

Saint John of God Hospitaller Services

The Minims (12 & 31)

Inspection report

31 The Minims
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17 December 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 13 and 17 December 2018 and was unannounced. At the last inspection in March 2018 the service was rated as overall requires improvement. The provider was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not ensure proper and safe management of medicines. In addition, the provider had not ensured equipment was tested to ensure peoples safety and not all staff understood what action was required in the event of a fire to keep people safe. The provider had failed to complete their own action plan for the required improvements needed to be made at the service. Systems to monitor and identify areas of concern were not effective.

We received an improvement action plan following the last inspection, which the provider had updated so we could monitor the progress. The action plan told us how they would make the required improvements. At this inspection, we found the provider had made the required improvements. However, we found other areas that needed further improvement.

12 and 31 The Minims is a residential care home for 12 people who have a learning disability and some who have a mental health diagnosis. 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.

The home comprises of two separate bungalows within the same street, numbers 12 and 31. Each bungalow can accommodate six people. There were five people living at number 12 and six people living at number 31 at the time of this inspection.

People had their own personalised bedroom and en-suite facilities. There were shared communal areas such as the lounge, dining area, kitchen and laundry facilities. The registered manager's office is located at number 31.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The service has a new manager starting on the 24 December who will be registering with CQC before the end of January 2019.

Staffing levels did not always ensure people needs were met at a time they wanted.

Suitable systems to monitor the cleanliness of the home were not in place.

Safe medication practices were followed by staff when administering people`s medicines. There was guidance for medication given when required (PRN).

Staff were familiar with people's personal evacuation plans in the event of an emergency.

The provider ensured Deprivation of Liberty Safeguards (DoLS) applications were renewed when required. Staff understood the Mental Capacity Act (MCA) and the importance of promoting people's choice.

Staff supported people to access the community and follow their interests. A key worker role had been introduced to promote personal development for people who lived at The Minims.

People were supported to have a voice and complaints were dealt with appropriately.

Audits were effective and contained action plans where areas of concern were identified.

Fire alarm tests were routinely completed as required to ensure people were safe.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced.

People felt safe, happy and well looked after at the home. Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Staff obtained people's consent before providing personal care and support; they developed positive and caring relationships with the people in their care.

Staff received the appropriate training to meet people's needs. Staff received inductions and they were supported with their supervisions.

People were supported to eat and drink enough to maintain a balanced diet. Staff supported and involved people with choices about the food they ate.

People were supported to maintain their health and had access to health care professionals when required.

Care was provided in a way that promoted people's dignity and respected their privacy. Staff developed positive relationships with people who lived at The Minims.

People received personalised care and support that took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff understood the importance of confidentiality and information held about was kept secure.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Accidents and incidents were documented and reviewed to identify trends and patterns and to ensure people were kept safe.

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 not consistently safe.

Sufficient numbers of staff were not always available to meet people's individual needs at all times.

Medicines were managed safely by staff and guidance for 'as required' (PRN) medicine was in place.

Fire alarm tests were completed and staff were aware of the personal evacuation plans for people who lived at The Minims.

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 fit, able and qualified to do their jobs.

Requires Improvement ●

Is the service effective?

The service was effective.

People had their capacity assessed and best interest decisions completed.

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

People were supported by staff who were trained to meet their needs.

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

Good ●

Is the service caring?

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

Good ●

care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

There was a key worker system in place to support people with developing their interests.

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

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

People were supported to maintain social interests.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems in place to quality assure the services provided, manage risks and drive improvement had improved and were effective.

However, there were no appropriate systems in place to monitor the cleanliness of the home.

The provider had an improvement plan that was regularly reviewed.

Staff understood their roles and responsibilities and felt supported by the management team.

The Minims (12 & 31)

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 13 and 17 December 2018 and was unannounced. One inspector undertook the inspection.

We reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events that the provider is required to send us. We found that there were no recent concerns.

During the inspection, we spoke with four people who lived at the service, three relatives, four staff, a deputy manager and the quality improvement manager. The quality improvement manager has taken up the role of the manager and is overseeing the service until the new manager takes up their position.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records for three people and associated risk assessments. We checked medicine administration records to ensure these were reflective of people's current needs. We looked at care plans relating to three people and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

At the last inspection in March 2018, we identified a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014. The provider had not ensured proper and safe management of medicines. Fire equipment was not routinely tested to ensure people's safety and not all staff understood what action was required in the event of a fire to keep people safe.

At this inspection we found that the provider had made the required improvements. However further improvements were required in relation to staffing levels.

There were not always enough suitably experienced, skilled and qualified staff available always to meet people's needs effectively. Staff told us there could be more staff to meet people's needs. One staff member said, "We could do with one more staff in each home." Another staff member said, "When people go off sick, it's not always possible to cover and it is hard to support people with going out."

We looked at staff rotas and found some staff completed double shifts, which meant working 15-hour days. The manager confirmed this was monitored to ensure staff had time off and confirmed they were routinely advertising to increase staffing levels.

The manager confirmed that they were in the process of having everyone's needs reviewed with the local authority to enable more support hours. Both the manager and deputy manager were available to support staff and people when needed. However, we found during our inspection one staff member was off sick. One person who wanted to go out to the shops, had put on their coat. A staff member explained that they were unable to take them out at that moment and advised they would take them out later. We saw the person was supported into the community later when staffing levels allowed.

We noted one person sitting in their wheelchair. A staff member informed us that they could not transfer the person from the wheelchair to their arm chair as there was not enough staff. The deputy manager and a staff member had left the home to support another person to attend an appointment. The person in the wheelchair required two people to transfer them and had to wait over half an hour for staff to be available to help. The manager told us that the staff member should have contacted the other home for support, but this had not happened. This meant that people's needs were not always met at the time they wanted, due to the staffing levels at that time. This required improvement.

Staff had guidance on how to support people with their medicines safely, this included medicine that were given when required (PRN). There were individual PRN protocols that gave guidance to staff to ensure people with communication difficulties received their medicines when required.

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by staff that were properly trained and had their competency assessed. We completed random stock checks and found the levels were correct, staff had completed relevant documentation correctly. Monthly audits were completed as well as weekly stock checks. Any incidents were

robustly investigated with appropriate measures to ensure people were safe.

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. One person said, "We have a fire drill." Regular checks were carried out to ensure that both the environment and the equipment used were maintained to keep people safe. For example, the fire alarm systems were regularly tested. People had personal evacuation plans in place in the event of a fire and staff knew what to do should there be a fire. One staff member said, "Yes, we have regular fire drills. "

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 the service employed them. We saw references were verified by the 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 people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, for one person who's support needs were changing we noted other professionals such as the speech and language therapist team had been involved to ensure appropriate measures were in place to keep them safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

We found during the two days we inspected both homes looked clean. One staff member said, "I always do my cleaning chores. The home is always clean." The manager confirmed they completed regular walks about the home to ensure the home was clean and staff used appropriate equipment to ensure infection control was maintained, such as gloves and aprons.

There was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Information was also made available in an 'easy read' format that used appropriate words and pictures to help support people with their understanding. One staff member told us, "I would report any concerns to the manager." Staff demonstrated their understanding of types of abuse and how to report them. For example, changes to people's behaviour. Staff were aware of how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Is the service effective?

Our findings

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found staff were working in line with the principles of the MCA. Staff offered people daily choices. One staff member said, "I assume they all have capacity to say yes or no."

Some people who lived at The Minims were unable to communicate verbally, staff demonstrated they knew people and their individual communication needs well. One staff member said, "We use pictures to help with choosing what they want". We saw a variety of both verbal and non-verbal techniques used to communicate, to establish people's wishes and obtain consent before any care and support was provided.

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. A staff member said, "I have lots of training."

People were supported to eat healthy meals and had their likes and dislikes noted in their support plans. People were asked what they wanted to eat, some people were able to support themselves with making their breakfast. People had opportunities to discuss food menus. One person said, "The food is good." People were supported to eat where required and adaptive cutlery was used to promote people's independence. Where required dieticians and speech and language therapy teams had been involved to ensure people's, dietary requirements were met.

Staff 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, medicines and infection control. One staff member said, "I had an induction, it was extremely good." They also told us about their training, "I completed MCA training medicines, safeguarding and food safety."

Staff felt supported by the managers 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 received regular supervisions where their performance and development were

reviewed. A staff member commented, "The manager is very approachable, and I feel supported. We have supervisions and appraisals and staff meeting every month." They also told us they could approach the managers at any time they needed.

Staff received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who had epilepsy. Staff felt confident in their skills and confirmed they had received training they needed to do their jobs. One staff member commented, "The training is really good."

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

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. One person told us, "Staff treat me kindly, good staff." A relative said, "[Name] is happy there."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect by closing doors to ensure privacy and with good communication. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "All our residents are happy, we make sure we have the time to chat and interact." Another staff member commented, "I treat [people] like family and respect what they want."

Staff had developed relationships with people they supported. One staff member described the people's different behaviour and support they required. Staff interactions were kind and caring. Staff took time to listen to the people they supported. One staff member said, "I listen to what [people] want."

We noted that people were supported when required and staff encouraged people's independence. Some people made their own tea. People also were involved in chores around the home. For example, putting the cutlery away.

People had weekly house meeting where staff sought their views and opinions. People had the opportunity to discuss any issues they had. One person said, "Staff take the time to talk with me."

Confidentiality was well maintained throughout the home and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Is the service responsive?

Our findings

Staff had access to information and guidance about how to support people in a person-centred way, based on their individual preferences, health and welfare needs. Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs.

Identified needs were documented and reviewed to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. People care plans were reviewed to ensure they reflected any changing needs. One relative told us, "I always receive an invite to the reviews and [relative's name] is always at the centre of any discussions. They are quite capable of speaking up for themselves and they are listened to by the staff."

People who used the service had a keyworker whose role included keeping contact between the person and their family as well as keeping their care plan up to date. Staff worked in partnership with the person to develop a support plan that met their needs and promoted their interest. We found people were now receiving regular sessions with the keyworkers to discuss and develop their interests. However, we found this role was still being developed and some keyworker notes required updating.

People were supported to follow their interests. For example, one person who wanted to start using the library has now joined and goes to the library on a weekly basis. The person is being supported to be independent and goes into the library on their own. We noted in the notes recorded in the residents meeting, the person had expressed how proud they were of going to the library on their own and wanted to keep this up.

There were further plans around developing their travel training. We spoke to the person and they told us they were happy with staff and they loved going to the library. One key worker told us how one person's vocabulary had increased, this was thought to be because of more quality time and interaction from the staff. The manager confirmed this had also resulted in a reduction of medication used to support their behavioural needs.

People were supported to take part in activities which they enjoyed. For example, people attended their day clubs. One person told us, "I do activities here, I am going home for Christmas." People were supported to try different experiences. For example, cooking. We saw one person liked to help the manager in the office and routinely popped in to join in the discussions during the inspection. People were supported to go to museums, pub lunches and other trips out. One relative said, "[Name] has a better social life than me." One person said, "I am happy here." People had access to weekly exercise sessions to promote and maintain people's health.

People were supported to have end of life care preferences in place. The service was developing this further and implementing funeral plans for people, to ensure people's wishes and preferences were in place. People had access to independent advocates where needed to ensure they had a voice.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative told us, "[Name] is given his voice. They are treated with respect. If they have any issues they get a good response from the manager." We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at The Minims. We saw where complaints had been received these were responded to in line with the service complaints procedure.

Is the service well-led?

Our findings

At the last inspection in March 2018, we identified a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014. The providers had failed to meet their own action plan for all the required improvements needed to improve the service. Systems to monitor and identify areas of concern were not effective.

At this inspection we found that the provider had made the required improvements. However, further improvements were needed in relation to cleaning schedules.

We found that the service improvement plan had been reviewed and updated appropriately. There were dates for actions to be completed and we found that systems for monitoring and identifying areas of concern were now effective.

There was no registered manager at the service. However, the service improvement manager was leading the service. They confirmed the new manager will start on the 24 December and will be registering with CQC.

Audits were carried out in areas such as medicines, care planning and record keeping. The manager told us that they felt supported and had regular supervisions. The providers quality and safety manager regularly reviewed the service and any actions were added to the service improvement plan. There had been a lot of improvements from the last inspection. Documentation was now better organised, and we had access to the information we required. There were regular management meetings to discuss ideas and any issues.

The manager told us they completed regular walks about both homes where they talked with people and staff to check everything was alright. They observed staff interaction and ensured the environment was safe. They confirmed they completed spot checks to ensure the cleaning duties were completed. However, we asked if these were documented and they were not.

There was no cleaning schedule in place at both homes. At number 12 there was a night cleaning schedule. We found on the daily shift planner there was guidance about peoples support which included clean persons bathroom and staff signed these. However, at the back of the form there was a list of reminders that included the cleaning requirements, these were not signed or documented to show they had been completed. This meant there were not effective systems in place to monitor the levels of cleaning.

Staff we spoke with confirmed the manager was visible around the home. One staff member said, "The managers are very hands on and will always help." People their relatives and staff were all positive about how the home was run. They were complimentary about the manager. One staff member said, "The manager is brilliant they are very approachable." A relative said, "There is good communication from the manager, we are kept up to date. The manager was very clear about their vision regarding the purpose of the home and the level of care provided. The visions and mission statements were on display in the homes.

The registered manager was knowledgeable about the 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. A staff member commented, "We have good handovers, we work well as a team." The deputy manager said, "The culture has changed for the better and staff work well as a team. You can walk in to the homes and they have a welcoming atmosphere"

The manager confirmed that they met with the local authority regularly to discuss all who use the service and were working towards improving the support hours. The manager told us they were in discussions to have independent surveys completed to give people an opportunity to feedback independently about the service.

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.