

Jeian Care Home Limited

Jeian Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Jeian Care Home provides accommodation and personal care for up to 17 older people, some living with dementia.

There were 15 people living in the service when we inspected on 17 March 2016. This was an unannounced inspection.

We carried out a comprehensive inspection on 28 October 2014 and the service was rated as inadequate. A further focussed inspection was carried out on 15 April 2015 and found that some improvements had been made, the service was rated as requires improvement and breaches of legal requirements were found. After the focussed inspection the provider wrote to us to say how they were going to meet the legal requirements in relation to the breaches. During this comprehensive inspection on 17 March 2016 we checked that the provider had followed their improvement plan and were meeting legal requirements.

There was a registered manager in post. 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 were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely. Improvements were needed in protocols for when medicines prescribed as required should be administered.

Improvements had been made in the environment and these were ongoing.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were able to work in the service.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS). However, improvements were needed in how people's consent to their care was recorded. People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual

needs. Improvements were needed to document how people, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Improvements had been made in the governance of the service and how they assessed the quality of the service provided. However, the service had been supported in making these improvements by the local authority. These improvements needed to be maintained and embedded into practice and the leadership needed to independently identify shortfalls and address them to provide people with good quality care at all times.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Improvements to the environment were being made and were ongoing.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner. Improvements had been made in the management of medicines, however, further improvements were needed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately. However, improvements were needed in how people's consent and decisions were documented.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy,

independence and dignity was promoted and respected.

People had good relationships with the staff who supported them.

Is the service responsive?

The service was not consistently responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their needs were being met. However, improvements were needed in how people participated in their care planning and reviews.

There was a complaint procedure in place.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Improvements had been made in the service and were ongoing, including developing the quality assurance systems. However, these improvements needed to be maintained and embedded into practice.

Requires Improvement ●

Jeian Care Home

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 17 March 2016, was unannounced and undertaken by one inspector.

Before our 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 held about the service including previous inspection reports and notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the provider, the registered manager, and three members of care staff. We also spoke received feedback about the service from a social care professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel quite safe, my [relative] gives me money, I haven't found anyone trying to steal it. I don't like dishonesty, found they are honest here."

People were now provided with a clean environment to live in. Records showed that regular checks on items, including mattresses were undertaken. The registered manager told us that these were replaced if soiled, as well as bedding. The registered manager told us that they had started a programme to improve the service with regards to maintenance and decorating. Three bedrooms had been decorated, some carpets and curtains had been replaced. There were new white goods in place in the kitchen and the registered manager told us a new washing machine was on order. The improvements were ongoing and although improvements had been made further improvements were needed. For example, in one toilet the paper towel holder was hanging off the wall and in one person's bedroom the radiator cover was not attached to the wall. This was recognised by the registered manager who assured us that these would be addressed. The kitchen was now clean throughout and cleaning schedules had been completed to show that it was regularly cleaned.

The registered manager told us that at the end of the month a new office was being built. They had considered risks associated with this, such as the builders would not be using the service's entrance and a false wall would be put up to minimise dust in the service.

There were no obstacles which could cause a risk to people as they mobilised around the service. We saw that the staff ensured people's safety when supporting them. For example, one staff member walked with a person into the lounge, to ensure they were safe they said, "Take your time, there is no rush."

Regular fire safety checks were undertaken to reduce the risks to people if there was fire. Individual evacuation guidance was in place for each person which advised staff of how they should assist people to leave the service safely in the event of an emergency.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided.

We found that improvements had been made in the way that the medicines were managed. We observed the morning and lunchtime medicines administration round and saw that this was done safely and respectfully. The staff member responsible for administering medicines wore a tabard which had print on it saying that they were not to be disturbed. The registered manager said that they had recently purchased this. Medicines administration records were completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines, including controlled drugs, were kept safely but available to people when they were needed. Temperature checks were undertaken to make sure that medicines were stored safely.

Where people were prescribed with medicines that were to be administered when required (PRN), such as

pain relief, there were no detailed protocols in place to guide staff when these medicines should be given. This had been identified as an action needed in a recent pharmacy advice visit. The registered manager had taken action in obtaining PRN protocol sheets and these were to be completed. This would mean that people were protected from the inappropriate administration of PRN medicines. Further advice from the pharmacy visit was being addressed which showed that the registered manager acted on guidance promptly to provide people with a safe service. Regular stock checks and audits were undertaken to ensure that any discrepancies could be identified and addressed.

Staff had received training in safeguarding adults from abuse. Staff understood their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse. Where concerns had been received, actions were taken to minimise the risks of these happening again, including speaking with staff in meetings.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and falls. Where people were at risk of developing pressure ulcers records showed that they were regularly repositioned to minimise the risk.

People told us that there was enough staff available to meet their needs. Staff were attentive to people's needs and requests for assistance, including call bells, were responded to promptly.

The registered manager told us about how the service was staffed each day and this was confirmed by the records we reviewed. They told us about people's dependency levels and the staffing arrangements during the night, which they felt was sufficient to meet people's needs. These would be assessed and reviewed if, for example, people's needs increased. The registered manager said that there had been a vacancy for a cook, but they had recently recruited a person. This was confirmed by a person who used the service. This showed that they were kept updated with changes in the service. To fill the vacancy until the cook started, care staff had been added to the rota in addition to the planned staffing numbers to undertake the catering duties. People told us that this had not affected the quality of the food.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us about the applications that had been made under DoLS to the relevant supervisory body, to make sure that any restrictions were lawful. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS.

Care plans now identified people's capacity to make decisions, but there was limited information about how people made decisions in relation to their care. Records included documents which had been signed by people or their representatives, where appropriate, to consent to having their photograph taken and being supported by staff with their medicines. However, there were no documents which showed that people had consented to the care provided and agreed to the contents of their care plans. The registered manager told us that they would address this immediately.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to be in the service. We saw one person was being encouraged to stand so that staff could assist them to change their clothing. This person was not keen to do this. Staff changed approach, sometimes with different staff and returned to the person to ask if they could assist them. This showed that the person was not assisted until they had consented, but the staff were aware of their duty of care to ensure that the person was comfortable and not left in wet clothing.

People told us that the staff had the skills to meet their needs. One person said that the staff were, "All very good." Another person said, "The care of the elderly is very good."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met.

The registered manager told us that they had sourced different types of training for staff to complete, this included distance learning courses, which staff confirmed they were working on. This included all senior

staff were completing a medicines course, others were working on courses in dementia, food hygiene and infection control. One staff member said that they were due to start on another course after completing one on dementia, which they had enjoyed and provided them with ideas of how to work with people living with dementia. One staff member told us how they had completed training in their previous job and had also done training in this service. Records in place identified the training that staff had completed and when they were due to attend updated training.

The registered manager told us that they had attended training in the new care certificate which was to be completed by staff as part of their induction, which had been, "Revamped," since our last inspection. This showed that they had kept up to date with changes to training requirements in the care sector. The registered manager told us that improvements to the induction required staff to attend formal training, read policies, procedures and care plans and to shadow existing staff.

Staff told us that they were supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food is very good." Another person said, "We are well fed."

There was a choice of main meal on the chalk board in the lounge. The registered manager also told us that if people did not like what was on the menu they could choose something else. This was confirmed by people.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with drinks to supplement their calorie intake. Staff spoke with a person about a recent dietician visit and encouraged them in maintaining a healthy weight. They offered the person a hot chocolate and talked about having ice cream and milk shakes which they were happy about. Staff discussed dietician guidance in the handover meeting and what people would be offered, such as high calorie drinks and snacks.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person had a walk around the service several times throughout the day. They told us that they had seen a physiotherapist who had told them to exercise, "Indoors, so I am doing that." A staff member spoke with one person about the doctor's visit to them the day before, they chatted about the medicines they had been prescribed. Another person was supported by staff to attend a hospital appointment on the day of our inspection. Another person told us that they had to regularly attend medical appointments to maintain good health. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They [staff] are very kind to me." Another person commented, "I know all the staff they are all good to me." Another said, "Happy staff, all lovely."

Staff talked about people in a caring and respectful way both when speaking with us and each other, for example in the staff handover meeting.

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. When people were provided with their medicines the staff member thanked them each time they had been given and took their medicines. One person was unsettled, walked around the service and told a staff member about where they wanted to go, the job centre. The staff member walked with the person and talked with them about 'signing on,' which was in the person's perceived time. A staff member showed a person a letter which had been delivered that day and arranged when the person wanted to read it with the staff member, the person smiled and said, "I love you darling." When communicating with people, staff positioned themselves to people's eye level which promoted effective communication.

People told us that they felt staff listened to what they said. This was confirmed when a person said that they preferred not to speak with us when the registered manager took us to meet them in their bedroom. Their choice was respected. We saw that staff listened to people about how they wanted to be supported, for example, one staff member said to a person, "You tell me what you would like," the person laughed and answered, "A drop of scotch." This resulted in both laughing and chatting about what the person wanted.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering. When walking around the service with a person, a staff member ensured that the person did not enter other people's bedrooms, "Let's not go in there that is someone's room." This showed that people's privacy was respected. One person had their bedroom door open, which was near to the front door. They told us that they preferred their door to be left open.

Is the service responsive?

Our findings

There had been improvements in the care planning in the service. However, further improvements were needed. The registered manager told us that all care plans had been reviewed and updated. They were now using a new care planning format. Care plans were person centred and reflected the care and support that each person required to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. Where people had specific conditions there was information in the care records about these conditions. However, there was no evidence to show that people, or their relatives where appropriate, had been involved in their care planning and care reviews. This provided people with the opportunity to discuss the care they were provided with on an ongoing basis and if they felt that any changes were needed. The registered manager showed us satisfaction surveys which stated that some people felt that they had been involved in their care planning. They assured us that this would be addressed and formally recorded to reflect people's comments and preferences about their care. The registered manager told us that staff were required to read care plans during their induction.

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am very happy, well looked after." Another person commented that they used to live in another service, "This one is much better, it is very good here."

Staff understood about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met. Staff attended a handover meeting which included the staff coming on duty who were provided with information about people's wellbeing and activities in the previous shift. This ensured people were provided with a consistent service.

Staff were always present in the lounge ensuring people were supported when they needed assistance and we saw that they also made sure all people received some social interaction. No people were left for long periods of time without staff speaking with them.

People told us that there were social events that they could participate in, both individual and group activities. One person told us that they liked to sit in the garden in the warmer weather, "It is lovely outside, I go out when it is warmer, not now too cold."

During our inspection we saw people participating in several activities, both on an individual and group basis. This included reading their newspaper, knitting and chatting with each other and staff. Staff chatted with people about, for example their pets and day off. This encouraged conversation with people and they showed an interest in what the staff member told them, this also initiated discussions about people's own experiences. People talked about Easter which was approaching and Saint Patrick's day. People played a game of skittles in the morning and bingo in the afternoon. After the games of bingo the staff member asked people if they wanted another game, which they did and the games continued until people had enough.

Records showed when people had participated in activities in the service. The registered manager told us that there was a member of staff responsible for activities in the service, however they only worked three days a week. This meant that the opportunities for people to participate in planned activities for the rest of the week were reduced.

People could have visitors when they wanted them. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint. There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. In meetings attended by the people who used the service, they were asked if they had any concerns they wanted to discuss. The registered manager told us that there had been no formal complaints received in the last 12 months. If they were received they would be addressed immediately.

Is the service well-led?

Our findings

Since our last inspection there was a new registered manager in post. People and staff were positive about the improvements being made and the registered manager's approach.

Improvements had been made in the quality assurance systems and the care provided throughout. However, further improvements were needed and these needed to be maintained and embedded into practice to ensure that people were provided with a good quality service at all times. The registered manager and provider needed to demonstrate that they could independently identify shortfalls and address them. They had been supported with the improvements in the service by the local authority and had taken on their advice and guidance to implement improvements in the service. This was confirmed by a member of staff from the local authority who told us that some improvements were being made and that the provider and registered manager were working to improve the service.

The registered manager told us that the provider was supporting them in making improvements in the service. They also said that the staff team had, "Come on board straight away," and they were all committed to improving the service. One staff member told us that they had, "Definitely," seen improvements in the service and were keen for these to continue. They added, "I am happy here and never leaving."

The registered manager told us that they regularly attended, 'My Home life,' groups with managers from other services and the local authority. They said that this ensured that they were not isolated and could share good practice examples with each other.

The registered manager had kept updated with changes within the care industry, included with regulation and the new care certificate, which they had attended training on. They told us that they updated the staff team with changes in staff meetings, such as the methodology used in our inspection processes. This was confirmed in staff meeting minutes. They were also aware of the requirement to display their ratings, which was in the entrance hall to the service. The registered manager also told us that they had recently completed a distance learning leadership course.

There was an open culture in the service. People were involved in developing the service and were provided with the opportunity to share their views. We saw the outcomes to the annual satisfaction questionnaires which were provided to people, their representatives and staff to complete in 2015. The results of the completed questionnaires were analysed and actions were taken to improve people's experiences. For example, providing staff with name badges because this was suggested in the questionnaires and in a resident meeting. This showed that people's comments were valued and used to improve the service. This included improvements to the menu and input into the planning of activities.

Staff told us that they felt supported and listened to. One staff member said, "I love it here." Staff understood their roles and responsibilities in providing good quality and safe care to people.

Staff meeting minutes showed that they were kept updated with changes in the service, ongoing

improvements and their contribution to the developing of the service, including ensuring that all records were kept up to date with regards to the care provided. The minutes showed that staff were advised of the improvements being made to the environment and training that they should be completing. They were also updated on changes in people's specific needs including their diet and guidance received from health professionals.