

Janith Homes Limited

Strawberry Field

Inspection report

Mill Common Lane
Walcott
Norwich
Norfolk
NR12 0PF

Tel: 01692650707
Website: www.janithhomes.org

Date of inspection visit:
27 June 2019

Date of publication:
31 July 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

About the service

Strawberry Field is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people with learning disabilities and/or autism.

The service was a house with one self-contained flat upstairs. There was a sleep-in room for staff which was also the office.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe and staff understood their responsibilities in relation to safeguarding. Risks relating to people's individual needs and within the environment had been identified and plans were in place to mitigate known risks. There were consistently enough staff to meet people's needs and there were safe recruitment practices in place.

People's medicines were managed and administered in a safe way. The service was clean, and staff took steps to minimise the risk of infection. There were processes in place to learn from accidents and incidents.

Assessments of people's needs took place prior to them moving to the service. Staff received training relevant to their role and attended regular supervisions.

People were supported to maintain a healthy nutritional intake and risks relating to this were managed. Staff worked with other healthcare professionals to ensure people received consistent care. People were able to contribute to the decoration and design of the service.

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

Staff treated people in a caring way which respected their privacy and dignity. People felt listened to and were supported when they were upset. People were involved in the planning of their care and were supported to be as independent as possible.

People's care was planned and delivered in a person-centred way. Staff understood people's individual communication needs and spoke with people according to their individual needs. People felt able to raise a concern or make suggestions. People's end of life wishes had been discussed with people and documented.

There was a clear vision of the service which staff embedded into their practice. There were processes in place to involve people, their relatives and staff in providing feedback about how the service was run. Quality monitoring audits had been improved since the last inspection. These were undertaken by the registered manager and a senior member of staff to assess and monitor the quality of service being delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection- The last rating for this service was good (published 12 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Strawberry Field

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Strawberry Field is a 'care home'. 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two members of care staff.

We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, minutes from meetings and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe living in the home.
- Staff had received training in safeguarding and understood what constituted abuse. Staff knew how they would report any concerns and were aware of outside agencies they could contact.

Assessing risk, safety monitoring and management

- Individual risk to people's health and wellbeing continued to be identified and plans were in place to minimise known risks.
- Advice had been sought from relevant healthcare professionals to help inform care planning for people who showed behaviour that challenged. Records showed staff continually assessed behaviour that challenged and were able to tell us how they supported people with this to minimise their distress.
- Risks within the environment were assessed and detailed risk assessments were in place to guide staff about how they could manage known risks.
- Electrical equipment and fire fighting equipment were regularly serviced. Water temperatures were also tested to minimise the risk of scalding.
- Each person had a personal emergency evacuation plan in place. This detailed what support people required to evacuate the building in the event of an emergency.

Staffing and recruitment

- There continued to be enough staff to meet people's needs. The registered manager told us they adjusted staffing levels according to people's needs, for example, more staff will be rostered to work to support people when they wanted to go out.
- A review of recruitment records showed references and a check from the Disclosure and Barring Service had been sought prior to staff starting their employment.

Using medicines safely

- There continued to be good practice in relation to the management of people's medicines. People were involved in the management of their medicines where possible. One person told us, "I do my medicines myself. The staff keep the key for my cabinet though. I know what I have to take and I know what my medicines are for."
- We saw medicine administration record (MAR) charts were completed correctly and stocks of medicines tallied with the information on the MAR charts.
- Where people were prescribed topical medicines such as creams and eye drops, we saw there were clear instructions about where to apply the medicines and when. Staff also knew to use gloves to apply these

medicines to minimise the risk of infection.

- There were detailed protocols in place for PRN medicines. PRN medicines are medicines people take on an as and when basis.
- Records showed staffs' competencies in relation to medicines were checked regularly and staff confirmed this happened.

Preventing and controlling infection

- The home was clean throughout and people who lived there told us how they contributed to the cleaning as part of promoting their independence. One person showed us their bathroom and said, "I clean my room and bathroom." A member of domestic staff was also employed to support people with cleaning.
- There was a cleaning schedule in place which showed who was responsible for cleaning throughout the week.
- We saw there was personal protective equipment available to staff and staff would use this where appropriate.

Learning lessons when things go wrong

- The registered manager told us there had not been any accidents since our last inspection. They told us if an accident occurred then they would review the incident and hold a debriefing for staff so they could discuss any learning as a result of the incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were still good processes in place to assess people's needs. The registered manager told us they carried out all of the assessments and they would go to visit people to speak with them. They added they also looked at any previous assessments from social workers and any reports from healthcare professionals involved in the person's care. Records seen confirmed this?
- The registered manager explained it was important to get to know people's routines and what was important to them. They said they would also speak with people's families as part of the assessment process.
- When it was decided if the service could meet people's needs, people were invited to spend some time at the home to see if it was somewhere they would like to live. People could slowly make their move to Strawberry Field by gradually increasing the amount of time they spent there.

Staff support: induction, training, skills and experience

- Staff continued to receive appropriate training relevant to their role. There was a comprehensive induction in place for new staff. Records showed this included understanding people's care needs, policies and procedures and completing the provider's mandatory training.
- Staff told us they received training relevant to their role. One member of staff told us, "We have training in house and online. It's good to get together with other staff as it's nice to get feedback from them about how they do things."
- We looked at staff training records and saw staff were up to date with their training.
- The registered manager told us they were going to include extra training for staff in oral health, diabetes and dementia.
- Staff received regular supervisions. Supervision is a confidential meeting where staff can discuss any training needs or support they require. Staff confirmed these meetings took place and that they also attended an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff continued to support people to maintain a healthy nutritional intake. One person showed us the menus and explained how they could be changed if people wanted something that wasn't on the menu. They also told us staff took them shopping so they could buy their favourite foods.
- We saw the meals on the menus were varied and well-balanced.
- Records showed people's weights were monitored monthly.
- Where there were risks relating to people's nutritional intake, we saw guidance from relevant healthcare

professionals had been sought and this guidance was incorporated in people's care plans.

- One person had difficulty swallowing and staff knew how they should prepare the person's food to minimise the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they had a good working relationship with healthcare professionals involved in people's care and said they were able to get emergency appointments for people when required. They also told us they had a good relationship with the learning disability link nurses at the hospital. They explained when a person is admitted to hospital? they have a live care plan where staff at the hospital and staff from the home can add information.
- Each person had an emergency admission plan in their care file. If people were admitted to hospital, they took this plan which detailed people's care needs, the medicines they took and how they liked to communicate with people. This meant hospital staff had information about people's care needs.
- People continued to be supported to see healthcare professionals to maintain their health and wellbeing. One person told us, "I get to see a doctor when I want. I see my psychiatrist for medication reviews. [Staff member] always comes with me."
- People's care records showed timely referrals were made by staff to relevant healthcare professionals where there were concerns about their health or wellbeing.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their rooms with their own effects and each person had their own bathroom.
- The home was decorated throughout with people's art work.
- The service was homely and there was plenty of natural light throughout. There was a large open plan kitchen, dining and lounge area where we saw people spending time together.
- There home was also surrounded by a large garden which was maintained by people who lived in the home. One person told us, "I like to mow the lawn." A second person commented, "I look after the hanging baskets and I planted the roses."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 had the appropriate legal authority and were being met.

- The service continued to maintain good practice in relation to the MCA. Records showed applications to deprive people of their liberty had been completed in detail and they gave the rationale as to why people needed to be deprived of their liberty to maintain their safety.
- Assessments of people's capacity to make decisions had been assessed where necessary. Decisions to be

made in people's best interests were documented and staff we spoke with had a good understanding of what decisions needed to be made for people and why.

- Throughout our inspection we observed staff giving people choice about various aspects of their daily life. For example, offering them choices of what to eat and what they wanted to do with their day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to feel cared for by staff. Every person we spoke with told us the staff were caring. One person told us, "The staff actually care for each individual and they should get praised for it, they always help out and they're there for you." They went on to say, "The help I'm getting is more than I've ever had before."
- A second person told us staff helped them to create a memorial garden after a bereavement. They told us they liked to speak with staff in this part of the garden when they were upset and they said they felt listened to.
- Staff knew people's care needs well. One staff member told us, "You know when someone's not right just by looking at them because you know them so well."
- Staff spoke with people in a caring and respectful way. We observed the registered manager and a member of staff sitting with people. There was lots of laughter and we heard the registered manager say about people contributing to the cleaning, "You're all very helpful, you work well as a team with getting your jobs done."

Supporting people to express their views and be involved in making decisions about their care

- People continued to feel involved in the planning of their care. People and their families were involved in the planning and reviewing of their care. One person told us, "I make decisions about my care. I read my care plans, so I know what's in there is right."
- One person shared with us how they were supported to make a decision about changing some of their medicines. They told us staff respected the decision they had made.
- One person told us they liked to spend time in the evening chatting with staff and a member of staff told us they made time for this person in the evenings. Our observations showed staff had enough time to spend with people engaging them in conversation or meaningful activities.
- The registered manager told us people had access to advocacy services if required. Advocates are trained to act in people's best interests and represent people's views.

Respecting and promoting people's privacy, dignity and independence

- People continued to be consistently supported to maintain their independence. One person told us they wanted to start using fertiliser on the garden by themselves. The registered manager added they were going to risk assess this so the person can be more independent with tending to the garden and allotment. A second person said, "I do my own banking, I make decisions about how much money I need [to withdraw]."
- Staff spoke enthusiastically about how they supported people to live independently. One member of staff

said, "When you see something that you've been trying to teach them for a long time, then it's fantastic, it doesn't matter how long it takes, for example using the washing machine."

- People's privacy and dignity was promoted. We saw staff knocking on people's doors before entering and people we spoke with told us staff respected their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and risk assessments continued to be person-centred and clearly detailed what people could do for themselves and what they needed support with. These documents were reviewed regularly and updated when needed.
- A member of staff told us, "I treat everyone how they want to be treated."
- Staff monitored people's health and wellbeing on a daily basis, and our observations showed these notes were detailed and documented any changes in people's health.
- People we spoke with told us staff were responsive. One person commented, "They certainly are, every time."
- One person used voice-activated virtual assistant to play music. A member of staff explained having such quick access to their music helped to relax them when the person became distressed.
- Each person had a member of staff who acted as their keyworker. People we spoke with knew who their key worker was. One person said, "[Staff member] is my keyworker, they look after me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were written in an easy-read format and included pictures. Information in people's care plans were presented in short easy to read sentences.
- We saw staff spoke with people in a manner which met their identified communication needs.
- Where people were not able to verbally tell staff how they felt, there was information in their care plan about what behaviours and facial expressions they would show if they were unhappy or anxious about a situation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's relationships with those close to them continued to be encouraged. One person told us how they went to their parent's every week. A second person told us they were planning on visiting one of their relatives.
- Staff continued to encourage people to maintain their hobbies and participate in their local community. One person said, "I like camping, I might be going camping in the summertime. I can camp in the garden too." A second person told us they wanted to use the bus more on their own to visit nearby towns and staff

were supporting them with this.

- The registered manager told us some people visited the local pub and they were given free admission to the annual fireworks display there every year.
- A member of staff explained to us how one person liked talking to a particular member of staff at the local supermarket. They said when that member of staff was working they would take the person to them as they enjoyed chatting with them.
- People took responsibility for the garden and they grew fruit and vegetables to make meals with. One person told us, "I grow my own herbs." One person took us around the garden and explained to us what different people had contributed to it. There was a wooden ornament made by one person and another person had recycled their old wellington boots to plant flowers in.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns. One person said, "If I'm not happy with something I do say, and I'm listened to, they respect my requests. I tell them what's wrong and they deal with it."
- The registered manager told us they had not received any formal complaints since the last inspection but told us they would follow their complaints policy if a complaint was received.

End of life care and support

- There was information in people's care plans regarding their end of life wishes. This included detail such as what songs they would like to be played.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This was because audits had not identified shortfalls within the service. At this inspection this key question has now improved to good because audits had been improved. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear vision for the service in place. The registered manager told us, "Everybody should be able to live their lives as independently as possible and live their dreams." Our conversations with staff and observations showed these values were embedded in staffs' practice.
- People we spoke with told us they enjoyed living in the home. One person said, "I love living here, I really like it."
- Staff enjoyed their work and supported people to increase their independence. One member of staff said, "I encourage people to try new things."
- People we spoke with were complimentary about the registered manager and staff. One person told us, "[Registered manager] is a good manager. She has a heart of gold" and "They're a good team."
- Staff told us they felt supported by the registered manager. One staff member told us, "You can go to [registered manager] with anything, they're supportive, very supportive." The registered manager told us, "Staff need to feel valued."
- Staff told us morale was good within the staff team. One staff member said, "This is the best team I've ever worked with. Everybody gets on really well. We all try things together."
- The service was managed by an experienced registered manager. They understood what their responsibilities were in relation to reporting notifiable incidents to us.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There continued to be a clear management structure in place and staff understood what their roles were.
- The registered manager told us they kept their knowledge up to date by reading information and updates on websites such as the CQC, National Care Group and the National Institute of Clinical Excellence.
- There were systems in place to monitor and assess the quality of service being delivered. All areas of the service were audited. Where shortfalls had been identified, remedial action was taken in a timely way.
- The provider undertook unannounced visits. We looked at the past two reports of these visits and these did not identify any concerns.
- The registered manager told us there was a member of staff who was a 'whistle-blowing champion' and they were there for staff to speak with confidentially if they had any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service continued to seek feedback about the service. People who lived in the service, their relatives, staff and professionals were invited to complete regular surveys about the quality of the service provided. The survey was given to people who lived in the service in an easy to read format and used pictures pertinent to them. For example, a picture of their keyworker was placed next to the question asking them if they got on with their keyworker.
- Records showed feedback from the surveys was considered and action had been taken to address any concerns.
- There were regular meetings for people who lived in the service to discuss items such as meals and holidays. People we spoke with confirmed these meetings took place. The registered manager told us they were encouraging people to chair the meetings themselves and write up the minutes with staff support.
- Staff also met regularly to discuss people's care needs and anything else relating to the running of the service.

Working in partnership with others

- The registered manager reported having a good working relationship with people's social workers, the GP practice and the pharmacy. They told us the pharmacist was going to visit to help them organise people's medicines in line with new guidance coming in.