Mrs P M Eales

Mrs P M Eales t/a Just Homes - 3 New Hill

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

Overall summary

This inspection took place on the 26 and 28 November 2014 and was unannounced.

Mrs P M Eales t/a Just Homes - 3 New Hill is a care home and is registered to provide care (without nursing) for up to three people. The home is a detached bungalow within a residential area on the outskirts of Reading. People have their own bedrooms and use of communal areas that includes an enclosed private garden. People living in the home needed support from staff at all times and had a range of support needs. People were unable to communicate verbally or use sign language.

There is a full time registered manager. 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.'

There was a long standing staff team who had received the support and training they needed to protect people and keep them safe. The numbers of staff working throughout various times of the day and night were

Summary of findings

determined from people's assessed and changing needs. Staff responded appropriately when people presented with challenging behaviours, which protected the person and others. Staff had received training to administer people's medication safely.

People were provided with effective care and support from a team of staff who had received the support they needed to meet their learning and development goals. Further training that staff had not received such as autism awareness had been scheduled for staff which would help them support people's individualised care.

People were unable to communicate verbally or use sign language. However staff understood their needs and were able to communicate with them effectively from body language. Staff encouraged people to express themselves and make decisions about their lives.

People using the service at the time of our visit did not have the capacity to make particular decisions. The manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority to provide protection for the people. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

People were supported to maintain a balanced nutritional diet to suit their individual needs and taste. This was supported by external health care professionals and continual assessment. People had health care action plans and staff supported them to access external health care appointments. Some people needed specialist equipment, which staff were trained to use such as hoists to ensure the safety and comfort of the person when being repositioned.

People's families acted on their behalf and were fully involved in the planning and reviewing of their relatives care and support needs. Staff were kind and considerate towards people and they helped them to participate in individualised and or group activities of their choosing either within the home or community.

Staff treated people with kindness and respect. The service had regular contact with people's relatives who told us staff were approachable and that they felt listened to and were always kept fully informed. They were encouraged to be involved in the decisions about the person's care and support needs.

Health and safety checks were completed. However, there were no formal processes to monitor the services provided. We have made a recommendation that the service considers guidance and training to develop the auditing skills of the management team.

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.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Staff knew people well and responded quickly to their individual needs.

Good

Is the service responsive?
The service was responsive.

People's likes, dislikes and preferences were recorded in their support plans and provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good

Summary of findings

Is the service well-led?

The service was not always well-led

The manager had not carried out formal audits to identify where improvements may be needed.

Health and safety checks were completed to promote people's safety.

There was a registered manager and a longstanding staff team.

Staff said they found the manager open and approachable and had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

Requires Improvement

Mrs P M Eales t/a Just Homes - 3 New Hill

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 26 and 28 November 2014 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we have collected about the service. This included previous inspection reports and notifications we had received. A notification is information about important events relating to the service, which the service is required to tell us about by law.

During the inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with a relative of each person who was using the service and spoke with, four staff, the deputy manager and the registered manager of the service.

We looked at three care plans, daily notes and other documentation relating to the people who use the service such as medication records. In addition we looked at a sample of auditing reports, health and safety documentation, staff rota and three staff files that included recruitment and training records.

Good

Is the service safe?

Our findings

People who use the service could not tell us if they felt safe. Their families told us they were confident their relatives were safe and said they have regular contact with them and staff. Comments included: "Staff have worked hard with [name] who has much improved and can now travel in a car. Before, this was too much of a risk due to behavioural issues".

The Providers Information Return (PIR) informed us prior to our visit that the service had policies and procedures for staff to follow if they had concerns. These included safeguarding and whistleblowing. Notifications were sent following incidents of challenging behaviour by people that had placed them and others at risk of harm.

Staff had attended health and safety training that included safeguarding of adults and working with people who present challenging behaviour. Refresher training was also scheduled for staff to update their knowledge. Staff told us they would report cases of concern to the manager and would escalate concerns through whistleblowing if they felt they were not being listened to.

The manager told us that incident and accident books were checked monthly and that action was taken to reduce risks if 'patterns' of behaviour that challenged the service by individuals were noticed. People's moods, such as calm, happy, or of behaviour, such as distressed and anxious were recorded daily and used to inform people's risk assessments. We saw staff defuse behaviours presented by people, which could have placed them or others at risk. However, there were limited processes used by staff to measure triggers or patterns of challenging behaviours to inform people's support plans. The manager told us the service would be reviewing the methods used to identify and measure triggers of behaviour that challenged to promote individualised behaviour support plans and guidance for staff to follow.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. For example, a person's risk assessment stated they liked their bedroom door open at all times. A doorguard had been fitted to enable the door to close only on the sounding of the fire alarm. Protective slabs and handrails had been fitted by the patio door to promote people's independence of access to the garden safely. Staff were knowledgeable of emergency procedures such as fire safety. Contingency plans with contact numbers were available for staff should there be an emergency, such as electricity failure.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

There was an established staff team employed by the provider that included a registered manager. Staffing shortfalls due to leave were covered by existing staff. All staff, with the exception of one, had a diploma or equivalent in care. We observed staff responding quickly to meet people's needs safely and to take time when supporting people with chosen activities. Staff told us there was mostly three staff at any one time throughout the day to meet the needs of the three people who use the service. The ratio of staff to people was 2:1 when supporting people in the community. The staff rota identified that there were always sufficient staff to meet the assessed needs of the people who use the service safely.

People's medicines were stored and administered safely. The provider reviewed their medication policy and procedure in 2014. This was following a notification that reported a medicine error. The procedure was updated to minimise the risk of recurrence, stating two staff were to be present when medicine was administered. The service used a monitored dosage system (MDS) to assist them to administer people's medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People's medicines were stored and administered safely. Where a person had medicine which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed. Staff had received training in the safe management of medicines.

Good

Is the service effective?

Our findings

We observed people being provided with effective care and support from a trained and supported staff team. Staff received support from the manager and attended staff meetings and supervision to discuss their learning objectives and effectiveness of the service. They told us they had received the training they needed to support people. This included non-restrictive methods of managing behaviour that may cause harm or concern. They told us the training had helped them to manage behaviours effectively without undue stress to the person.

Staff told us they had not received training on Autism, which is a condition that some people who use the service live with. The manager sent us information shortly after our visit that confirmed Autistic Spectrum Condition Awareness training had been scheduled for all staff to attend in February 2015.

Staff knew people well and understood their needs as they were able to communicate with them effectively. Staff spoke with people before they supported them and discussed activities with them in a way they could understand. For example, using body language and gestures that contributed to people's understanding as they were encouraged to express themselves and make decisions.

The manager had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. MCA training was scheduled for all staff to attend in January 2015. People using the service were unable to leave the home or undertake tasks without constant supervision. The manager had submitted applications for DoLS to the local authority for all the people living in the home.

People were relaxed as they received support from staff to have their meals and snacks. One person's food and fluid intake was being monitored by staff due to ill health. Consequently a referral was made for a review by a dietician as staff were concerned that the person would only accept foods with limited nutritional value. Meals were freshly prepared and well presented. Fresh fruit and vegetables were available and people were supported to make healthy living choices regarding food and drink. Staff told us that they were mindful of suitable selections made by people as one person had diabetes and another was a vegetarian.

People's healthcare needs were met as staff contacted health and social care professionals for advice and support to meet individual's healthcare needs. Each person had a health action plan that identified the support they needed to meet their health needs. Referrals had been made to specialist health care professionals such as psychologist, GP and community nurse. For example, a person's skin had shown signs of pressure damage developing. Staff contacted the community nurse who assessed the person. Specialist equipment was provided that included a profile bed and air mattress to minimise the risk of a pressure sore. Body maps, although available, were not used by staff to identify injuries from pressure damage, or of any other injury that may have occurred. For example, injury sustained as a result of behaviour. This was rectified by the manager during our inspection by placing body maps in each person's file and staff were reminded to complete when necessary.

Staff had received moving and handling training. In addition, staff told us they had received further guidance from a community nurse to help them meet a person's changing needs. Prior to this they had found it difficult when assisting the person to move using a hoist, effectively and safely, whilst ensuring the person's comfort.

Good

Is the service caring?

Our findings

People could not communicate to staff and others verbally. People were relaxed and comfortable with staff and responded to them in a positive way. The people who lived in the home at the time of our visit were all female and had lived there for over 12 years. The home was very much their home with personal effects such as family photographs displayed in the lounge. When staff made reference to people, in general terms, they referred to them as "the ladies". This was in a respectful and kind tone.

A relative of a person who uses the service said: "staff are lovely; they are really nice to her". The relative reflected on a previous service provider and stated: "when looking back it was not the care she receives now". Another relative said: "I think staff are absolutely wonderful, they go far beyond what most people would expect".

We observed staff supporting people to make choices in everyday activities such as choosing what to eat and how to spend their time in a respectful and caring manner. Staff had attended training that covered dignity and respect and made reference to promoting people's privacy. Staff clearly knew people's likes and dislikes with regard to recreational activities, daily living and personal care.

People's bedrooms were decorated and personalised with items of their choice. Practical measures to reduce potential consequences of people becoming distressed had been considered. For example, velcro was fitted to the top of the curtains within one person's room. This was due to the person frequently pulling their curtains down. The velcro was fitted to support the person to have curtains when they wanted, with minimal fuss and to promote their privacy

The manager told us that advocacy services were not used by people who live in the home as their families supported them and were fully involved in the planning of their care. People's relatives told us that the service had ensured they have been kept informed and were fully involved in decisions made to meet the person's care and support needs. They told us that staff support their family member to keep in touch with them. For example a relative of a person told us they could no longer make the journey to the care home to visit. They said: "I know she is happy as staff use to bring her home to visit me, but she did not want to stay. So now we compromise and we meet half-way by staff bringing her to visit me at the garden centre".

Good

Is the service responsive?

Our findings

People's records contained support plans that centred on their individual needs and how they wanted those needs to be met. Other information included contact details of the person's next of kin, GP and other professionals involved in their care. A pen picture of the person detailed what was important to them. Details obtained from others who knew people well confirmed what they liked and admired about the person and how the service could best support them.

People were able to express their views through body language. We could see that staff knew them well from their response to people's requests. For example, staff had shown understanding and respect towards a person when they had found it difficult to fully understand what the person wanted to say. In this instance staff conversed with each other to establish the person's request and responded appropriately. There were diaries individual to each person used to record their day. These were completed by staff in the perceived words of the person, to encourage staff to think about the day from the person's point of view.

The provider had a complaints policy in written and pictorial format that was accessible to people and their families. There were no complaints received by the service since our last inspection in 2013. Staff told us they could tell if a person was unhappy. They said they would talk with the person and watch for signs that indicate what the concern was. Families of people who use the service told us they were confident the manager and staff would listen to them and act on any concerns they had until they were resolved.

People's families were fully involved in the review of their relatives care and support needs. These were completed at least annually or as changing needs were determined. Comments from people's relatives included: "when I was younger I used to visit and attend her reviews. They send me a copy now of the care plans that are reviewed at least once a year, sometimes twice and we speak on the telephone". Another relative said: "Staff make me aware when something has happened" and "I'm invited and have attended annual reviews of her care".

People were encouraged to participate in activities of their choosing. We observed one person who appeared to be enjoying listening to music. Group and individual activities within the home included arts and craft, listening to music, and reminiscence. People also attended a day-care service supported by staff. This enabled people to meet with other people who had similar disabilities and to enjoy the company of friends. We were told by staff and people's relatives of pursuits people enjoyed when attending the day service. These included individual and group activities such as walking, bowling and recreational days out. A relative of a person said, "the staff give her stimulus which is important and are always meticulous about what she wears and what she eats".

Is the service well-led?

Our findings

People's care and support needs were reviewed and records were checked randomly by the provider during monitoring visits of the service. However formal audits of people's files were not completed to ensure records were up to date and easily accessible for staff. For example records to monitor people's challenging behaviours, such as timeframes, were not used to evaluate and inform support plans and guidance. Although incident reports of behaviours were completed, audits of those reports were not undertaken to evaluate patterns or triggers to inform guidelines. Staff told us there were guidelines to manage specific behaviours. However they could not find the guidelines within the records kept as records had not been filed for easy access. There was a risk of an inconsistent approach by the staff team to manage individual behaviours effectively whilst ensuring the safety of the person and others.

We saw from records that the turnover of staff within the service was limited. This promoted stability within the home for the people who lived there and the staff team. The service had a clear management structure from proprietor to senior support workers. Records and discussions with staff demonstrated that people had received support from a consistent long standing staff team who promoted people's independence and respected the choices they made, whilst promoting their safety. We observed a relaxed and comfortable atmosphere within the home between people and staff and noted that people accessed areas of the home and the services office as they pleased. People's families told us that the manager and staff were approachable, supportive and always valued the importance of ensuring their relatives were encouraged and supported to keep in contact with them. Comments from relatives included: "I've no complaints whatsoever, a very well run home".

There were health and safety checks completed by staff. For example, fire safety, hot water temperatures, cleaning rota and reporting of general maintenance issues that promoted the health and safety of the people who lived there. However audits to monitor that safety checks were being maintained were not undertaken. The manager told us that they were aware this was an area that they needed to improve to measure the services provided and to fully evaluate outcomes for people who use the service.

We recommend that the service seek support and training for the management team, about formal auditing processes to measure and continually improve the quality of the services provided for the people who live there.