Barchester Healthcare Homes Limited

Emily Jackson 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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 4 December 2018 and was unannounced.

Emily Jackson House is a 'care home'. People in care homes receive accommodation and 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. Emily Jackson House is registered to provide accommodation and personal care for up to 60 people. At the time of our inspection there were 44 people living in the service. Accommodation is arranged over three floors.

At our last inspection we rated the service as 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.

The registered manager had recently left the service. A new manager had been recruited and would be starting at the service in March 2019. They would be registering with CQC once they were working at Emily Jackson House.

People experienced a service that was safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and people were supported to take positive risks. The premises were maintained and checked to help to keep people safe.

Staff were supported to fulfil their role in meeting people's needs. The complaints policy was accessible to people using the service.

People were given their medicines safely and when they needed them. Policies and procedures were in place so that people took their medicines when needed. People were supported to remain as healthy as possible and they had been given access to healthcare professionals when needed.

People had access to the food and drink that they enjoyed. People were supported to choose what they wanted to eat and drink. People's nutrition and hydration needs had been assessed and recorded.

People were treated with kindness and respect. People needs had been assessed and support had been provided to meet these needs.

People were central to the support they received. Care and support was planned with people and their relatives and reviewed to ensure people continued to have the support that they needed. People were

encouraged to be as independent as possible.

People took part in activities of their choice. People could choose what they wanted to do each day. There were enough staff to support people to participate in the activities they chose.

People's records were stored securely within the service.

Processes were in place to monitor the quality of the service and the provider had asked people for feedback about the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The CQC rating was also displayed on their website.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service remained Good	**Good**
Is the service well-led? The service was not always Well Led. The registered manager of the service had left and a replacement was not yet in post. The provider had systems to assess and monitor the quality of the service. The provider sought the views of people, their relatives and staff to improve on the quality of the service. There were systems in place to continuously learn and improve the quality of the service The provider worked in partnership with key organisations to plan and deliver an effective service.	**Requires Improvement**

Emily Jackson 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 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.

The inspection took place on 4 December 2018 and was unannounced. The inspection was carried out by one inspector, an assistant inspector, a specialist advisor who was a nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which has been reflected in this report.

We spoke to 11 people living at the service. Some people at the service were living with dementia and were unable to communicate verbally. We observed interactions between people and staff. We spoke with seven relatives of people using the service to gain their views and experiences.

During our inspection we spoke with the regional manager, the registered manager of another home within the company, the unit manager, a nurse, three care staff, one housekeeper and the administrator.

We looked at care records for two people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "There is always an eye watching out for you and making sure you are ok." Another person told us, "There is something for you to hold on whenever you are walking around."

People continued to be protected from the risk of harm. Staff received safeguarding training as part of their induction into the service. Training records showed that staff received refresher training on safeguarding on a yearly basis. This meant they were kept up to date with any changes to legislation and good practice. Staff were confident that any concerns they raised would be taken seriously by their managers. Staff were aware of the whistle blowing policy and knew how to raise concerns with other agencies if they needed to.

Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. Care plans and risk assessments had been reviewed and contained up to date information about people, for example, the type of equipment staff were to use when assisting people to transfer or mobilise. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised, with as little restriction as possible to the person's activities and independence.

The provider had taken steps to ensure people were kept safe in the event of an emergency. There was fire equipment, such as extinguishers, fire blankets and smoke detectors, throughout the building and these were regularly checked and maintained. Each person had their own personal emergency evacuation plan which included information about what was needed to support a person in an emergency. Staff had received fire safety training and there were regular fire drills involving staff and people living at the service to make sure they knew what to do in an emergency.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. This included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff. There were enough staff available to meet people needs.

People received their medicines in a way they wanted. One person told us, "I have a note book that the staff help me write every medicine I take in each day," Another person told us, "The nurses help you identify all the medication they give you." Staff nurses gave out the medication. Nurses received training in managing medication and had their competency checked regularly. Peoples' medicines were stored safely in a locked cabinet and the room temperature was checked daily. Systems were in place for ordering, recording, administering and disposing of medicines. Clear records were kept of all medicines that had been given out, these records were up to date and all medication had been signed for. Medicine audits were carried out daily by registered nurses.

People were cared for in a safe environment. The service employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical

emergencies. There was a policy in place if the service needed to be evacuated and emergency contingency management implemented. There were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use. One relative told us, "It's very clean, that's why I chose this place." Infection control procedures were followed and during our inspection we saw staff using aprons and gloves. People and their relatives confirmed staff wore aprons and gloves.

Good

Is the service effective?

Our findings

People received effective care which promoted a good quality of life. People told us to us that staff supported them to do the things they wanted each day.

Staff told us they had attended training when they first started work and they also attended refresher courses as and when required. The provider supported registered nurses to revalidate their qualification. The administrator kept a record to make sure all staff kept up to date with their training.

Staff received regular supervision from the unit manager, who was a registered nurse. Staff informed us that they had informal conversations with the regional manager and at present this gave them the support and assurance they needed.

The building was suitable for people's needs. Each person's bedroom had been personalised with the person's furniture, photographs and mementos. Staff told us families could bring in items from the persons previous home to personalise their bedroom. There were communal areas throughout the building and outside garden area's where people could sit, we saw pictures around the service of this being used when the weather was nice.

We looked at how the dementia unit had been adapted to meet the need of people living with dementia. We found that signs were present on the dementia unit to help people to find their way around the home. There were also resources, such as reminiscence items to provide stimulation for people living with dementia.

People said they had enough food and drink and were always given choice about what they liked to eat. There was a menu board on each unit which told people what was on the menu that day. We saw that people had two choices but could make alternative requests for their meal. The dining tables were neatly set out and looked welcoming with matching linen tablecloths and napkins and fresh flowers with a range of condiments. People told us this made mealtimes a pleasant experience.

We observed a lunchtime meal, which was a social occasion, people had a three course meal and were offered both alcoholic and non-alcoholic wine with their lunch. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at their own pace. People gave positive feedback about the food they had eaten. One person told us, "You choose wine to go with your food." Another person told us, "The food is good, occasionally there is something I don't fancy, I always tell them and get something else."

People's healthcare needs were well managed. We saw the service worked closely with other health care services and would make referrals to services such as speech and language therapy, dieticians, and tissue viability teams. People's care plans had details of other services that were involved and were updated to reflect the current needs. This included detailed information about how to support people with their eating and drinking needs from speech and language therapy and dietary services.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings. The service had assessed people's ability to make an informed decision.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the home and the care staff. One relative told us, "A very caring home and I find the staff to be friendly and efficient."

Staff engaged with people in a respectful manner. During our inspection staff were kind, caring and supported people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People and relatives we spoke to told us that the care provided in the home was very good and staff and managers were very caring and looked at doing what was best for them. One staff member told us, " The most important thing is to make sure people are cared for."

We found a person-centred culture within the service with people given choices around what they ate, where they sat and what they did. Staff waited for people's responses before assisting them. Staff adapted their approach depending on people's communication skills, for example by spending a little extra time with a person who was slower and less clear as to what they were asking them to do. One person told us, "They always listen to you and spend time with you and acknowledge the importance of your feelings."

There was a calm and homely atmosphere within the home. People and relatives used the communal areas of the home, but also spent time in their own rooms if they wished. Relatives told us there was no visiting restrictions and they felt comfortable and welcome within the home.

We saw that people's privacy and dignity was maintained when staff were supporting people. Staff addressed people by their preferred name, knocked on doors and called out before entering and were discreet when speaking to people about personal care. One person told us, "Staff speak to me in a respectful way and they address me by the name I prefer." Another person told us, "They shut the door and curtains when supporting me with personal care and if anyone knocks they stop and go to see who is at the door and what they wanted."

People were encouraged to remain as independent as possible and their care records reflected this. One person told us, "Staff help me to dress in the way that I want." People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being was very important to them and ensuring that people were well-presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. If a person needed support to make decisions, advocates could attend their review meetings. An advocate is a person who represents another person's interests. Advocates were mostly involved in decisions about changes to care provision.

Records were stored securely, staff understood the importance of respecting confidential information. They only disclosed it to people, such as health and social care professionals, on a need to know basis.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person said, "They know me well and know how I like things done."

Care plans we looked at had personalised information and outlined people's support needs, re-enforcing the need to involve people in decisions about their care and to promote their independence. Care files included a range of specific care plans designed to support the person and covered such areas as: maintaining a safe environment, communication, mental health, eating and drinking, mobilisation, sleeping and end of life care. Care plans were all up to date and were reviewed a monthly basis. People and their relatives were involved as much as possible. One staff member told us, "I take time out to get to know people and their families."

Before they left the registered manager had made sure that people were assessed before they came to the service to make sure their individual needs could be met by the service. Staff were knowledgeable about people's needs and told us they supported people as individuals. For example, making sure people were dressed in way they wanted to be. The service was responsive to people's changing needs. Staff had recognised when a person's needs had changed and had made changes to the way that they gave them support.

The service supported people to have access to information in a way that they were able to understand. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives.

Activities schedules and information about activities were clearly displayed around the service. People were offered a range of activities they could engage in. One person told us, "Staff come around and give out activities of the week and keep coming every day to remind you what's on for the day." There was an allocated staff member for activities. Activities included; arts and crafts, music and games. People told us they were able to continue with interests and hobbies. One person told us, "I have been knitting all my life and I am still knitting." Events such as fireworks night, Halloween and Christmas were celebrated. There were photos up around the home showing what activities they had been involved in.

People knew how to raise concerns and were confident action would be taken. The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and told us that if anyone complained to them they would try to either deal with it or notify the person in charge, to address the issue.

The service supported people at the end of their life to have a comfortable, dignified pain free death. End of life wishes were reflected within people's care plans and people were supported to make choices about their death and the plans they wished to implement before dying. Staff had received End of Life training. The nurses at the service had received verification of death training. This allowed them to verify expected

deaths and complete any paperwork, to reduce the time families had to wait at, what is already, a very difficult time. The regional manager told us that this had allowed families to be comforted at this time.

Requires Improvement

Is the service well-led?

Our findings

When we arrived at Emily Jackson House to carry out our inspection we were told that the registered and deputy manager had both left the service the previous day. We were told that they had got new roles at another service that was not within the organisation. Although the registered manager had not de-registered with the CQC we were told that they would not be returning to the service. We spoke to a registered manager of another home within the organisation who was overseeing the service on the day of inspection. The regional manager arrived at the service during our inspection, they had only been in post for four weeks.

The regional manager told us that a new manager and deputy manager had been appointed. The new manager would start at Emily Jackson House at the beginning of March 2019 and the deputy would start in January 2019. The newly appointed manager would be registering with the CQC when they started in post. The newly appointed manager had experience of managing a care home and had been registered manager of another home for a number of years.

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.

The regional manager told us that a manager from another home within the organisation would be overseeing the service until the new manager took up their post. This manager had previously worked at Emily Jackson House.

During our inspection we spoke to staff about the changes in management and their understanding of what was happening. During the inspection we saw staff morale was low. Most staff we spoke to felt unsure about the changes and felt that they had not been kept informed about how things would work going forward. One staff member told us, "It is heart-breaking that the managers went. They were really supportive."

The regional manager had provided staff, people living at the service and their relatives with a letter that told them what was happening with management and gave them the contact details for the interim manager if they wanted to talk to them. A staff meeting was taking place so that the staff could receive information about the changes and how that would affect their day to day work. The regional manager gave us a copy of the letter during the inspection.

Despite the change in management, people living at Emily Jackson House benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they were happy working at the service and they felt they had a good team. One staff member said, "We're a good team, all of the staff try and work together." The staff team were committed to providing good quality care to people living at Emily Jackson House to make sure they had a positive experience. One staff member told us, "I'm here for the residents."

There were systems to monitor the quality of the service. Until leaving, the registered manager had completed audits in areas such as: care plans, medicines and infection control, to identify where improvements were needed. Audits were completed electronically and monitored by the regional manager, with issues flagged where actions were required. The regional manager assured us during our inspection that these audits would be continued by the interim manager.

People were actively involved in improving the service they received. The provider gathered people's, relatives and staff views through surveys. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback.

We saw that both staff and resident's meetings were held so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service. We saw the residents/relative's meetings covered the review of actions taken from the previous meeting and news and information relating to the home and the wider organisation. Housekeeping, activities and forthcoming events were also discussed. Not all people living at Emily Jackson House were aware of the residents meeting.

The provider had systems in place to promote continuous learning and improve the quality of the service. There were resources available to support staff development and drive improvements. The regional manager told us that staff had the opportunity to complete management and leadership courses to develop their knowledge and could take up management positions within the organisation. One member of staff was completing their management qualification. The regional manager also told us that staff could complete their nurses training with the organisation.

The service worked in partnership with local authorities, healthcare professionals and social services. Records showed the registered manager had established links with other healthcare agencies and had attended meetings with the local authority and Clinical Commissioning Group (CCG). The regional manager assured us that attendance at these meetings would continue.

Until they left, the registered manager had ensured that any notifiable incidents were reported to the CQC in a timely and appropriate fashion. During our inspection we checked that we had been informed of all incidents as required. The regional manager assured us that this would continue to happen.

Policies and procedures were in place to provide guidance to staff. These included safeguarding, whistleblowing, infection control and nutrition and hydration. The policies were overseen by the provider and any changes were made centrally.

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The provider had made sure this was on display within the home and on their website. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. During our inspection we saw letters that had been sent to relatives if a person had suffered harm whilst living at Emily Jackson House.