Jaffray Care Society

Langdale and Keswick (Parkfields)

Inspection report

15-17 Parkfields Crescent
Parkfields
Wolverhampton
West Midlands
WV2 2DF

Tel: 01902405031
Website: www.jaffraycare.com

Date of inspection visit:
02 March 2019

Date of publication:
03 April 2019

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

We carried out an announced comprehensive inspection on 3 March 2019.

Langdale and Keswick (Parkfields) provides care and accommodation for up to 8 people in two separate bungalows. On the day of our inspection there were 8 people living at the service. The home provides residential care for people with a learning disability.

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.

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.

At the last inspection on the 14 December 2016, the service was rated Good. 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.

At this inspection we found the service remained Good.

Why the service is rated good:

People were not all able to fully verbalise their views and staff used other methods of communication, for example sign language.

People remained safe at the service. People were protected from abuse as staff understood what action they needed to take if they suspected anyone was being abused, mistreated or neglected. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. There were sufficient staff to meet people's needs and help to keep them safe.

People's had their risks assessed, monitored and managed by staff to help ensure they remained safe. Staff assessed and understood risks associated with people's care and lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

People had their medicines managed safely, and received their medicines in a way they chose and

preferred. Staff undertook regular training and competency checks to test their knowledge and to help ensure their skills in relation to medicines were up to date and in line with best practice.

People were supported by a staff team who had completed training to meet their needs effectively. Staff meetings, one to one supervision of staff practice, and appraisals of performance were undertaken. Staff completed the Care Certificate (a nationally recognised training course for staff new to care).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's health was monitored by the staff and they had access to a variety of healthcare professionals. The registered manager worked closely with external health and social care professionals to help ensure a coordinate approach to people's care.

People's care and support was based on legislation and best practice guidelines; helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought as much as possible. Care records were person centred and held full details on how people liked their needs to be met; taking into account people's preferences and wishes.

Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. Staff had built strong relationships with people who lived there. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

The staff remained responsive to people's individual needs and provided personalised care and support. People's communication needs were known by staff. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Staff adapted their communication methods dependent upon people's needs, for example using pictures. Information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

People were encouraged to make choices about their day to day lives. The provider had a complaints policy in place and it was available in an easy read version. Staff knew people well and used this to gauge how people were feeling.

The service continued to be well led. People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager was approachable and made themselves available. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

The provider worked hard to learn from mistakes and ensure people were safe. The provider and registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The previous rating was displayed in the main entrance.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Langdale and Keswick (Parkfields)

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.

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 inspection was undertaken by one inspector on 2 March 2019 and was announced. This was because this is a small home and we wanted to ensure that they would be in when we inspected.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in December 2016 we did not identify any concerns with the care provided to people.

People who lived at Langdale and Keswick (Parkfields) had some communication difficulties due to their learning disability and associated conditions, such as autism. People were not able to tell us verbally about their experience of living at the service. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. These observations helped us understand if people were happy with the care being provided. Others could tell us about their

day and things they enjoyed doing.

We spoke to the provider, registered manager and four members of staff. We looked at records relating to people's care and the running of the home. These included four peoples' care and support plans and records relating to medication administration. We also looked at quality monitoring of the service, staff recruitment files and staff training records.

Following the inspection, we received feedback from three relatives. We asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People had limited or no verbal communication, therefore they were not able to easily tell us if they felt safe. We spent short periods with people due to their needs observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them. One person when asked, said 'Yes' they felt safe. All relatives agreed people where safe.

People were protected from discrimination, abuse and avoidable harm by staff that had the skills and knowledge to help ensure they kept people safe. Staff were confident that any reported concerns would be taken seriously and investigated. Staff had received safeguarding training.

People had their needs met by sufficient numbers of staff to support them. We saw staff supporting people, meet their needs and spend time socialising with them. Staff were recruited safely to help ensure they were suitable to work with vulnerable adults.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice.

People who had been identified as being at risk inside the service or when they went out had clear risk assessments in place. These were monitored and managed by staff to ensure their safety. Completed risk assessments ensured people could receive care and support with minimum risk to themselves and others. There were clear guidelines in place for staff to help manage these risks. People had risk assessments in place regarding their behaviour, which could be seen as challenging to others or themselves. Staff were aware of people's individual needs and the strategies for managing people's behaviours, anxiety and distress were carried out quickly and sensitively.

People's finances were kept safe. People had appointees to manage their money where needed, including family members. The provider had systems to audit all accidents and incidents which occurred and acted to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

People received their medicines safely. Staff received training and confirmed they understood the importance of the safe administration and management of medicines. People's prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff

understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs. Some staff had worked for the company for many years.

People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as 'mandatory'. All staff competed the Care Certificate that covered Equality and Diversity and Human Rights training. Staff confirmed they had completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. Staff comments included; "They support me with all the training I'm doing."

People's care records held information on how each person communicated and how staff could effectively support individuals. People had Health Action Plan' in place which provided details on people's health care need and how people communicated. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed, for example on activities, to ensure it was in a suitable format for everyone.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk through health conditions or choking had been referred to appropriate health care professionals. For example, speech and language therapists. Their advice was clearly documented, followed by the staff and suitable food choices provided. People were encouraged to remain fit and healthy, for example by going for daily walks.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interest these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected. People who lack mental capacity to consent to arrangements for necessary care or treatment can on be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People lived in a service which had been designed and adapted to meet their needs including providing specialist equipment, including hoists.

Good

Is the service caring?

Our findings

Staff continued to provide a caring service to all. People were provided care by staff who valued them. People appeared relaxed and comfortable with the staff. There was a happy atmosphere in the service. Most people had lived at the service since it opened and had built strong relationships with the long service staff team. One relative said; "Excellent care!" Another said, "It is like winning the lottery finding this home!"

People were supported by staff who were both kind and caring and we observed staff treated people with patience and compassion. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance and guidance.

Staff showed concern for people's wellbeing. People with any long-term health conditions were observed to be well cared for by staff. The care people received was clearly documented and detailed.

People had decisions about their care made with the involvement of their relatives or representatives when needed. People's needs were reviewed and where needed, updated, regularly with staff who knew people well attending these reviews. People could access independent advocacy services if required. This would help ensure the views and needs of people were considered and documented when care was planned.

Staff knew people well and understood people's verbal or nonverbal communication. Staff could explain each person's communication needs by the expressions or sign language they used to communicate if they were happy or sad.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received their care from some staff who had worked at the service for many years. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's independence was respected. For example, staff encouraged people who were able to, to participate in everyday household tasks. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person-centred way. People were not discriminated against in respect of their sexuality. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by a staff team who were responsive to their needs. People's care plans were person-centred and detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's general health due to age, specialist advice was sought. One relative said; "They always contact the doctors if our relative is ill. They keep us well informed."

We saw people and staff being treated fairly and equally. The registered manager told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act.

People's care plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how the person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff. Staff told us how they encouraged people to make choices including visual items to help.

People's care records were personalised to each person and held information to assist staff to provide care and support along with information on people's likes and dislikes. In addition to full care plans, there were brief one-page profiles of people, particularly about people's care, communication and any behaviour needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had good knowledge of people they cared for and could tell us how they responded to people and supported them in different situations.

People received personalised care. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support. For example, picture or visual choices to assist people choose.

A complaints procedure was available and in an easy read version. The provider's policy set out how the service would handle complaints. The policy said they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Some people currently living in the service would not fully understand the procedure due to the level of their learning disability. Staff told us that due to people's nonverbal communication they knew people well, worked closely with them and monitored any changes in behaviour. They would then act to try and find out what was wrong and address this. This showed us the provider would take action and review the policy to ensure it was in line with the Accessible Information Standard (AIS).

Though staff had completed end of life training no one currently living in the service was considered to need end of life support.

People took part in a wide range of social activities. People's family/friends were encouraged to visit and speak by telephone. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate.

Good

Is the service well-led?

Our findings

The service remains well-led. People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. Staff and a relative spoke highly of the registered manager who had been registered with the Care Quality Commission (CQC) in August 2018. Staff said; "Approachable and easy to talk to."

The registered manager confirmed attendance at Leadership and Management courses to keep their training up to date. They promoted a positive culture and a person-centred approach. The provider ensured these visions were embedded into the culture and practice within the service and incorporated into staff training. Because of this, people looked happy, content and well cared for.

The provider provided clear leadership and governance; ensuring the service was overseen to maintain quality. The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as monitoring of accidents and incidents, environmental checks plus care planning and nutrition audits. These helped to promptly highlight when improvements were required.

The registered manager were respected by the staff team and said they were very approachable and offered support and guidance whenever they needed it. The registered manager was open and transparent and was very committed to the service and the staff, but mostly the people who lived there. They felt the recruitment process was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were an opportunity to look at and improve current practice. Staff spoke positively about the management team.

Staff spoke fondly of the people they cared for and stated they were happy working for the provider but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the management team were aware and were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act.