

Supreme Care Services Limited

Jericho Lodge

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Jericho Lodge provides residential accommodation for up to three males with mental health needs. At the time of our inspection there were two people using the service.

People's experience of using this service and what we found

People using the service told us they liked living at Jericho Lodge and considered it their home, they told us they felt safe living there. Although there were enough staff employed to meet their needs, some of the staff recruitment checks needed closer scrutiny as one of the staff files we saw did not contain the required recruitment checks. People were supported to take their medicines on time. The provider assessed risks and prepared management plans which help to keep people safe from harm and staff supported people to take their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training that was appropriate for their role. However, we found that individual staff supervision was not being carried out by the provider. People's dietary needs were met. Some of the records in relation to people's healthcare support needs were not up to date. needed updating.

The service was caring and this was reflected in the feedback we received from people. People were supported to maintain relationships that were important to them and they lived independent lives where staff promoted their independence.

Care plans for people reflected their individual needs and people took part in community and individual activities according to their preferences. They told us they had no complaints but knew who to speak with if they did.

People and staff told us there was an open culture in the service and they felt comfortable approaching the manager if they had any concerns. Quality assurance checks took place to ensure the service was managed well.

We have made some recommendations to the provider in relation to quality assurance checks are more robust.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 13 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jericho Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Jericho Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector.

Service and service type

Jericho Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, however an application had been submitted for the manager to register.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service, one support worker, the manager and the area manager. We reviewed a range of records. This included two people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Some aspects of the provider's staffing and recruitment systems needed improving.
- We reviewed three staff files, in one file there was an incomplete employment history and only one reference on file. The evidence for the identify check for this support worker that was maintained on record, was ineligible and a poor photocopy of the original. We fed this back to the manager and area director who said they would ensure copies made would be legible. The other two staff files we saw had the appropriate checks in place with two professional references, employment history and clear identity checks.

We recommend the provider reviews its staff recruitment processes to ensure staff are recruited safely and in line with current guidance. We will follow this up at the next planned inspection of the service.

- Staff employed had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs, this was reflected in the feedback from people and staff rotas that we reviewed.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these were used to ensure people were kept safe from harm.
- There were guidelines in place for staff to follow to mitigate any harm that people were at risk of.
- The provider liaised and worked with healthcare professionals to manage risks to people.
- Regular checks were made to ensure that the premises were monitored and safe for people to live in.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. People using the service told us they felt safe, comments included, "Yes, I feel safe" and "I enjoy it here, it's comfortable."
- Staff training records showed that safeguarding training had been delivered to staff, and they knew what steps to take to protect people using the service from harm or abuse.
- There were easy read safeguarding and whistleblowing posters on display in the home for people to refer to if needed.
- The manager confirmed there had been no safeguarding concerns that were currently being investigated.

Using medicines safely

- People received their medicines as prescribed. People told us that they were given their medicines on time

and we saw this taking place during the inspection. One person said, "They give me my medicines – I've had my morning meds."

- Staff completed medicines administration records (MAR) charts and we saw these were completed correctly, with medicines counted after each administration time. This meant that people were given their medicines as prescribed in a safe way.
- Medicines profiles included details about the medicines that people had been prescribed, including the name, reasons they had been prescribed, what the medicine looked like and signs to indicate that people were unwell. There were guidelines for staff to follow for medicines that were given 'as required', such as pain relief medicines.
- Daily temperature checks for the medicines cabinet were taken which helped to ensure they were stored correctly.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff followed a process for recording and following up on any incidents and accidents that occurred so that any incidents that occurred could be actioned if needed.
- The manager confirmed there had been no incidents and accidents in the past year, this was confirmed in the records we saw and the information we received prior to the inspection.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded in their health action plans. Some aspects of these were blank and needed updating. For example, the hospital passports we saw were blank. A hospital passport is a document about people's health needs. It also has other useful information, such as how people communicate and any reasonable adjustments they need. It is designed to give hospital staff helpful information about people. There had been no hospitalisation and this document had not been required for any of the people, however we spoke to the manager about the importance of having this information readily available if needed.
- People were supported to access healthcare services if needed.
- People told us they saw their care co-ordinators regularly and were happy with this aspect of the service. One person said, "I've got a care co-ordinator at Wilson hospital. I saw her on Tuesday."
- Records showed that the provider liaised with healthcare professionals to support people.

Staff support: induction, training, skills and experience

- People received care from staff who had received the appropriate training needed to support people effectively.
- Staff told us the manager was "Good, easy to communicate with and we can share opinions with him." They told us they received regular training.
- The area manager told us they generally recruited staff with a level 2 NVQ qualification but those that didn't have one were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be covered as part of a robust induction programme.
- The provider maintained a training matrix which showed that staff received regular training to ensure they had the skills to carry out their roles effectively.
- Staff told us they felt supported and said the manager was available to speak to if needed.
- There were no recent individual 1:1 supervisions for staff since the outbreak of the COVID-19 pandemic. We raised this with the manager and area manager during the feedback and they said the frequency had been reduced as a result of COVID-19 but they would be commencing these as a result of the feedback.
- One staff file did not contain an induction checklist which was a requirement for new staff to complete. The staff member confirmed that this had taken place so the induction record was not available.

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

- People's care and support was provided in a safe and clean environment.
- One person showed us his room which he said was furnished according to his needs. There was TV and a sound system and he said he had bought many of the items himself. He said he enjoyed living in the home and his bedroom.
- There were private and communal spaces for people to spend time in, including a lounge and a conservatory.
- There was a large garden which was being tended to during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans included their pre-admission assessment with details of their psychiatric and forensic history. They also included the views of any relevant stakeholders, including the views of their care co-ordinators and people's own views too.
- This meant the provider had appropriate information to make a decision when admitting people to the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and maintain a balanced diet. They told us they enjoyed the food at the home and often prepared food themselves with staff support. Comments included, "I've been cooking my own meals, burgers sandwiches. They (staff) buy food for me."
- Menus were in place and these were discussed with people. Staff told us, "They are able to prepare meals with our support."
- The home was well stocked with food that people could prepare and we checked that this was all in date.
- Infection prevention control guidelines were on display in the kitchen and there were colour coded food preparation boards to minimise the risk of cross infection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All of the people using the service were able to make decisions for themselves and they were not under any DoLS authorisations or restrictions. They were able to consent to their care and treatment. People told us they were able to come and go as they pleased and we saw this taking place during the inspection.
- There were some house rules in place for people, for example coming home at a reasonable time, we saw that this was done with their agreement and consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Jericho Lodge and considered it their home. One person said, "I appreciate the staff" and "There's always somebody here to help."
- They told us that staff treated them with respect and were friendly towards them. We observed pleasant interactions between people and staff during the inspection, with people telling staff about their day and where they were going out.
- Records showed that people's needs in relation to their sexuality and religious preferences were considered. At the time of our inspection, none of the people had indicated they needed support in these areas.

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

- People were able to express their views and make decisions about their care.
- Key worker and residents meetings demonstrated that people were given the autonomy to be able to express their views in a private and group setting. People were able to discuss things that were important to them such as meals, activities and topics related to their day to day living.
- People were supported to maintain family relationships that were important to them. People told us they visited family and spent weekends with them. Relationships that were important to people were documented in their care plans and staff were familiar with these.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and their independence.
- People told us they led independent lives and their right to privacy was respected. One person said, "I can come and go as I please." People were supported to cook their own food, do their own laundry and were responsible for cleaning their rooms. They said they enjoyed this responsibility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider supported people so that their individual support needs were met.
- People's care records reflected their preferences and had been updated recently which meant they were up to date.
- Support plans included ways in which people could be supported to maintain their independence.
- Staff demonstrated a good understanding of people's support needs and how they supported them to achieve their objectives.
- Key worker meetings were held regularly and were used as a means to monitor any support needs. These are meetings held between people and a named support worker and showed that people engaged in these meetings.
- None of the people using the service were on end of life care.
- We recommend the provider looks at processes around end of life care needs so these can be implemented if, and when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a variety of activities of their choosing.
- People told us they took part in community activities, one person said he enjoyed volunteering at a local garden centre which he had been attending for a while. He said, "I go work to Carshalton allotments twice a week, gardening I go there by myself."
- People told us they lived independent lives, were able to live their life as they wanted, they said they usually went to the local town centre for shopping or personal errands.
- There were individual activity timetables in place for people and they were supported to take part in activities over Zoom which they had previously enjoyed face to face. The provider had purchased a PC for the residents to facilitate this. This meant that people were supported to continue with activities they enjoyed prior to the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- People told us they had not raised a formal complaint previously but knew who to speak with if they were unhappy.
- The area manager confirmed they had not received any formal complaints.
- There were posters on display if people wanted to raise any concerns and key worker and resident meetings also took place which were used as a way to explore any concerns people had.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some aspects of the provider's process needed improving. For example, staff recruitment and supervision checks were not always effective and records relating to people's healthcare records. These issues were not identified in the providers own quality assurance checks.

We recommend the provider reviews its quality assurance checks so records contain comprehensive information in relation to staff records and health information in care plans. We will follow this up at the next planned inspection for the service.

- The provider was aware of its regulatory responsibilities. For example, statutory notifications were submitted in line with their legal requirements.
- Shift reminders were completed for staff, reminding them of daily and weekly checks that needed to be completed.
- Regular managers meetings were held for ideas to be shared and advice given if required.
- Medicines records were audited and medicines rounds observations took place to help ensure this aspect of the service was well managed.
- Health and safety checks were completed by staff. The provider carried out fire risk assessments, weekly testing of fire alarms, fire extinguishers and we saw current fire inspection and service certificates for the alarm and emergency lighting system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff were positive about living and working at the service. They told us they felt comfortable speaking with the managers and we observed this happening during the inspection.
- The provider was aware of the requirements under Duty of Candour.
- The service's current CQC inspection report was clearly displayed in the home, this is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records showed that people were asked for their views on how the service was run. This included their views about their day to day activities, menus and other aspects. Regular key worker and residents meetings were held which meant people were given an opportunity to discuss these things in either an individual or group setting.
- We reviewed questionnaires that had been completed by people at the home and saw there was positive feedback.
- Staff meetings were held, giving them a chance to raise any work related practice issues.

Working in partnership with others

- The provider worked alongside other agencies to meet people's needs. They manager told us that care co-ordinators were involved in supporting people and we saw evidence of this in the records we saw.
- Records showed engagement with these professionals including referrals and regular reviews.