

Caritas Services Limited

# Jackson House

## Inspection report

2 Lode Hill Cottages  
Altrincham Road, Styal  
Wilmslow  
Cheshire  
SK9 4LH

Date of inspection visit:  
01 June 2017

Date of publication:  
11 July 2017

Tel: 01625522767

Website: [www.caritasservices.com](http://www.caritasservices.com)

## Ratings

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

# Summary of findings

## Overall summary

This inspection was carried out 1 June 2016. Jackson House is a small care home. It provides accommodation with nursing care for up to four adults with a learning disability and mental health needs. The care home is a semi-detached cottage with a small car park. It has gardens to the front and rear of the property. Bedrooms are single occupancy and there are shared lounges and a shared dining area. At the time of our visit, four people lived at the home.

At the time of our inspection there was a manager in post. They had been in post approximately five months at the time of our visit and were in the process of applying to become the 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.'

At our last inspection in June 2015 we had concerns with regards to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safe recruitment of staff. At this inspection we saw that improvements had been made and the service was now compliant with this regulation. Staff were recruited safely with appropriate checks on their suitability completed before they started to work at the home.

People who used the service said they were happy with the support they received and liked living at the home. Staff we spoke with were knowledgeable about people's needs and risks and what was important to each person. We saw that staff supported and encouraged people to pursue their social interests and aspirations. People were provided with person centred care in accordance with their care plans.

People's care records provided detailed information about their needs and risks and how best to support them in accordance with their wishes and preferences. Records showed that risks were well managed and people's needs were supported by multi-disciplinary teams in the community. For example, doctors, dentists, mental health services, specialist medical teams and podiatry and opticians. Arrangements were in place to regularly review people's care to ensure the support provided continued to keep them safe and well.

Records showed evidence of good practice in relation to the implementation of the Mental Capacity Act 2005. Capacity assessments were in place when a person's capacity to consent to a particular decision was in question and we saw that any decisions made were taken in the person's best interests. Some people were subject to a deprivation of liberty safeguards to keep them safe. During our visit, we observed a restriction being temporarily imposed. The reasons for the restriction were clearly explained to the person with alternative arrangements made to ensure their wishes were met later on in the day. This was good practice and showed that staff at the home worked hard to ensure any restriction placed on people's liberty was as least restrictive as possible.

From our discussions with staff it was clear that they knew people well and genuinely cared for the people they looked after. Interactions between staff and the people who lived in the home were natural, relaxed and good humoured. It was obvious that people felt comfortable and close to the staff that supported them.

People's independence was promoted and staff supported them to pursue their social and recreational interest in addition to organising volunteering opportunities for people to participate in. This gave people a sense of purpose. The people and staff we spoke with, told us about a recent holiday to Wales and about the various activities that they liked to enjoy together such as snooker, the cinema, golf and football. This indicated that people's social and emotional well-being was an important aspect of people's care.

Medication was stored and managed safely. Medication was administered by nursing staff and from people's medication records we could see that people had received the medication they needed.

Staffing levels in the home were suited to people's needs and ensured people received the support they needed. Staff were supervised appropriately but had not received up to date training to do their job role. This meant there was a risk that their skills and knowledge were out of date. We spoke with the manager about this. They showed us the action plan that was in place to address this.

We found the service to be well-led. There were suitable checks and systems in place to monitor the quality and safety of the service. These checks enabled the manager to identify issues and make improvements as and when required. People's feedback on the service had not been surveyed since 2015 but we saw that there were plans in place to do so. A new questionnaire had been developed and was due to be sent out to people who lived at the home, their families and the health and social care professionals involved in people's care. A weekly resident meeting also took place where people discussed menu planning and any other issues that were important to them.

## 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.

People felt safe and looked relaxed and comfortable with staff.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

People's risks were assessed and safely managed.

The administration of medication was safe and people received the medicines they needed.

### Is the service effective?

Requires Improvement ●

The service was effective.

People's capacity to make specific decisions was assessed in accordance with the Mental Capacity Act.

Staff were supervised in their job role but staff training was not up to date. The provider was in the process of addressing this at the time of our visit.

People's health and emotional well-being were at the forefront of their support and people were supported by a range of health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

We saw that staff treated people kindly and with respect. They were caring and compassionate in all of the interactions we observed.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People's personal information was stored confidentially.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were individually assessed, planned for and regularly reviewed.

Care was person centred, reflected the person's voice and provided in the way the person preferred. It was clear staff genuinely cared for the people they supported.

People's social and recreational needs were met and people enjoyed a good quality of life.

The provider's complaints policy was accessible to people who lived at the home. At the time of our visit, the manager told us no complaints had been received.

### **Is the service well-led?**

The service was well led.

The culture of the service was open and inclusive.

There were systems in place to check the service was safe and provided good care.

People's satisfaction with the service had not been sought recently but there were plans in place to do so. People we spoke with during our visit were happy with the support they received and life at the home.

**Good** ●

# 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 was carried out by an adult social care inspector on the 1 June 2017 and was announced. The manager was given 24 hours' notice of our visit because the location is a small care home for adults who may be out during the day so we needed to be sure that someone would be in when we visited.

Prior to our visit we looked at any information we had received about the service. We also contacted Cheshire Local Authority to ask for their feedback on the service provided. No concerns about the service were raised.

During the inspection we spoke with two people who lived at the home, the manager, a staff member on duty at the time of our visit and a visiting healthcare professional. We looked at two people's care files, a sample of people's medication administration records, the personnel files belonging to three staff and records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in June 2015 we had concerns with regards to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safe recruitment of staff. At this inspection we saw that improvements had been made and the service was now compliant with this regulation.

We looked at three staff files and saw that staff were recruited safely with appropriate pre-employment checks carried out to ensure they were suitable to work with vulnerable people. For example, personal identify checks had been undertaken, previous employer references sought and criminal record checks completed.

We spoke with two people who lived at the home. They confirmed they felt safe and liked the staff that supported them.

Staff we spoke with demonstrated that they understood how to safeguard vulnerable adults from abuse and knew which external organisations to contact if they had any concerns about people's well-being.

We looked at the care files belonging to two people who lived at the home. We saw that people's individual risks were assessed and well managed in the delivery of care. Risks in relation to personal hygiene, falls, behaviours that challenged and the person's physical and mental health needs were all clearly identified. Person centred risk management guidance was provided to staff on how to support people appropriately. For example, some people had emotional needs that sometimes meant they displayed risky or challenging behaviours. We saw that people's care plans identified what sometimes triggered these behaviours and gave staff clear guidance on how best to support the person when these behaviours were displayed. This ensured that staff supported people constructively and in a safe way.

People received support from a wide range of health and social care professional in respect of individual needs and risks. For example, one person's mental health had recently declined and weekly meetings had been set up with other health and social care professionals to monitor their progress. This showed that people and staff had access to the support they needed to keep people safe and well.

We saw that the number of staff on duty was sufficient to ensure people were safe and able to enjoy an active life. The staff rota ensured that staff hours met people's needs both in the house and for one to one support in the community. There were always two staff in the house and they were responsible for supporting people with personal care, cleaning and cooking. Other staff provided one to one support for people out in the community. We saw that people were supported in a pleasant, relaxed manner by staff as and when they needed it.

The home provided a safe environment for people to live in and records showed that the required health and safety checks were carried out. There were safety certificates in place to show that the home's gas installation, electrical system and fire safety arrangements were suitable for use. We noted however that the

home's fire risk assessment required review and we drew this to the manager's attention.

We looked at the arrangements in place to ensure that medications were managed appropriately. We saw that they were. Medication was kept securely and at safe temperatures. Medication was dispensed in the majority via monitored dosage blister packs. Clinical staff (nurses) administered people's medication and we saw that there were systems in place to check that medication had been given correctly and could be accounted for.

We checked a sample of medication and saw that the balance of medication in stock matched what had been administered. This indicated that people had received the medication they needed.

There were systems in place to ensure that people who left the home for any length of time were supported to take their medication. For example, some people visited family at the weekends and there were systems in place to ensure that people were able to take their medication with them.

Some people had 'as and when' required medication to alleviate distress, anxiety or pain. There were suitable 'as and when' required medication plans in place to advise staff under what circumstances these medications should be administered. We could see from people's records that this medication was regularly reviewed by the service and other medical professionals to ensure the medication continued to deliver positive outcomes in relation to people's mental and emotional health. This was good practice.

Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. We saw that the provider had a risk assessment in place for the management of Legionella bacteria occurring in the home's water supply. The risk assessment advised that regular checks of the temperature at which water was stored and circulated around the home was required in order to mitigate the risk of legionella. We saw that temperature checks of the home's water system were undertaken. These checks however tested that the temperature of the water was safe for people to use for bathing as opposed to a check of the temperature to mitigate Legionella. We spoke to the manager about this who assured us that this would be resolved without delay.

We looked at a selection of accident and incident records. Records showed that that staff acted promptly and appropriately when an accident and incident occurred to ensure people received the support they required. Accident and incident records were completed appropriately and monitored by the manager.



## Is the service effective?

### Our findings

People we spoke with said they felt well looked after by staff. We spoke with the manager and a staff member about the people they cared for and found them to be knowledgeable about their needs and wishes. We saw staff supporting people throughout the day and it was clear from our observations that staff knew people well.

We reviewed the personnel files of three members of staff. We saw that the provider had a training programme in place which offered staff training in topics relevant to the needs of the people who lived at the home. For example training was provided in moving and handling, safeguarding, managing challenging behaviour, safeguarding, person centred planning, infection control, health and safety and fire awareness. Records showed however that a lot of staff training was expired or required completion. This meant that there was a risk that staff skills and knowledge were not up to date. We spoke with the manager about this.

The manager told us that a recent training audit completed internally had already identified that there were significant gaps in staff training. The manager told us and provided evidence of the action plan that had been put into place to address this. We saw that the action plan indicated that monthly training sessions had been organised for staff to attend to ensure they completed the training they required. This assured us that concerns around staff training were in the process of being addressed.

We saw that staff had been regularly supervised by the manager but had not yet had an appraisal. The manager told us that staff appraisals were due to take place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. 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.

We saw that people's care files demonstrated that the principles of the MCA were followed in the day to day delivery of care. There were capacity assessments for specific decisions in people's care plans and we saw that people were supported to make everyday decisions as much as possible. People had communication plans in place to advise staff how best to communicate with them so that they were able to participate fully in any decision making and we found that the staff we spoke with were focused on respecting people's choices. One person told us "I can do my own thing".

Where people were subject to deprivation of liberty safeguards we saw that the reason why the deprivation was necessary was documented. Staff were also given clear guidance on how to make any restrictions on people's liberty as least restrictive as possible. During our visit we saw one person's liberty was temporarily restricted. We saw that the restriction imposed was respectfully undertaken with an explanation given to the person. Arrangements were agreed with the person for staff to facilitate their wishes later on. We saw that the person was reassured, consented to and was content with these arrangements.

A weekly meeting with people who lived at the home took place to discuss the menu for the following week. We saw that the menus discussed were based on healthy eating recipes and that there was a wide selection of options to choose from, to suit most people's tastes. People discussed the menu a week in advance so that they could, with the help of staff shop for the ingredients they needed. People participated in preparing and cooking their own meals and some people could help themselves to food and drink in the kitchen as and when required. Food and drinks were available 24 hours a day and people told us they got enough to eat and drink.

We saw that people had a specific health and medical care plan which provided information on their individual health needs. This included information about the signs and symptoms to spot when the person became unwell and a 'crisis' plan to advise staff what to do should the person's mental health decline. Records showed that people were supported by multi-disciplinary teams. Any advice given was incorporated into people's care plans.

All of the people who lived at the home were fully mobile and did not require any aids or adaptations to the property to enable them to maintain their independence. People's bedrooms were on the upper floors and they shared a lounge, kitchen and dining room. There were enough bathrooms and toilets for people to use including a shower room and the home provided a safe, comfortable and homely place for people to live. People told us they liked their living accommodation. One person said they liked living at the home because "It is peaceful".

## Is the service caring?

### Our findings

People we spoke with told us they liked the staff that supported them. We saw during our visit, many positive interactions between staff and the people who lived there. Staff were kind, caring and patient in their day to day interactions with people and it was obvious that they knew people really well. They chatted to people socially and talked with them about the everyday things people talk about when they know each other well. We saw that staff knew what type of support people needed and responded to best. For example, one person's care file indicated that they responded to reassurance through positive touch and during our visit, we saw staff use this method to reassure and connect with the person. The interaction was natural and spontaneous.

People we spoke with told us about their lives and the social and employment activities they were involved with. It was obvious from these conversations that people at the home were encouraged and supported to live an active life in accordance with their interests and aspirations. We saw that people were able to live their life as they wanted and that their individual choices were respected. People did not ask permission or seek the approval of staff before doing things. They came and went around the home as they pleased and spent their day how they wished. It was clear that staff and the people they supported had positive relationships and people felt relaxed and well looked after by staff.

The staff member and the manager we spoke with were knowledgeable about people's needs and the things that mattered most to them. They were able to tell us about what people's preferred routines were, the hobbies they enjoyed and the support they needed. Staff spoke about people warmly and it was clear they genuinely cared about the people they supported.

During our visit, Some people agreed to show us their bedrooms. We saw that each person's bedroom was personalised to their taste and contained the photographs, personal belongings and keepsakes that mattered to them. This helped people to feel at home. Each person was responsible for keeping their own rooms clean and tidy with support from staff as needed. Each person had their own laundry basket in their room and participated in daily living activities where possible such as helping with the laundry and cooking their own meals. This maintained people's independence and gave them a sense of control over their own home.

We saw that people were encouraged to maintain positive relationships with friends and family. Staff at the home organised for people to take regular breaks with their family as and when they wanted. This ensured that the relationships that were important to people were maintained.

People's personal information such as their care plans and medication records were stored in the office to protect people's right to confidentiality.

## Is the service responsive?

### Our findings

Care plans and risk assessments were personalised to the individual. They contained a 'how best to support me' care plan which gave staff information on people's physical and mental health, personal care, mobility, eating and drinking, behaviours, interests and aspirations and independent living skills.

A personal profile in each person's care plan also gave staff information about the person's background, preferred daily routines, likes and dislikes, hope and dreams and what was important to them in their day to day life. It gave staff an insight into what made them happy, sad or uncomfortable and the signs to spot when these emotions were displayed. Communication care plans advised staff on the best way to communicate with each person and described the different ways the person may use, to communicate their needs.

We found that the service was responsive to people's needs when they became unwell or if they required additional support from other health and social care professionals. One healthcare professional we spoke with told us staff "Did very well" in providing people with the support they needed. They told us that staff ensured support was provided to people according to their care plan and regular reviews of their care took place. They said staff were good at adapting the level of support required when the person's needs changed.

We saw that a monthly review of people's needs and care was undertaken which clearly identified any changes in the person's needs or level of care.

People we spoke with told us about the social and recreational pursuits they were involved in. For example, recent activities included a week's holiday in Wales which included a trip on a steam train, fishing on a boat, snooker, bowling, trips to the cinema, golf and football. One person had been supported to remain a season ticket holder of their favourite football club and regularly attended and enjoyed going to the match with a member of staff. Another person loved the cinema, and staff had organised for the person to become a member of the cinema so that they could enjoy the movies whenever they wanted. Some people were also supported to gain employment or learn new skills through volunteering opportunities in the local community.

We saw that there was information available to people on how to complain. The information was in easy to read format and used a combination of text and pictures to explain to people who lived at the home how to make a complaint. We spoke to the manager about any complaints they had received. They told us no formal complaints had been received about the service.

## Is the service well-led?

### Our findings

We asked the manager what systems were in place to check the quality and safety of the service. We were told about, and shown evidence of a range of checks that assessed and ensured that the service was safe. For example, a daily check of medication was undertaken to ensure that all medicines could be accounted for. Daily cleaning schedules were in operation and monitored to ensure that the home was clean and tidy. A financial audit was conducted each day to ensure that all monies, service user allowances and expenditure could be accounted for. Weekly health and safety checks were conducted on the premises and its equipment to ensure they remained safe and suitable for purpose.

Accidents and incidents were recorded and monitored individually by the manager. Records showed that when an accident or incident occurred, the manager reviewed the person's accident and incident history and any previous action taken to ensure person was receiving appropriate support. Accident and incident reports were sent to Head Office for further analysis.

We found the management systems in place to be suitable and appropriate for the size and type of service provided.

We saw that the last satisfaction questionnaire was sent out to people using the service, their families and other health and social care professionals in September 2015. Although the results were overall positive, the manager told us that the previous survey was not service specific. This meant that a general survey was sent out across all of the provider's services rather than being specific to Jackson House. The manager informed us that the provider had since devised a questionnaire that could be used specifically for this purpose. They showed us an example of the questionnaire to be used. We saw that the questionnaire was written in text and picture format to enable people who lived at the home to participate. The manager told us that the questionnaires were due to be sent out shortly. Gaining people's feedback is important as it gives the provider an informed view of the quality of the service.

During our visit we observed the culture of the service to be open and inclusive. The atmosphere was positive and homely and people told us they were happy with life at the home. We found the manager and staff to be kind, caring and knowledgeable about each people's care and found them to be passionate and committed to delivering a good service.

The manager was new in post and had only been at the service approximately 5 months at the time of our inspection. Staff we spoke with told us that improvements to management of the service had been made since their arrival. They told us that support for staff was "Getting better" and that the manager was "Sound". They said previously there had not been enough regular staff working at the home, but that the manager had recently employed new permanent staff who had a "Positive" attitude.

Overall we found the service to be well organised with a person centred and flexible approach to people's support.