

Cardell Care Limited

Jendot

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 and 15 December 2015 and was announced. Jendot provides accommodation for up to four people with a mental health condition or a learning disability. At the time of the inspection four people were living there.

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 and associated Regulations about how the service is run.

People received highly individualised care and support which reflected their lifestyle choices and their aspirations. They were fully involved in developing their care records and discussing how they wanted to be supported and embracing any ways in which they could become more independent. With staff help and guidance they were learning how to manage their own medicines and to prepare and cook their meals. Creative systems had been developed to make sure they managed their medicines safely.

People had opportunities to become active members of their local community using local facilities and engaging with people from all walks of life. They enjoyed a social life which included going to clubs, on holidays abroad and meeting with people important to them. People were volunteers at the local church, a farm and took part in a gardening project. People said they felt safe and talked through any concerns or problems with staff and the registered manager. One person told us, "This is a real family home", "We are like sisters" and another person said, "Staff have really helped to support me". Staff told us, "It's a wonderful place to work" and "I love working here".

People were supported by staff who had access to training to keep their knowledge and skills up to date. They attended team and individual meetings with the registered manager, who was open and accessible to their ideas and views. Staff were knowledgeable about people's individual needs and supported them with sensitivity, respect and kindness. They provided reassurance when people were upset or anxious and compassion when people were unwell.

The registered manager monitored the quality of the service provided and promoted the rights of people living in the home, ensuring their "voice was heard" and they received the care and support they wanted to receive. She made sure the checks required by law were completed including the recruitment of staff, health and safety systems, and the management of medicines and prevention of infections. Resources were available to make environmental improvements. The registered manager and staff kept up to date with best practice and changes in legislation by networking or membership with local organisations and attending conferences.

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 were protected against the risks of harm or abuse. They were confident they could raise concerns and would be listened to.

People were kept safe from the risks of harm or injury. They had identified what made them anxious or upset and how they would like to be supported to manage their feelings and emotions.

People were supported by sufficient staff who understood their needs. Staff recruitment was robust making sure staff had the skills and knowledge to support people.

People managed their medicines either independently or with staff support. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People received care from staff who had the opportunity to acquire the skills and knowledge to meet their individual needs.

People's consent to their care and support was sought in line with the recommendations of the Mental Capacity Act 2005.

People were supported to eat and drink food of their choice and a healthy lifestyle was promoted. People were supported to stay well through regular access to health care professionals.

Is the service caring?

Good ●

The service was caring. People were treated with kindness, care and sensitivity. Staff showed concern for their well-being and responded quickly when they were unhappy or anxious. People were shown respect and compassion.

People were actively involved in making choices about their care and support. They were encouraged to try new things and to be independent in aspects of their daily lives.

Is the service responsive?

Outstanding ☆

The service was responsive. People received individualised care

which reflected their personal wishes and was responsive to changes in their health or well-being. Creative systems had been developed to help them achieve independence in aspects of their care and support.

People were encouraged to talk about any problems or concerns they had and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well-led. An open culture encouraged people to voice their opinions about the service and to help to shape the service they received.

The registered manager was accessible and proactive, promoting an environment in which people and staff felt their ideas and views would be listened to and acted upon.

Jendot

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 took place on 14 and 15 December 2015 and was announced. Notice of the inspection was given because the service is small and the manager and people are often out of the home. We needed to be sure that they would be in. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for people with a learning disability. Before the 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 also reviewed information we have about the service including statutory notifications. The Care Quality Commission monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers.

As part of this inspection we spoke with four people living in the home, the registered manager and three care staff. We reviewed the care records for three people including their medicines records. We also looked at the recruitment records for one new member of staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. Before the inspection we received feedback from one health care professional.

Is the service safe?

Our findings

People were kept safe from harm both inside their home and when out in the community. People confirmed they felt safe living in their home together supported by staff. One person said, "Jendot is my safe haven, [name] knows me well and is there when I need her" and another person said, "I feel safe with the people I know". People described the tight bond which had developed between them and how they "looked out for each other." People able to go out without staff support had strategies in place to make sure staff knew where they were going and when they planned to return. People had mobile phones and kept in touch by text or telephoning if their plans changed. A person confirmed, "I go out when I want. I leave a note if I go out if people are busy - it's courtesy. Normally I have my telephone with me and my own key to the front door - I can text or ring if I'm going to be late." Staff had completed training in safeguarding. They had a good understanding of how to keep people safe and what they would look for in relation to bullying, harassment or abuse. They were confident any concerns raised would be looked into and safeguarding procedures would be followed if needed. They said they would report any issues to "protect people from harm".

People had support to manage their personal finances if needed. Records had been kept for all financial transactions and people had signed these with staff. Checks had been completed to make sure balances tallied. People had inventories for personal possessions.

People occasionally became upset or anxious. Staff confirmed, "We give reassurance when needed and help people to become calmer." A new way of working with people had been introduced promoting positive behaviour support. People had identified and developed ways in which they wished to be supported when they were experiencing problems. Each person had detailed what was likely to upset them and how staff should support them to cope with their feelings and emotions. The number of incidents being recorded indicated this way of working was having positive effects on how people were supported to cope with their anxieties. A person confirmed this saying, "Staff helped me to deal with personal issues and to resolve them."

People were supported to take risks which were managed to keep them as safe as possible. People's care records outlined any known risks and strategies to minimise these in the least restrictive way. For example, guidance had been produced with people, "Welcome to Jendot", which described their daily routines and protocols for how people would like to be supported when participating in activities. This was intended to ensure consistency and continuity, so much needed by people living in the home, but also to reduce any known hazards and to keep them safe. Records were kept of any accidents, incidents or near misses. There was evidence when themes were identified, such as an increased risk of falls; staff responded appropriately by involving health care professionals and taking steps to prevent further risks of harm. For example, equipment had been provided to help with walking or bathing to reduce the risks of falls.

People were protected against potential emergencies. People had individual assessments in place with regards to fire and their environment. One person with a sensory disability had been provided with a vibrating pillow which would activate if they fire alarm sounded. People took part in fire drills each month. The fire and environmental risk assessments had been reviewed in 2015. Checks had been carried out for

fire, water, electrical and gas services and systems. Water temperature checks identified when there had been issues with water outlets and there was evidence these had been rectified. Carbon monoxide checks had been completed each month. A contingency plan was in place for emergencies such as utility failure or staff sickness. There was a system for out of hours support should staff need help or advice.

People were supported by sufficient staff to meet their individual needs and to keep them safe. A person commented, "Staff are superb." Staff levels reflected people's routines and daily commitments. Staff from another home owned by the provider helped out when needed not only to cover shifts but also to provide transport to activities or appointments. This ensured a consistent approach and continuity of care, with people being supported by staff who they knew and who understood their individual needs. New staff did not start work in the home until all records required by law had been received. This included a full employment history, checks with previous providers they had worked with to ascertain their reason for leaving and a disclosure and barring service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People were supported to manage their medicines independently or with prompting by staff. People showed us the new systems which had been put in place to help them to manage their own medicines. Each person had their own medicines cabinet which was either located in their room or the office. One person had the key to their cabinet and other people liked staff to keep their keys safe. A person showed us how they monitored the temperature of the cabinet and quoted the correct temperatures for storing medicines. A record had been kept. When people were taking their medicines a sign was put on the door to prompt people and staff not to disturb them. Staff had completed medicines training and their competency was monitored. Medicines were administered safely in line with national guidance.

Is the service effective?

Our findings

People were supported by staff who had the opportunity to acquire the skills and knowledge to meet their specific needs. A person acknowledged, "I know they are going on courses, training. Sometimes they involve us – [name] and you (to staff member), we sat and watched a hand-washing video together". Staff had completed training considered as mandatory by the provider which involved open learning and questionnaires to assess their knowledge. This training covered areas such as health and safety, infection control, food hygiene and medicines administration. The registered manager confirmed all staff were refreshing their knowledge by completing the new care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. In addition to this staff had completed training in autism and personality disorder helping them to understand people's conditions. Training records had been kept which monitored when training had been delivered and when refresher training was needed. Staff confirmed they were supported to develop professionally completing the diploma in health and social care at levels three and five. A member of staff reflected that the registered manager nurtured young staff and encouraged them to reach their full potential.

People benefitted from staff who were supported in their roles by having individual meetings with the registered manager to discuss their work, their training needs and the service they provided. They also had annual appraisals to reflect on their performance and professional development. Staff could also attend team meetings to share their knowledge, skills and experience of working with people. The registered manager said they organised team meetings to involve staff from the two homes which worked closely together; this promoted effective communication and a consistent approach. Staff said they felt supported and it was important to "keep moving forward" with regards to the care they provided.

People's care records identified whether they were able to consent to all or aspects of their care and support. For example, staff were prompted to help one person to understand the choices available to them. People had signed their care records where appropriate to confirm they agreed with the care and support being delivered. This was in line with the Mental Capacity Act 2005 (MCA). The 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. There was evidence when decisions had been made in people's best interests and why. For example, larger decisions such as moving home which some people found difficult to understand, retain information about and assess the consequences of the choice to be made. When decisions had been made in people's best interests full records had been kept with evidence of those people who had been involved. When a legal power of attorney had been appointed there was confirmation of this in people's care records and evidence they had been consulted about their care and support.

People were supported to manage their anxieties through de-escalation and diversionary techniques used by staff. Physical intervention was not used. Care records directed staff to "give me a cup of tea" or "give me space" which worked effectively for most people. People were not subject to restrictions. There were some

agreed rules in place to help people manage their emotions, to reduce the impact of their behaviour on others living in the home.

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 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. Deprivation of liberty safeguards had previously been applied for and granted to keep a person living in the home safe. No safeguards were currently needed.

People helped to choose their meals and diet to reflect their personal tastes and dietary requirements. People commented, "We put selections down and staff compiled a healthy menu. It used to be boring but now it's a three week menu with different things everyday" and "If I don't like something on the menu I could pick a freezer option or toast". The menus had been planned with people and a shopping list written to reflect these. This identified any known dietary requirements, for example a member of staff had a gluten free diet and also noted any allergens in line with national guidance. People had been encouraged to help themselves to their breakfast and to help prepare other meals. A new kettle had been purchased which promoted their independence allowing them to make hot drinks safely. People also said they liked to go out for meals or to have take-aways such as a Chinese meal. Where people needed help to manage their weight, support was provided to either choose a healthy option or to have their food fortified with additives such as cream or sugar. People's weights were monitored when needed.

People's health and well-being were closely watched to make sure any changes in their physical or mental health were responded to appropriately. A record had been maintained for any appointments with health care professionals so that follow up appointments could be made. Each person also had a health action plan and a hospital passport which they could take with them in an emergency providing a snapshot of their health care needs. People had appointments with their GP, dentist, optician and an annual health check. If needed people were referred to mental health professionals or to community learning disability teams. Health care professionals told us the staff understood the needs of people with mental health and learning disabilities and worked closely with them to deliver the best outcomes possible for people. A person said they had lots of appointments over the past year and they were able to choose the member of staff to accompany them which helped her anxieties.

Is the service caring?

Our findings

People had developed close bonds with each other and with staff. One person commented, "This is a real family home", "We are like sisters" and another person said, "Staff have really helped to support me". Staff told us, "It's a wonderful place to work" and "I love working here". Positive interactions were observed between staff and people who shared jokes and treated each other with respect and kindness. We observed relaxed and helpful interactions between people and staff. People and staff knew each other well and cared about each other. The provider information return (PIR) stated, "Policies and protocols promote love and homeliness but also set professional boundaries. A member of staff acknowledged this when describing how important it was for a person to have some "tlc(tender loving care)" when they were feeling down.

People had discussed their life histories and personal wishes with staff. These had been incorporated into their care plan which also described their likes, dislikes, routines and their aspirations for the future. Staff understood people well and knew how important such things as routines were to them. People's diversity was recognised and some people enjoyed attending local church coffee mornings and a club for people with a hearing impairment. People were supported to access a range of social opportunities both with people with disabilities and those without. One person described how they had befriended a person who lost their dog and they enjoyed walking the home's dog together. People had access to advocates and a volunteer who visited them at home.

When people became unwell or their circumstances changed staff were prompt in responding by making referrals to other social or health care professionals. They were observed offering reassurance to one person and explaining what action they had taken in response to changes they had been experiencing. Staff showed concern for people's well-being. They were discreet and sensitive in their response to people.

People were encouraged to express their views about the service they received. People's communication needs were understood by staff who were observed using sign language or the written word to converse with people. People were actively involved in changes such as managing their own medicines, catching the bus on their own and taking greater responsibility for preparing and cooking their meals. They were fully involved in these processes and given information they needed to help them succeed. The PIR said, "Service users are encouraged to be fully involved in the delivery of their care" and "involvement in house meetings where decisions about the home are made".

People were treated with dignity and privacy and their human rights respected. A person told us, "I have a sign on my door I put up because I don't like service users to keep knocking - it says - It's not you, I just like my space." Another person said, "All the staff knock on the door before they come in." A health care professional commented how the registered manager and staff were always "respectful of the people they support" and their "communication was thorough without breaking confidentiality". People's personal records were kept securely and people had discussed with the staff who they could share their personal information with. People were discreetly and sensitively supported by staff.

Promoting people's independence in their daily lives was integral to the service they received. The PIR

stated, "Service users are continuously taking steps to improve" and "to get the most out of their lives". Recently people had started to take responsibility for managing their medicines and cooking their meals. People were preparing their breakfast and lunch independently whilst also acquiring the skills to cook the evening meal with the help of staff.

People kept in touch with those important to them by visiting them, writing or telephoning. A health care professional commented staff had supported one person to "rekindle relationships with family members who had emigrated". People were supported through the loss of relatives or friends by staff who showed compassion and understanding. Staff took time to chat with people about their worries or concerns which one person said, "helps me to cope better".

Is the service responsive?

Our findings

People's care was individualised reflecting their personal wishes and lifestyle choices. Dramatic changes had been made to the way in which people were involved in developing their new style care records called 'Positive and proactive support plans'. Previously, although people had talked with staff about their care plans they had not taken the lead in this process. People now had the confidence to talk with staff about key areas in their lives for inclusion in these support plans. People's involvement had been achieved in a variety of ways. The provider information return (PIR) stated "A well-motivated staff team want to support service users to get the most out of their lives"; for example day to day chats with staff, more formal discussions with a named member of staff (who was responsible for ensuring the care they received reflected their wishes) and talking with the registered manager. As a result this had a huge impact on people who had been able to make sure their support plans encompassed not only their individual wishes but also those routines so important to them to maintain their confidence and promote their independence. One person commented, "They've been going through new care plans with us, it's got separate boxes and simple headings." Another person told us, "My care plan says - I don't need advice, I need you to ask questions and help me decide". Plans described people's wishes about their care and support, how staff would support them and how they assessed whether this had been delivered. Plans also included a summary of people's personal history and behaviour support plans. People had signed their plans and a statement acknowledged their involvement. Staff spoke enthusiastically about the introduction of the new support plans which had given them the opportunity to reflect with people on the care and support provided. The PIR confirmed, "Service users play a full and active role in directing the care that they receive." People told us they wrote their daily diaries each day and enjoyed doing this to reflect their daily lives. One person reflected, "We do daily diaries, notes in our own words or when I feel like it" and we write "about our own day, not the staff observing and writing about us."

People's views about their levels of independence and abilities were taken into account when planning their care and support. The PIR recognised although the service was "user led" it was important to "try hard to expose service users to alternative ways of supporting them so they can make an informed choice". With this in mind, staff had developed creative systems to help people to manage their medicines. Each person had a prompt card with a photograph and the name of the tablets they needed to take at any particular time of the day. This reflected what was on their personal medicines administration chart which they ticked to confirm they had taken their medicines. Staff also completed a medicines administration chart which kept a stock record for all medicines as well as confirmation staff had seen the medicines taken. One person was able to manage their medicines for themselves. They said, "I more or less self-medicate; staff order the packs, I take my own every day". Another people said it helped "my moral" to have staff support and prompt them. One person ordered their own medicines and collected them from the pharmacy. Staff said they hoped eventually other people would be able to manage their medicines independently. They also commented, "People have embraced and excelled at managing their own medicines beyond expectations." The registered manager commented, "This journey is still evolving, with different service users being at different stages of the process."

People's changing needs were responded to quickly. Staff understood people really well and this knowledge

helped them to pick up any fluctuations in people's physical or mental health. Effective systems ensured staff communicated well with each other promoting people's well-being. For example, when a person was discharged from hospital after an accident, plans were quickly made to make sure a ground floor room was converted for their use so they could continue to live at the home until they could access their bedroom. People's support plans were changed to reflect any changes in their needs. People's care was reviewed with staff and others involved in their care such as social or health care professionals and relatives.

People enjoyed a lifestyle which reflected their personal choices. For those people who liked to go out and socialise with friends and relatives there were plenty of opportunities to do this. People attended social clubs and college. One person did some voluntary work and also helped out at a local farm and a gardening project. A health care professional commented on the "dramatic changes" for one person since moving into the home who had been supported to buy their own clothes and travel abroad. They said these "would not have been possible if it were not for this organisation." A relative confirmed, "It's excellent [name] is able to go on specials (trips), like the recent holiday, which was so obviously a success." People had their own living rooms and decided whether to spend time with each other in the shared lounge or in their own accommodation. There was a large garden which had become the project for one person who described the shrubs they were choosing to plant in the spring.

People's diversity was recognised and was reflected in the care they received. Adjustments had been made around their home to enable people with mobility or sensory disabilities to live as independently as possible. People's cultural and spiritual beliefs had been discussed with them. They were involved with local churches where they were able to form friendships with the congregation. People were supported to access their local community and use local facilities such as the library, shops and public transport. One person collected litter in their local area which staff had set up with the local council; this helped to establish local positive links.

People had access to a formal complaints system and were also encouraged to openly talk about any worries or concerns they may have on a day to day basis. They discussed any concerns or worries they had with the registered manager and were confident they would be listened to and action would be taken in response. People said they also sent text messages or emails to the registered manager (this included out of normal working hours) if they wanted to talk through problems and they knew she would respond to them. One person said they struggled when new staff started working in the home and found this "scary". The provider information return (PIR) acknowledged that people had concerns about a new member of staff, "management took time to listen to the service user's thoughts". The new member of staff had been supported to adapt to how people wished to be supported and shadowed existing staff to develop the skills and understanding they needed. The PIR confirmed "service users meet regularly to discuss house issues both as a group and individually with members of the management team". The registered manager confirmed no formal complaints had been received. A person commented, "We are one big family, and like families we have our ups and downs."

Is the service well-led?

Our findings

People were actively involved in shaping and reviewing the service they received. They were fully involved when changes were proposed for example managing their own medicines. They were also involved in reviewing and reflecting on the success of changes and whether they wanted them to continue. Staff said they were also involved in developing the service, "We can go to managers with ideas, they encourage us to express them and try them out".

People attended house meetings or had individual meetings with the staff and/or registered manager. This gave them the opportunity to talk about day to day plans for activities and meals as well as raising concerns. The provider information return (PIR) stated these "ensure that the service user's voice is heard". People and staff had been asked to reflect on the quality of the service provided and to produce an annual newsletter. Articles had been produced either individually or jointly between people and staff.

The registered manager was open and accessible to both people living in the home and staff. By doing this they said they created "a culture for people to be able to raise concerns" if their personal protocols had not been followed by staff. People confirmed this. The PIR stated, "staff were currently being involved in a review of paperwork and encouraged to record their views and comments before policies and procedures were finalised." The registered manager by supporting staff with individual meetings and providing them with "clear direction" said "staff support service users as they have requested to be supported". She provided additional support and mentoring when needed to staff to help them deliver the care and support people preferred. A health care professional commented they found the registered manager to be "very supportive and proactive with service users". Staff said, "The manager is the best".

The registered manager's vision for the service was to make sure "Service users continue to have a full, active voice in their home and community and that every day is meaningful." She said she recognised the challenges of reflecting on "where are we heading next?" and being "careful not to push changes for the sake of change". She reflected that "ordinary life does not have to be continually progressing, but to move at people's speed, not rushing them or running off without them." The registered manager said Jendot offered "person centred support" and they were very good at "looking at people as individuals, not trying to make one size fits all".

The registered manager monitored the quality of service provided by overseeing daily, weekly and monthly checks on the environment and health and safety systems. Environmental improvements had been identified and resources prioritised for what needed to be done. Staff said carpets in the dining room, corridors and stairs were due to be replaced. An annual infection control report had been produced in 2015 in line with national guidance, summarising the systems in place to prevent the spread of infection. An inspection by the local environmental health department had awarded Jendot the top score of five stars for the management of food services.

The registered manager maintained her own professional development and kept up to date with changes in legislation and guidance through membership of a local care provider's organisation, subscribing to care

magazines and membership of a local authority networking group. She also attended local and national conferences. Staff completing the diploma in health and social care were supported to share their knowledge and to make sure best practice was reviewed and service details kept up to date. Most policies and procedures had been reviewed in 2015 and the "Welcome to Jendot" document had been changed to reflect changes to the service being provided. The registered manager confirmed they had registered with the Skills for Care National Minimum Data Set for adult social care to record their training and also enable them to access future training for staff.