

Randall Care Homes Limited

Jerome House

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

We carried out an unannounced inspection of Jerome House on 7 June 2018. At our previous inspection on the 27 April 2017 we rated the service 'requires improvement' and identified two breaches of legal requirements relating to the premises and equipment, and governance. At this inspection we found the provider had taken sufficient action to address the breaches of regulation identified at our previous inspection and to be rated good overall and for the key questions safe, effective caring, responsive and well-led.

Jerome House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Jerome House provides care and support for up to four people who live with mental health conditions. At the time of our inspection three people were using the service. Public transport and a range of shops are located close to the home.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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.

All the people using the service told us that they were satisfied with living in the home and with the care and support that they received from staff.

People told us that they felt safe at the service. Risk assessment and management processes were in place. Staff knew about the risks to people's safety and how these were managed by the service.

Staff received relevant training and the supervision and support that they needed to undertake their roles. Some staff were due refresher training in some areas. Management had taken steps to address this issue.

The provider had improved the arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked people for their agreement before providing them with assistance.

People's care plans included details about each person's personal needs, and the information staff needed to ensure people were provided with the care and support they needed in the way that they wanted. Care plans were reviewed regularly with people using the service and were updated when people's needs changed.

People told us that staff were courteous and respected their privacy. Staff knew people well and had a caring approach to their work and understood the importance of treating people with dignity and respecting their differences.

People chose what they wanted to do and their independence was supported by the service.

Appropriate recruitment procedures were in place so that only suitable staff were employed to provide people with the care and support that they needed. Staffing levels and skill mix provided people with the assistance and care that they needed.

People told us that they felt listened to and they knew how to raise a concern about the service. They were confident that complaints would be addressed appropriately by management.

People's healthcare needs were assessed and met by the service. Management liaised with healthcare and social care agencies to ensure people's needs and preferences were met. People's dietary needs were met by the service.

There were systems in place to monitor the quality of the service and to make improvements when needed. Review and development of the quality monitoring arrangements was being carried out by management.

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.

Systems were in place to keep people safe. Staff knew how to recognise and report abuse.

Risks to people were identified and measures were in place to lessen the risk of people being harmed.

People were protected by the proper and safe management of medicines.

Effective recruitment practices supported the employment of suitable staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles in meeting each person's needs.

People's healthcare needs were understood by the service. People were supported to access a range of health care services to monitor and provide treatment when needed.

People's dietary needs and preferences were accommodated by the service.

Staff sought people's agreement before providing them with assistance.

The premises were accessible to each person using the service.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness from staff who knew them well. Staff were knowledgeable about people's backgrounds and cultural needs.

People's privacy and dignity were supported. Relationships with those important to people were supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed. People's care plans detailed their individual needs and were updated when people's needs changed.

People had the opportunity to take part in activities of their choice that met their preferences and minimised any risk of social isolation.

A complaints process was in place. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led

There was a management structure in place that was visible and accessible to people using the service and staff.

Improvements had been made to the service since the last inspection. Checks to monitor the quality of the service were carried out and improvements were made when shortfalls were found.

Staff were provided with support and direction to ensure people's needs were met by the service.

Jerome 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.

This was a comprehensive inspection: It took place on 7 June 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR 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 discussed the PIR with the registered manager and other management staff during the inspection.

During the inspection we observed engagement between staff and people who used the service. We spoke with all the people using the service, the registered manager, three other management staff and three care workers. Following the inspection, we spoke with one local authority care coordinator. We also contacted two other care coordinators but had not received feedback from them at the time of the completion of this report.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, four staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe living in the home and they would speak with staff if they had a concern about their safety. A person using the service told us that if they were worried about anything they would speak with "any of the staff" and was sure that, "they [staff] would do something."

At our previous inspection 27 April 2017, we found deficiencies in the cleanliness and maintenance of the premises. During this inspection June 2018 we noted that the provider had made improvements to address the shortfalls. The kitchen and other communal areas were clean. A new fridge had been purchased and new flooring had been fitted in the kitchen and hallway. Staff we spoke with had a good understanding of infection control. Good hygiene guidance was displayed in the kitchen. We heard a member of staff remind a person to wash their hands before preparing a meal. A schedule of cleaning tasks was completed during each shift. Staff knew when they needed to wear protective clothing for carrying out tasks.

Cleaning materials and other substances hazardous to health were stored in a locked cupboard to minimise the risk of people being harmed and to ensure that their use by people using the service was monitored and supervised.

A food safety check carried out by the Food Standards Agency on 15 August 2017 had rated the service as very good.

At our previous inspection 27 April 2017, we also found risk assessments to each person's safety and welfare regarding uncovered radiators had been not been completed. At this inspection we found that each person had a risk assessment that included risk management plans to mitigate and manage any risks to do with uncovered radiators.

Also during the previous inspection, we found two fire doors propped open, at this inspection we saw that door retainer devices had been fitted to doors. We noted during this inspection that the kitchen door had been fitted with a door retainer and was closed, but on one occasion during our visit a person using the service attempted to wedge it open. Staff reminded the person that it needed to be closed. Management told us that that the door closure device was not compatible with the new flooring and that they were in the process of replacing the current door retainer device with a more suitable device. They told us that until the issue was resolved they would ensure that staff and people using the service were aware of the importance of the door being closed and would monitor this closely.

The service had an up to date fire risk assessment in place and routine fire safety checks and fire drills were carried out. A fire drill took place during the inspection. All the people using the service were appropriately responsive to the fire alarm. Each person had a personal emergency evacuation plan [PEEP], which included details of the service that they would be evacuated to in the event of an emergency. These detailed the support people would need if the building had to be evacuated in an emergency. Fire safety guidance was displayed in the home.

People's care plans included information about any risks to their safety. Where risks had been identified, actions and guidance for staff to follow were in place to keep people safe. People's risk assessments included risks associated with smoking, behaviour, use of the kitchen and self-neglect. Risk assessments were regularly reviewed and when people's needs changed.

The provider had taken appropriate action to address the shortfalls we found during the previous inspection and was no longer in breach of regulation relating to the premises.

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the registered manager and other management. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. Records showed that staff had received training about safeguarding adults. Contact details of the host local authority safeguarding team were accessible to people, staff and visitors as they were displayed in the home.

Staff were aware of whistleblowing procedures and told us that they wouldn't hesitate to report any poor practice from staff or any other concerns to do with the service.

People received personalised support with their finances. People had individual financial care plans that detailed any support people needed with their finances. Some people managed their own monies; others received some support from staff. During the inspection a member of staff discussed a person's monies with them. They with the person using the service checked the balance of the person's money. People's cash was stored safely and they signed for any money that they received. Arrangements were in place to check and monitor the management of people's monies by the service. Records of people's income and expenditure were maintained and checked by management. People using the service had a good understanding of their financial arrangements and confirmed that they made decisions about what they spent their money on.

Accidents and incidents were recorded, addressed appropriately and monitored. Management told us that they learnt from incidents and ensured that they acted to minimise the risk of reoccurrence. Staff understood their responsibilities to report and record incidents.

Safe recruitment practices continued to be followed, including checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks. We checked four staff's records, which showed suitable checks had been carried out.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people using the service were safe and received the care and support that they needed. The staffing rotas showed that there was always one member of staff on duty with additional staffing provided where people required extra support. Staff and people using the service told us that people usually attended healthcare appointments on their own, but were accompanied by staff when needed. Staff told us that they felt that there were sufficient staff on duty, though there were times when they were busy. They told us that there was good teamwork as staff from the other of the provider's services in the vicinity provided support such as covering shifts at short notice and providing assistance in the home when needed. Staff also told us that management were available for advice and support.

Arrangements were in place to manage, administer and store medicines safely. The medicines policy had recently been reviewed. It included guidance for staff about administering medicines safely. People's care records included details about each person's medicines and personalised guidance for staff to follow when administering medicines. People's medicines administration records (MAR) showed that people had

received their medicines as prescribed. Details of each person's medicines were accessible to staff. We noted that the opening date of one bottle of liquid medicine had not been recorded on it. Management told us that they would speak with staff and remind them in future to do so.

Staff told us that they received training about medicines and had their competency to manage and administer medicines assessed by management. All the people using the service required support with the management and administration of their medicines. We observed staff administering people's medicines safely. They gave people time to consume their medicines before administering medicines to other people. People were very knowledgeable about their prescribed medicines. Records showed that people's medicines were regularly reviewed by a doctor.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical, fire and gas appliances.

Is the service effective?

Our findings

People using the service told us they were satisfied with the service and that staff provided them with the care and support that they needed. They told us that their choices were respected and that they were involved in decisions about their care and the life that they chose to lead. A person spoke about their care plan.

New members of staff received an induction, which included learning about the organisation, and gaining knowledge and understanding about their role and responsibilities in providing people with the care and support that they needed. Staff told us that they had found their induction to be informative and useful. Management told us that new staff completed the Care Certificate induction, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors.

Staff received the instruction and support that they needed to undertake their duties in meeting people's needs and develop their skills. They were supported to fulfil their roles through training and from regular supervision with a senior member of staff. Staff confirmed that they received information about new admissions to the service but that there had been occasions when it would have been beneficial to receive additional detail about new people using the service. Records confirmed that staff had received regular appraisals of their performance and development. Staff told us that they felt well supported by management.

Staff we spoke with were very knowledgeable about their roles and knew people using the service well. Records showed that staff had received training in a range of areas, which were relevant to their roles. Training included safeguarding adults, food safety, moving and handling, basic first aid, infection control and medicines. We noted that some staff were due refresher training in some topics. The office manager told us that arrangements to implement this training had been made and that it would take place shortly. Some staff had recently completed a certified mental health modular training course and were about to commence a similar course to do with diabetes and people's behaviours. A member of staff told us that they had recently completed a certified course about different behaviours and management of them. They told us that they had enjoyed it and had found it beneficial in their work. A member of staff told us that they had completed a qualification in health and social care whilst being employed by the service.

People's care plans and other records included information about each person's healthcare needs and included guidance for staff to follow to ensure people's medical needs were met. Care plans showed that people's healthcare needs were monitored closely. People were provided with the support that they required to access advice and treatment from a range of healthcare professionals including, GPs, psychiatrists, dentists and chiropodists. Records showed that people attended specialist medical appointments for monitoring and treatment of medical conditions. People told us that they saw a doctor when they were unwell and spoke of receiving the blood tests that they needed.

Staff told us that they read people's care plans and spoke of the frequent communication between them

and other staff including management about people's needs so that they were always up to date with people's current needs.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff supported people in line with the MCA. People living in the home had the capacity to make decisions about their lives including care and treatment. Staff were aware that when a person did not have capacity to make a decision, a decision would be made on their behalf in liaison with relevant professionals and others involved in their care. At the time of this inspection no people had a DoLS authorisation. People were not restricted. They had a key to the front door and all went out and about freely during the inspection.

Staff knew about the importance of obtaining people's consent before helping them with personal care and all other support. A person told us that staff asked for their agreement before providing them with any assistance and support. They had signed their care and support plans.

Care support plans included details about people's nutritional needs and preferences. The service had a two-weekly menu which included a range of meals that included people's preferences. Management told us that they would review the menu and consider developing it into a three or four weekly menus to improve the range of meals that people were offered.

The provider had a system where the cooking of the evening meals for all people living in the four services within the vicinity was carried out by nominated staff in some of the homes. The cooked meals were then promptly transferred to each service. We discussed this arrangement with management. Management informed us that the cooking of the evening meal was now frequently taking place within each home with people using the service. Staff told us this arrangement promoted personalised care and reduced the time staff spent cooking so they had more time to be available to provide people with care and support. A person using the service confirmed that evening meals were more often cooked in the home. Staff told us that they encouraged people to cook, however, some people were reluctant to do so.

Staff spoke about how they ensured people's cultural dietary needs and preferences were supported by the service. They told us that the menu was flexible to ensure that people's choices were met. People had their own food cupboard that they kept locked. People made their own drinks and snacks throughout the day. A person using the service and staff told us that there were always the ingredients people needed for making snacks and other meals at any time. We heard staff encouraging people to eat and drink. During the inspection people chose what they wanted to eat. Records showed that people had received regular dietary advice and support from a dietitian.

Staff and people confirmed that the evening meal was at times fully cooked within the service. People told us that they were satisfied with the meals that were provided and had choice about what they wished to eat. A person using the service told us that the "food was mostly good. I can make a snack when I want. I like coffee to drink."

People told us that they were happy with their bedrooms. A person told us, "My room is at the top [of the house]. I like it." People were fully mobile and could access all areas of the premises. Garden maintenance

was carried out during the inspection. People spent time in the garden during our visit.

Is the service caring?

Our findings

People using the service told us that staff were kind and approachable. Comments from people included, "They [staff] are ok" and "I do what I want." We saw positive engagement between people and staff. Staff spoke with people in a respectful friendly manner and encouraged them. A member of staff spoke in a very positive manner about people using the service and told us that they were, "Here for them [people]".

Staff interaction with people using the service indicated that they knew people well. People's care records included detailed information about their background which helped staff understand their preferences, needs and wishes. Staff spoke about providing people with emotional support when they experienced a challenging time in their life. People's well being was also supported by one to one meetings with staff and from taking part in group activities that including pottery and art sessions.

Management told us that they monitored the engagement between staff and people using the service to ensure that people were being treated well at all times. We heard staff encourage people to make choices about activities and meals. People's choices were respected by staff. A member of staff spoke of supporting a person to make choices about the clothes that they bought and respecting the decisions that the person made.

People told us that their privacy and dignity were supported by staff. They had their own key to their bedroom so could locked it when they wished. Staff had a good understanding of what privacy and dignity meant in relation to supporting people with their care. We heard staff knock on people's bedroom doors and wait until the person answered and opened the door. Staff knew the importance of respecting confidentiality by not speaking about people to anyone except those involved in the person's care. People's care records were kept secure.

Staff encouraged and supported people to be as independent as possible. They spoke of their role in helping people to develop their confidence and competence to be more independent. People were encouraged to take part in a range of household tasks to maintain and develop their skills. During the inspection a person did their laundry and swept and mopped floors in communal areas. Other tasks that people completed included, cooking and ironing their own clothes. A person using the service told us that they regularly tidied their room. Staff informed us that some people were reluctant to develop their self-care skills and do household chores, and needed significant encouragement and support to do them. A person showed us the new clothes that they had recently bought when shopping with a member of staff.

People had been supported to obtain travel passes that enabled them to access public transport for free, which promoted their independence and minimised the risk of social isolation. A person spoke of using public transport for shopping, getting to appointments to see their social worker, and for accessing community facilities.

People were supported to maintain the relationships that they wanted to have with family and friends. Written feedback from family members who had visited the service was positive.

People and staff confirmed that festive occasions and people's birthdays were celebrated by the service. People's choices in relation to their daily routines and activities were listened to and respected by staff.

Staff had a good understanding of equality, diversity and human rights. They were aware of the importance of treating people fairly and respecting their differences and human rights. Records showed that a member of staff had completed an equality and diversity training course. However, people's care plans and assessments included little information about these needs and how they were being met by the service. Management told us that they would ensure that people's religious, cultural, sexuality and other needs were clearly documented in their care plans

Is the service responsive?

Our findings

People using the service told us that they received the care and support from staff that they needed. A person told us that staff were always happy to assist them they requested it.

People's care documentation showed that before a person moved into the home they were involved in an initial assessment of their needs carried out by the service. Information from healthcare and social care professionals had also contributed to the initial assessment of people's needs and the development of their care plans. Pre-admissions assessments helped to ensure that the service identified whether it could meet the person's needs.

People's care plans were personalised and developed from the initial assessment. They included details about each person's healthcare, personal care; social and behaviour needs. The care plans included the details of the support people needed from staff to ensure their needs were met. Goals for people's development were also identified and monitored by the service. A person's 'My Plan' detailed goals for moving on to live more independently. It identified the support a person needed to develop their everyday living skills and competence to be more self-reliant and more able to live independently.

People's care plans also included detailed personalised guidance about the support people needed with their care and with the management of behaviours that challenged the service. Triggers for antisocial behaviour were recorded in people's care plans and included details of the action staff needed to take to deescalate the behaviour. For example, when one person shouted staff were required to, "walk away" until the person was calm. There was also guidance for staff about signs that indicated when people's mental health was deteriorating, and the action that they needed to take.

People's care plans were reviewed at least monthly and updated when their needs changed. Records showed that people had been involved in the monthly review of their needs and had signed their care plan and review record. However, records of these reviews did not include information that showed each person had been asked for their feedback about their care and the service. Management told us that this issue would be addressed.

People had one to one meetings with staff. Records of these meetings showed that people had provided feedback about the service, and discussed their healthcare and social care appointments as well as forthcoming activities. These one to one meetings were planned and responsive. Records showed that when a person requested to meet with a member of staff to discuss an issue, this was accommodated by the service. Incidents and issues to do with people's antisocial behaviour were also discussed with people during these one to one meetings. The service provided people's commissioning services with a monthly summary of each person's progress and needs.

Staff told us that people's needs were also assessed on an on-going basis during each working shift as their mental health needs could change on a day to day basis. Records of people's progress and details of their current needs were detailed by staff during each working shift. This as well as staff handover meetings

ensured staff always had up to date information about people's needs so that they were able to provide people with the care and support that they needed. We noted that staff had a handover discussion during the inspection.

A person was employed by the service to provide people with the opportunity to receive therapeutic mental health support through one to one conversation sessions and group activities. A person spoke of having participated in and art group activity that they had enjoyed.

We discussed the Accessible Information Standard [AIS] with the registered manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service and policies and procedures were in written format. Management staff told us that currently people using the service were able to read and did not have sensory disabilities that affected their access to information. They told us that they would ensure that information was in an accessible personalised format if people's needs changed or if a person with sensory needs was admitted to the service.

People were supported to take part in activities of their choice. People told us about their daily routines and the things that they enjoyed doing. They told us that they liked living in the local community, and often did shopping in nearby shops. All the people went out during our visit. A person told us that they sometimes took part in group activities, and also had the opportunity to sometimes go to the cinema. Another person told us that they preferred to do things on their own. Staff told us that people tended to have their own routines and it was often difficult to motivate people to try new activities to help with the development of their skills and confidence. A person using the service spoke of their love of music and another person told us about the television programmes that they enjoyed. The person watched television programmes of their choice during the inspection. In 2017 a member of staff told us that a person had been supported by staff to have a holiday on the UK coast.

The service had a process in place for recording and dealing with complaints appropriately. During the last twelve months there had been no complaints recorded. People using the service told us that they would speak with staff if they had any worry or a complaint about the service. Records showed that people had the opportunity to complete a formal satisfaction survey about the service and had provided positive feedback.

At the time of the inspection there was no one receiving end of life care.

Is the service well-led?

Our findings

People using the service told us that the service met their needs and they felt that it was suitably run.

At our previous inspection 27 April 2017 we found the home's quality audits were not robust and responsive to effectively assess, monitor and improve the quality and safety of the service. These quality audits had not always demonstrated that they effectively mitigated risks relating to the health, safety and welfare of people using the service. We found at this inspection that the provider had acted to improve their practice by carrying out more effective checks of the service provided to people.

We saw the programme of daily, weekly and monthly checks of key areas of service was carried out. These included checks of fridge, freezer and medicines storage temperatures, medicines management, fire safety, and cleanliness of the service. Improvements to the service were made following these checks. Records of monthly audits showed that action had been taken to address shortfalls found. The office manager told us that they were currently carrying out the monthly audits, but were in the process of trying to recruit a member of staff to do this task, and to develop and improve the quality monitoring arrangements of this and the other services.

The provider had taken appropriate action to address the shortfalls we found during the previous inspection and the service was no longer in breach of regulation relating to good governance.

The registered manager ran the service with support from other management staff. They told us that they regularly spent time at the service and carried out observation of staff carrying their duties and their interaction with people. They told us that they also checked the cleanliness and other areas of the premises whenever they visited the service. They told us that they would in future record these day to day observations to show this monitoring of the service and where improvements had been made.

Maintenance issues were addressed. However, records showed that at times there was a delay in resolving maintenance matters. We noted that an office chair and desk were in need of repair. This had been reported but had not been addressed. Following the inspection the office manager told us that the chair had been replaced and they were in the progress of purchasing a new desk for the office.

Care staff were knowledgeable about their lines of accountability and told us that the registered manager and other management staff were approachable and available to be contacted at any time. Records showed that a manager was always on-call. Staff told us that management kept them informed about any changes to the service. They told us that they were comfortable raising issues with management about the service.

Records showed that staff meetings had taken place, but not recently. Management told us that some staff had difficulty attending staff meetings so they did not take place regularly. Management informed us that they send staff information about changes to do with the service to staff electronically, which ensured all staff received the same essential information. A member of staff confirmed this. One to one supervision meetings also informed staff about any changes to do with the service and included discussions about

people's progress and best practice.

Management told us and records showed that the service liaised with people's local authority placing care coordinators about people's care needs. A care coordinator provided us with positive feedback about the service provided to a person.

Care documentation was up to date. The service had a range of up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. The rating from the previous inspection was displayed as required.