

Jeesal Residential Care Services Limited

Salcasa

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Salcasa is a care home for five people with a learning disability. The accommodation is a single storey building with a large garden. At the time of the inspection five people were living at the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People received care and support from a stable staff team who knew them extremely well. Care was delivered in a person-centred way based on people's preferences.

Staff encouraged people to be as independent as possible. Risks that people were exposed to were assessed and measures were put in place to minimise them. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way.

Staff provided consistent care and support to people. People were involved in their care and support and staff respected their privacy and dignity. Staff had a good understanding of people's needs, preferences, histories and routines. People received appropriate support to maintain their health and to achieve good health outcomes. People had opportunities to take part in a wide range of activities which met their individual choice and preferences. This enabled people to achieve positive outcomes and a good quality of life.

The registered manager was experienced and passionate about providing people with support to enable them to develop. Staff felt listened to and valued and they felt involved in the development of the service. Relatives praised the management of the service and the impact that living in the service had on the people accommodated.

Rating at last inspection: Good (report published 13 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection

Follow up: We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Salcasa

Detailed findings

Background to this inspection

The 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.'

Inspection team:

One inspector carried out this inspection.

Service and service type

Salcasa is a care home for up to five people with a learning disability and mental health conditions. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and we looked at both 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

We gave the service 24 hours' notice of the inspection visit because it is small, and people spend a lot of time undertaking activities in the community. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed information that we had received about the service since the last inspection in March 2016. This included information that the service is required to provide us annually in a provider information return. This gives us information about what the service does well and improvements that are planned. We also contacted the local authority commissioners and safeguarding team and other professionals for their views about the service.

During this inspection we spoke with three people using the service. We also spoke by telephone with the relatives of three of the people using the service.

We spoke with the registered manager, the deputy manager, a senior support worker and a support worker.

We spent time observing how staff interacted with people. We reviewed one person's care plan, medication records, audits and quality assurance reports, menus, records of activities, complaints and compliments, staff training records and minutes of staff meetings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- All staff had received training in safeguarding and they demonstrated a good awareness of safeguarding procedures.
- The registered manager was aware of their responsibility to report any safeguarding concerns and to liaise with the local authority.
- Information about safeguarding was available to people using the service, staff and visitors.
- Recruitment systems continued to be effective and ensured suitable staff worked at the service.

Assessing risk, safety monitoring and management

- One person who lived at Salcasa told us that they felt safe and that they would speak with a member of staff if they didn't feel safe.
- Detailed risk assessments and plans were in place to keep people safe. Each person had a support plan which contained information on their needs, risks and their level of independence. Staff were aware of each person, the risks that had been identified and how to minimise them. Risk assessments were reviewed at least monthly and updated when needed.
- Risk assessments relating to the environment were in place. These included evacuation plans for use in case of an emergency.
- Equipment was checked and regularly maintained to ensure that it was safe and fit for purpose.

Staffing levels

- All relatives spoken with said that the service was a safe place, with one commenting that the staffing levels made it particularly safe.
- One person told us that there were enough staff and that staff were always available to take them out.
- There were enough suitably trained staff to support people safely. Staffing levels were determined according to the assessed needs of the people using the service. Most people living in the service required the support of one or two members of staff for all or part of the day and night to keep them safe. Staff confirmed that there were always the required number of staff on duty and that if there was short notice absence, cover would usually be found within the staff team.

Using medicines safely

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff were trained and their competency to administer medicines was regularly assessed.
- Clear and comprehensive protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.

- ☐ Systems were in place to regularly audit medicines. Audits were undertaken by staff and by the pharmacy who supplied the medicines.

Preventing and controlling infection

- ☐ The service was clean.
- ☐ Infection control training had been received by staff and personal protective equipment to prevent the spread of infection was available for staff to use.

Learning lessons when things go wrong

- ☐ Systems were in place to monitor incidents and accidents. Records were kept of incidents and accidents that occurred. These were reviewed and overseen by the registered manager who monitored these for any themes or trends. Any learning from the incidents was shared with the staff team.

Is the service effective?

Our findings

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

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

- Prior to a person moving into the service staff worked with the person, their family, their previous placement and health and social care professionals to complete thorough assessments of people's needs. These formed the basis for support plans which were reviewed monthly, six monthly and annually.
- People's support plans included information about the qualities that that the person who supported them should have.
- The relative of a person who had recently moved into the service described the positive outcomes for the person. They said that they used to self-harm and that this didn't occur now.
- A range of communication methods were in place to assist people to make choices. All documentation was in written and pictorial format and staff knew how to communicate with each person.
- One member of staff told us that they received a lot of training. They said that the training equipped them to meet the needs of the people living at Salcasa.
- One person was involved with the recruitment of new staff. They formed part of the interview panel and had an influence on the outcome.

Staff skills, knowledge and experience

- Staff were well supported and they received training to equip them to meet the needs of people living at Salcasa. The registered manager understood the importance of continuously developing staff members skills and to share best practice.
- Staff received regular supervision, an annual appraisal and had the opportunity to attend a wide range of training and to gain formal qualifications. Three members of staff held a social work degree and all members of the management team held a level 5 diploma in health and social care.
- Newly appointed staff received an extensive induction which included a period of shadowing experienced members of staff.

Supporting people to eat and drink enough with choice in a balanced diet

- People could choose what they wanted to eat, and menus were discussed during the weekly tenant meetings.
- People were supported and encouraged to shop and assist with the preparation of meals to develop their independence.
- People were supported to maintain a healthy balanced diet. One person who was on a weight reducing diet told us of the foods and drinks that they had cut down on to assist with their weight loss.
- People who had complex needs in relation to eating and drinking received support from speech and language therapists.

Staff providing consistent, effective, timely care within and across organisations

- □ Outcomes for people were positive. People were supported to develop their independence and communication. Since the previous inspection one person had moved from the service onto more independent living.
- □ Relatives spoke extremely positively about the service and the impact that it had on their family member. They went on to say how settled their [family member] had become after moving to Salcasa. Another relative said "The staff are really knowledgeable and know my [family member] extremely well, they can pre-empt their seizures and behaviours".

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

- □ The service was designed and adapted to meet the needs of the people accommodated. The building is single story and adaptations have continued to be made to ensure that it is suitable for people as their needs change. A cabin had recently been built in the garden for one person so that they could have their own sensory room and a corridor has been made wider to accommodate a person who occasionally requires the use of a wheelchair.
- □ Adaptions were made to enable a new person to move to the service. These included making one of the bathrooms bigger and replacing a bath with a shower and adapting a bedroom to enable an overhead hoist to be fitted in the future.
- □ People were keen to show us their bedrooms. They were proud of them and were involved in choosing the décor.

Supporting people to live healthier lives, access healthcare services and support

- □ Staff knew people extremely well. They worked closely with healthcare professionals to ensure that people's healthcare needs were met. Staff had received compliments from healthcare professionals about their knowledge of each person.
- □ Each person had a health profile detailing comprehensive information about their health needs, appointments and visits from health care professionals.
- □ Peoples health needs were reviewed as part of the monthly review meetings. The review considered 'How my health has been in the last month, health appointments I have attended and health appointments that I need to make'. People had access to the health care that they required.

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- □ Staff understood the importance of gaining consent before providing support. They supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- □ People were actively encouraged to make decisions for themselves and there was a strong emphasis on

involving people as much as possible. Peoples support plans had an assessment of their ability to give their consent and capacity.

- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- The registered manager understood their responsibility to apply for DoLS as needed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Relatives were extremely complimentary about the care and the commitment of the staff and the positive impact they had on their family member. One relative told us, "The quality of care is fantastic, nowhere else would meet my [family member's] long term needs". Another comment from a relative was, "The staff are tremendous, they have a uniform approach with my [family member]. They like the staff and their language has increased and improved"
- We reviewed the compliments that the service had received and noted that an external professional had said, "The staff are really knowledgeable about the clients that they support. The home is very well run promoting independence and dignity as well as a person-centred approach".
- Staff were fully committed to enabling and respecting peoples wishes in how they received support to live an independent life as possible. They were passionate about providing person centred high quality care. One member of staff said, "There is really good staff morale here. Staff use their own initiative and want the best for the people who live here". Another member of staff said, "We are here to support people in their home and to help them be independent. Everyone here is an individual and we help them to have the best life that they can".
- Staff knew people extremely well and displayed genuine fondness for them. They were respectful and supportive to people and had clearly developed positive relationship with them. Staff were able to explain the principles of good care.
- There was a strong recognition that although people lived together they were individuals. On the morning of the inspection four of the people were undertaking individual activities outside of the service with staff supporting them. People had their own transport which enabled them to undertake separate activities should they wish to. Everyone returned to the service at different times. Some had lunch when they were out, others were assisted to prepare their choice of lunch when they arrived back. Some people went out of the service after their lunch, either to undertake further activities or to attend appointments. The support that people received was extremely person centred.

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

- A range of communication aids were available for people who could not communicate verbally. These included objects of reference, 'Now and Next Boards' and picture boards.
- People and their relatives were encouraged to share their views about the care that people received.
- People's views were sought daily, and they had choice and control in their daily lives.

Respecting and promoting people's privacy, dignity and independence

- Support plans focussed on the person and provided staff with guidance that promoted dignity, choice, respect and independence when providing care.

- □ Support plans provided information about what a good day looked like for the person and the support that they needed to have a good day. They also provided information about what a bad day looked like and the support the person required to ensure that they did not have bad days. This meant that staff were clear about the standards of care and support that people should receive to ensure their positive wellbeing
- □ Privacy, dignity and choice were embedded into the practice of the team. The registered manager explained that confidentiality agreements were followed and that personal information was not discussed in front of people.
- □ Staff had received training in privacy and dignity and they were noted to knock on doors before entering. They ensured that all personal care was undertaken in private.
- □ People could choose the gender of their care staff. They were asked each day who they would like to assist them with their personal care and this choice was respected.
- □ People were supported to maintain relationships with people who were important to them. Peoples relatives could visit at any time and were welcomed by the staff team. One relative said that they usually contacted the service before they visited, just to check that the person would be at home. People had also developed friendships with people in another service run by the same company. They visited people in the service and also chose to go on holiday with them. During the inspection one person said that they were going to meet their friend for tea. They said that, "It was good to see my friend".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- The care and support that people received was extremely person centred and was based on their needs. Staff were aware of people's likes and dislikes and they used this knowledge to care for people in the way that they wanted.
- People were supported to participate in a wide range of activities and were encouraged to maintain hobbies and interests. People were involved in planning their next holiday which they were looking forward to
- People had their own transport, allowing them to undertake a wide range of activities.
- Relatives spoke positively about the activities available to people and the difference that it had made to their lives.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Information was available in easy read format to aid people's understanding. This included care plans, the complaints procedure, menus and safeguarding information.

Improving care quality in response to complaints or concerns

- People and their family members were encouraged to provide feedback on all aspects of the service.
- People were provided with information about how to make a complaint in a format that they could understand. One person told us that they would speak with their keyworker if they had a concern. An advocacy service was available for people.
- Relatives were confident that any complaints would be thoroughly investigated. They had regular contact with the registered manager and said that they would not hesitate in raising a concern if needed.

End of life care and support

- At the time of this inspection no one was requiring end of life support.
- The registered manager said that staff would support people to remain at the service at the end of their life should this be their choice.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager and the deputy manager had a good oversight of what was happening in the service. The registered manager was passionate about providing a high-quality service.
- Relatives spoke highly of the registered manager. Comments included, "He is inspirational and, "He is always available"

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the legal requirements of their role.
- Staff were clear about their roles and responsibilities. They spoke positively about working for the company, the leadership provided by the registered manager and the staff team.
- One member of staff said, "It's an amazing team, really friendly, supportive and professional". Another member of staff told us, "There is good staff morale. All the staff use their initiative and work together to ensure that people living here have the best lives possible".
- A system of audits were in place to continually check the quality and safety of the service. These were completed in areas such as medicines, health and safety, accidents and care plans to ensure that the service met with legal requirements.

Engaging and involving people using the service, the public and staff

- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff on a regular basis.
- People and their relatives felt listened to. One relative told us that they were kept up to date with any changes. They said that they couldn't fault anything.
- Team meetings provided staff with an opportunity to feedback their views and suggestions for improvements.
- There was a positive management structure in place which was open and transparent. The registered manager was very visible and worked as part of the team.

Continuous learning and improving care

- Information from a range of sources including audits, questionnaire and incidents was used to drive improvement. Action plans were created which were used to drive improvement.
- The staff team were all motivated and keen to develop and learn.

Working in partnership with others

- The service worked in partnership with people, family members, social and health care professionals and commissioners to achieve good outcomes for people.