors. They had run a falls and medicines campaign across all their services where they raised staff and people`s awareness about best practice regarding medicine management and how to recognise the risks of falls and how to prevent it. We saw that following the medicine campaign the numbers of medicine errors across their services reduced significantly. Also the number of falls across their services dropped with more than 50%. This meant that the provider`s actions and the fact that they raised awareness improved the safety and the

quality of the care people received.

There were regular meetings held at service level as well as at provider level where the information from different audits done by the service manager and the registered manager were discussed and actions reviewed to ensure nothing was missed and people received a high quality service.

In addition to the regular meetings held at service level where people and staff were involved, people were also given surveys to complete regularly to ensure their individual views and improvement suggestions were captured. We saw that people gave positive feedback on the questionnaires and they were very happy with the service they received.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.