

Freeways

Jonathan House

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 

Overall summary

This inspection took place on 10 October 2014 and was unannounced. The previous inspection of the home was on 3 July 2013. There were no breaches of the legal requirements at that time.

Jonathan House is a care home without nursing for up to eight people with a learning disability. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People at the home felt safe and said they could talk to staff if they had any concerns. Staff had a good awareness of safety. They took action which reduced the risk of people being harmed and which protected their rights.

People's independence was being promoted and support was focussed on their individual needs. One person, for

Summary of findings

example, managed their own care but had support with; "cleaning, cooking and going to the doctor." Staff understood people's needs and provided support which helped people to be active in the community.

Staff showed a caring approach towards people. They helped people to maintain relationships with their friends and families. People had the opportunity to express their views and to take part in activities that were important to them.

People spoke very positively about the support they received. They talked about new things they wanted to do. They had agreed goals which were focussed on their individual interests and on developing new skills.

People benefited from a well run service that was responsive to their needs. There were systems in place for monitoring the service and for identifying where improvements could be made.

Summary of findings

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. People told us they felt safe and there were enough staff to provide the support they needed. Staff had been checked to ensure they were suitable to be working at the home.

Safety was discussed with people and action taken to reduce the risk of people being harmed. Staff followed procedures which meant people were safeguarded from abuse and their rights were protected.

People received the support they needed in order to manage their medicines safely.

Good



Is the service effective?

The service was effective. People were supported by staff in ways which promoted their independence. Staff received training and guidance which helped them to do their jobs well.

People had individual plans which set out the support that had been agreed and how staff were to provide this. Their rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

Staff were well informed about people's needs and helped people to maintain good health. People prepared a lot of their own food and drinks, but received advice from staff about diet and healthy eating.

Good



Is the service caring?

The service was caring. People were treated with respect by staff and able to make choices about their daily routines.

People met together to discuss aspects of communal living. This helped people to maintain good relationships and to resolve any issues which arose. Support was also available which helped people to deal with more personal matters.

People received support to maintain relationships with their friends and family members.

Good



Is the service responsive?

The service was responsive. People were part of the local community and took part in activities they enjoyed. There was a creative and personal approach to supporting people with their interests.

People's needs were kept under review and they were encouraged to express their feelings. This helped to ensure that any concerns were followed up promptly.

Good



Is the service well-led?

The service was well led. The provider's aims for the service were being achieved.

Staff felt well supported in their work and had a clear understanding of their roles in helping people to achieve their goals.

Systems were in place for checking the home to ensure good standards were maintained.

Good



Jonathan House

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 checked 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.

The inspection took place on 10 October 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by an adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This enables us to ensure we are

addressing potential areas of concern. We reviewed the information included in the PIR along with information we held about the home. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

Health and social care professionals were contacted in order to gain their views about the service. However, no comments were received.

During the inspection we spoke with five people who lived at Jonathan House and with four staff members. We looked at three people's care records, together with other records relating to their care and the running of the service. The registered manager was not working at the home on the day of the inspection but we spoke with them after our visit.

Is the service safe?

Our findings

One person who lived at Jonathan House went through the home's fire procedures with us at the start of the inspection. They were knowledgeable about what to do in the event of a fire. People told us they discussed safety at monthly 'residents meetings'. The minutes of a meeting in September 2014 showed matters relating to the safe use of the kitchen had been discussed. Health and safety was also an agenda item at staff meetings, so was being reviewed on a regular basis. Staff told us repairs and maintenance were carried out promptly to ensure the environment was safe for people.

The home environment had been assessed to identify any hazards and to remove or reduce the risk they presented to people. Records showed risks had been assessed, for example in relation to fire and to the kitchen facilities. Comments made by staff showed they had a good awareness of risk and knew what action to take to ensure people's safety. We were told the hot water was regulated so it was at a safe temperature for people to use. A staff member said systems such as the fire alarms were tested regularly to make sure they were working correctly.

People were engaged in different activities on the day we visited, including going out into the community. Assessments had been undertaken of the risks relating to people's individual circumstances. One person, for example, went to a local shop by themselves. The risks, and the strategies in place to reduce these, had been recorded so all staff were aware of how to support the person. This showed people were assisted to take part in activities that promoted their independence and involved a degree of risk. One staff member described the assessment process as a means "to get people safely where they want to be."

People told us they felt safe at Jonathan House and when going out from the home. Staff said people used mobile phones and kept them informed of where they were going. One person told us they had a booklet called 'Keeping Safe in Freeways'. This was a policy on safeguarding which had been written by a facilitated group comprising people who used Freeways services. It was for the people who used the services and for the staff. A copy of the booklet was also available to people in the home. It provided advice about what to do if people did not feel safe or if they had any

concerns. People's records included more information about their personal safety and the support they needed, for example with managing behaviour which could be a risk to other people.

One person told us they could talk to staff if they didn't feel safe or they had any concerns. Staff said they had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. They felt there was a good understanding of safeguarding within the staff team and of the need to report any concerns. The arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available to staff in the home's office. Staff told us there was policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work.

People's ability to manage their medicines safely had been assessed. Some people managed their own medicines and others received support from staff. One person told us they were able to look after their own medicines, but staff helped them when they needed to be taken. They liked this arrangement as they felt it was safer for them.

There were suitable facilities in place for the safekeeping of medicines. Staff followed procedures to ensure people received the support they needed to manage their medicines safely. These included referring to written protocols for the use of medicines prescribed for use 'as required' (PRN). This helped to protect the person from harm by ensuring they only had these medicines at the times they were needed and had been agreed with them. Records were maintained, for example of the quantity of medicines being kept and their administration to people.

People told us there were enough staff working at the home to provide them with the support they needed. Staff felt there were the right number of staff to ensure people's safety. They said a minimum of two staff worked throughout the day, which on occasions included the registered manager. Staff told us this level of staffing was well established and enabled people to receive the level of support that had been agreed. Rotas for the coming weeks were displayed in the office. The deployment of staff had been planned in advance to ensure sufficient staff were available to support people with their activities.

Staff told us they had gone through a thorough application and interview process. Records showed that a range of

Is the service safe?

checks had been undertaken on staff before they were able to start working in the home. For example, references had been obtained and information received from the

Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Is the service effective?

Our findings

People said the staff had got to know them well and had a good understanding of their needs. One person, for example, told us they managed their own care but had support with "cleaning, cooking and going to the doctor." They said staff knew what they could do for themselves and when they needed help. Other people told us the staff helped them to arrange social activities and to manage their money.

The staff we spoke with were knowledgeable about people's strengths and needs. They clearly described the support that people required. We were told support with personal care was mostly in the form of reminders and verbal prompting, for example about brushing teeth and personal hygiene. Staff told us about one person who needed assistance with showers. They described a consistent approach to meeting this person's needs.

Staff told us they received training and followed procedures which helped them to do their jobs well. Records showed that training in a range of subjects was being provided to the staff team. This included a programme of training under the heading of "mandatory". This covered, for example, subjects relating to health and safety and medicines. Other training was provided in subjects such as epilepsy and mental health awareness. This helped to ensure staff knew how to support people with their health and care needs. Staff told us they were well supported by the registered manager and felt able to ask for further training or guidance if needed.

One staff member told us there had recently been a quiz as part of training for staff in the Mental Capacity Act 2005. Staff we spoke with knew how this legislation applied to the people they supported. They told us people were able to make a lot of day to day decisions themselves, although 'best interests' meetings had been held on occasions in connection with more complex decisions. This was reflected in people's records, which included documentation in relation to assessments to determine whether a person had the mental capacity to make a particular decision. The arrangements showed people's right to make their own decisions was respected, with support available to them when necessary.

Staff were familiar with the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework

that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. The registered manager told us reviews were being currently undertaken following a change in the criteria for making an application under the DoLS. There had been discussions with the local authority concerning one person's circumstances and the authority's expectations in relation to DoLS applications. This showed steps were being taken to ensure people were not being unlawfully deprived of their liberty.

People's consent to receiving care and support was recorded in their personal records. Individual plans had been produced with people and these set out the support from staff they had agreed to. The plans included a lot of information about people's routines and the things they liked to do. Support with personal care was summarised in a separate plan which covered details such as bathing, dental and feet. We read, for example, that one person was self-caring other than being prompted to have a bath. Staff told us they thought the plans provided a good picture of people's needs and how they liked to be supported. They helped to ensure people received support from staff in a consistent way which promoted their independence.

People received support which helped to ensure they maintained good health and received the healthcare services they needed. Each person had a health action plan. Staff members, in the role of keyworker, kept an overview of people's welfare and the support they received. This included talking to people each month about their health and care needs. Records showed what had been discussed and how any concerns had been followed up, for example with healthcare professionals outside the home. Staff told us people received good support from the community learning disabilities team.

One person told us they visited their GP by themselves, but staff helped them to make the appointments. Staff gave people forms to take with them, so the GP could record any important information the person needed to have about the outcome of the visit. This showed how people were supported in a way which promoted their independence.

People's individual plans included information about maintaining good health and support with diet. Staff told us people were able to eat and drink independently but advice was given, for example about healthy eating and having a balanced diet. During the inspection, there was fresh fruit available in the dining room which people

Is the service effective?

helped themselves to. People told us they enjoyed cooking and prepared some of their own meals. One person commented "we like to do our thing" but said they also enjoyed the meals they had with other people.

Is the service caring?

Our findings

People told us they liked living at Jonathan House and got on well with the staff. We observed a lot of friendly and good humoured conversation between staff and people during the inspection. When people approached staff, they were given time and their questions were clearly answered. Staff spoke to, and about, people in a respectful way.

Some people spent time together in the dining room and this was being well used as a social area. There was also a lounge where people went to relax, which was a quieter area during our visit. Each person had their own bedroom. People could choose whether they wanted to socialise with others or to spend time on their own.

People told us they usually got on well together. Staff also felt this, but told us there were times when a person's behaviour or mood could have an impact on other people. In people's records we saw plans had been produced which provided guidance for staff to follow on such occasions. This helped to ensure good relationships between people were maintained.

There were arrangements in place to support people when issues arose. Meetings were held when people talked through things together and had support from staff to resolve any differences. They were also a means for people to agree 'house rules' and to decide on the day to day routines. For example, it had been decided that a fair way of having meals together would be for people to take it in turns to choose the evening meal. People could have something different if they didn't like what had been chosen on a particular day.

People were able to use the kitchen, for example to make drinks for themselves and for other people. Some people went out together and shared social activities such as sports. Staff told us that social events and holidays were important as they helped to build positive relationships

between people. Information was displayed on notice boards about forthcoming events that people might be interested in. Some of these were taking part in other Freeways homes. Others were local community events, so there was the opportunity for people to come into contact with people from different backgrounds. Some people told us they went to a nearby church each week. In the Provider Information Return, we were told that people had attended local neighbourhood meetings and were involved in fundraising for local charities.

Notices were displayed with news about developments and 'comings and goings' in services run by Freeways. This was particularly of interest to people who knew the other Freeways homes and had friendships with the people who used these services. One person told us they liked meeting up with their friends when attending the day activities provided by Freeways.

People were supported to maintain relationships with their relatives. Staff said they helped with the transport arrangements when people wanted to visit family members. People's records contained information so staff were aware of their significant relationships and family backgrounds. In the Provider Information Return we were told about plans for people to produce a newsletter which would keep relatives and friends up to date with their activities and plans.

Information in people's records had been added to over time to give a good picture of their preferred routines and interests. This helped to ensure that staff supported people in a personalised way which took account of their diverse needs. End of life care plans were being developed with people. One person we met with had recent experience of a family bereavement and we heard about the support they had received from staff. Freeways had also made arrangements for a chaplain to be available to support people at the home.

Is the service responsive?

Our findings

People spoke very positively about the support they received from staff. During the inspection, people took part in a variety of activities which reflected their interests and personal preferences. One person, for example, went to a gym and someone else was working in a shop. People had experience of a variety of work settings including a cattery and a pre-school nursery. In the Provider Information Return, we were given other information about people's contact with the community, such as attending local neighbourhood meetings and fundraising for local charities.

Staff provided support in different ways, depending on people's individual needs. One person told us they were very keen on horse racing and liked to go to race meetings. During our visit, they went 'on-line' using the home's computer to plan their next outing. Staff took an interest in this and helped the person with planning the practical arrangements.

Another person was enthusiastic about weather forecasting. Staff had helped them to follow this interest in different and creative ways. We saw models based on weather stations which the person had made. These looked very decorative in the home's garden. This person had also visited the met office and given a weather presentation. A further visit was planned to take place.

People told us they had meetings to discuss their plans for the future. Records showed people had been closely involved in arranging the meetings and deciding who was to be present. Relatives and friends had been invited to the meetings as part of a 'circle of support'. Goals had been agreed at the meetings with the aim of increasing people's independence. At recent meetings, people's goals had included "to take control of my money" and "to visit a family member independently". The goals reflected things people enjoyed doing, such as going on holiday, planning a boat trip and "being a zoo keeper for a day."

People received support which helped them to achieve their goals. Posters had been produced with people which set out the actions which had been agreed and who would be helping them. Photographs had been taken which provided a visual record for people of what they achieved. People's written records had been personalised with symbols and photographs to make them more meaningful

to people. People were encouraged to think about the progress they were making and how they were feeling. One person showed us the records they wrote which described what they had done on a daily basis. Staff maintained records about the support people had received each day. This meant good information was available when people's progress was being reviewed.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be responded to appropriately. We saw 'hospital passports', which contained important details about a person that hospital staff should know when providing treatment. There was other information about the support people needed if they had to leave the premises in an emergency.

People's needs were being kept under review at the monthly meetings with their key workers. Keyworkers were staff members who had kept an overview people's care and support to ensure their needs were being met. People told us they discussed their day to day needs and how they were feeling. One person, for example, wanted to do more voluntary work. They had discussed this with their keyworker who had helped them to fill out an application form. Another person had talked about a concern they had with the college course they attended and whether they wanted to continue with this. This showed the service was responsive to changes people wanted to make in their daily routines and activities.

There were regular meetings and other means by which people could express their views. People told us the residents meetings were an opportunity to raise any issues and be kept up to date with developments. An agenda for the next meeting was displayed in the home and people had added their own items to this. Minutes of the meetings were kept so it was clear what had been agreed and what action was to be taken as a result.

People had been given information about making a complaint and who they could contact if they had any concerns. More informally, people also had forms they could complete when they wanted to express their feelings about being happy or unhappy. Staff told us this was another way of being able to respond to people's needs and to follow up any concerns. The completed forms showed what had gone well for people, such as being able

Is the service responsive?

to go shopping to buy some new clothes. Another person had completed a form to say they were unhappy because of the way someone had spoken to them. This had then been followed up by staff.

Is the service well-led?

Our findings

A statement about Freeway's values was displayed in the home. A lot of information had been produced in an easy read format so it was easier for people to understand. This included Freeways' business plan for 2013 – 2016. In the plan, Freeways had identified what they did well as a provider and what they could do better. Goals had been set for the development of the services. The plan showed consideration had been given to the changing needs of people at Jonathan House and how these could be responded to in a positive way. It was recognised that as people got older, they would need more support and staff would need to be trained in the needs of older people.

Information produced by Freeways showed the organisation had clearly identified aims in being a provider of social care. There were also specific aims for the residential services, which included Jonathan House. These focussed on achieving some key outcomes for people, such as being as independent as possible and being able to take risks based on an assessment of their safety.

Feedback from people during the inspection showed the provider's aims were being put into practice at the home. People told us they did a lot of things in the community, such as using local amenities and going to the shops. Risks, for example relating to road safety and going out alone, had been assessed and steps taken to help ensure people were safe. Staff we spoke with were consistent in their view that the key aims of the home were to promote people's independence and to give people opportunities to develop their skills.

The registered manager had come into post during the last year. The staff we spoke with felt there had been good

continuity in the management of the home, with a continued emphasis on developing people's independence. A recent example had been for people's medicines to be administered and kept in their own rooms. In the Provider Information Return we were told more information was to be produced for people in a pictorial or easy to read format.

Staff told us the registered manager was approachable and there was good communication between the management and staff team. One staff member commented that the registered manager's style had "brought the best out of them" when they were being interviewed for the post. We were present during a handover meeting when information was shared to ensure all staff were up to date with the day's events and any changes in people's needs. Staff told us they felt well supported through team meetings and individual supervision sessions.

Arrangements were in place for checking the home to ensure good standards were maintained. The registered manager completed audits and monitored the provision of training and supervision to staff. A senior manager carried out bi-monthly visits on behalf of the provider to look at the quality of the service. We saw reports of the visits which highlighted the standards being achieved and where improvements to the service were needed. We read, for example, that some staff would benefit from support with writing keyworker reports and an action had been planned to address this.

Information in the Provider Information Return showed the registered manager had assessed what the service was doing well and where improvements could be made. There was an emphasis on actions that would help to develop the staff team and ensure that people were given further choices and opportunities.