Rehability UK Community Ltd

Jenson 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?	Requires Improvement

Summary of findings

Overall summary

Our inspection was announced. It took place on 27 February 2017.

The provider is registered to provide personal care to adults. People received their care and support within two supported living facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with their family. This was the first inspection of Jenson House since the provider re-registered with us with a new company name.

Our last inspection under the previous provider name was carried out on 21 July 2015. We judged one of the of the five questions we ask, Is the service caring? as good. The remaining four questions, is the service safe? Is the service effective? Is the service responsive? and is the service well-led? we judged to be 'requires improvement'. This was because the provider had not ensured that recruitment systems prevented the possibility of the employment of unsuitable staff, that people were not being given their medicines as they had been prescribed and that people were not being protected from the risk of abuse. The provider had not ensured that a consistent service was provided, in that staff had not received formal supervision regularly, care plans were not reviewed when people's care needs changed, people could not be assured that their complaints would be listened to and acted upon audit systems were not robust and had not identified where improvements were required to ensure people's safety. Following our inspection the local authority had monitored the service. Their most recent monitoring visit highlighted that they were satisfied that improvements had been made. At this our most recent inspection, we also found improvements, had been made.

The previous registered manager had left in the summer of 2016. A new manager had been employed who told us they were to apply to us for registration as is required by law. The new manager was available on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies in place and staff had received training on the procedure they should follow to ensure that any risk of harm and/or abuse was prevented. Risk assessments to maintain the safety of the people who used the service had been undertaken. Staff had been trained to manage medicines safely. Medicines were given to people as they had been prescribed. Sufficient staff were provided to meet people's needs.

Staff had received the training they required to give them the knowledge they needed to support the people safely. The staff understood that people must receive care in line with their best interests and should not unlawfully restrict any person. People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered. The staff supported

people appropriately with their nutritional needs. Meal options were offered to ensure that people's food and drink preferences were catered for. Input from a range of external healthcare professionals was secured to meet people's healthcare needs.

People and their relatives told us that staff were kind and caring. People's privacy, dignity and independence was promoted and maintained.

People's needs were assessed and reviewed. People engaged in recreational activities that they enjoyed. Complaints systems were in place for people and their relatives to raise their concerns or complaints if they had the need to.

People and their relatives were happy that a new manager had been employed and said that they were more assured that this would ensure better leadership consistency. The provider had worked hard to improve the service. Audits and checks were undertaken to ensure that the service was operated in the best interests of the people who used it.

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.

Medicines were given to people as they had been prescribed.

Staff time and input was sufficient to meet people's needs.

Checks had been undertaken on staff before they started work to ensure that they were suitable and safe to deliver care and support.

Is the service effective?

Good

The service was effective.

The service provided was effective and met people's needs.

Staff were supported and given the training that they required.

People were provided with the food and drink that they preferred.

A range of external professionals were secured to meet people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who they described them as being kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and could ring and speak with their family member at any time.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed.

People felt that the service provided met their needs.

A complaints system was in place if people or their relatives had the need to raise a concern.

Is the service well-led?

Requires Improvement

The service was not well-led.

Without a registered manager there had been an inconsistent leadership structure and the confidence of people and their relatives had lapsed somewhat.

Audits and checks were undertaken to improve the service and ensure that it was run in the best interest of the people who used it.

Where incidents had occurred the provider had notified us of these as is required by law.

Jenson 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.

Our inspection was announced and took place on 27 February 2017. The inspection was carried out by one inspector. Notice of 48 hours' of the inspection was given. This was because we needed to ensure that the provider would be available to answer any questions we had and provide the information that we needed. We also wanted to ensure that we inspected at a time when we would be able to, with their consent, meet some people who used the service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We also asked the local authority to give us their view on the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service, three relatives, three staff, the newly appointed manager, a senior manager and a health care professional. We looked at the care files for two people, medicine records for two people, staff training, complaints and safeguarding records and quality monitoring processes.

Good

Is the service safe?

Our findings

A person shared with us, "No-one has been rough with me. The staff are nice". Another person said, "I am not afraid". A relative told us, "No abuse. I visit at different times of the day and don't tell the staff I am going. When they [person's name] come home I check their body to make sure no bruises. Nothing has ever happened but I just check". Other relatives we spoke with also told us that they did not have any concerns regarding abuse. Staff told us that they had received training in how to safeguard people from abuse and records confirmed this. A staff member told us, "I would report to the manager if I witnessed or was aware of any bad treatment or I felt that a person was withdrawn or upset for no reason or any bruises". The senior manager had informed us and the local authority safeguarding team of any concerns. This showed that processes were in place to keep people safe.

A person shared with us, "I am safe here. They [the staff] give me support". A relative said, "They [person's name] are safe there. I am not worried". We saw that assessments had been undertaken to determine people's individual risks including, moving and handling, going into the community and attending to their personal hygiene. However, we found that the risk assessments had not all been dated to confirm how current they were. The manager told us that they would address this. Staff told us how they would respond to certain emergency situations for example a fall and injury or a seizure. This included the need to assess a situation if a person was unwell. That they would dial 999/ or call the GP if that was needed, inform the relatives and make a written account of the incident. This would give people assurance that staff were aware of the processes they should follow if a person had an accident or became unwell. This highlighted that processes were in place to keep people safe.

During our previous inspection, prior to the provider changing their company name, we found a number of shortfalls regarding medicine systems that showed that people had not always been supported to take their medicines as they had been prescribed. During this, our most recent inspection we found that improvements had been made. A person told us, "I am not on any tablets. If I was I would take them with staff help". Another person shared with us, "I have my tablets and on time". A relative shared with us, "I am not aware of any problems with their [person's name] tablets". We found Medicine Administration Records [MAR] were completed for people who required support to take their medicines to confirm that they had taken their medicine correctly. Staff told us that they had received training to enable them to manage and administer medicines and records that we looked at confirmed this.

A person told us, "Generally I have the same two or three staff and I get on well with them. That is important to me". Another person said, "The staff come to me when they should". Other people and their relatives told us that consistency of staff had improved over the last six months. However, people told us that staff rotas changed often at the last minute and they did not like that. One person said, "I like to know in advance what staff will be supporting me". The senior manager told us that if there was staff sickness a change in staff could not be avoided. They told us that some staff had left but new staff had started so that would improve the situation. A person told us that they did not have enough care hours support to do what they wanted to do. They said, "They [the staff] have put me for a re-assessment to see if I can have more support hours". This was confirmed by the manager. During the day there were adequate staff allocated to each person as

in relation to the funding they received.

A staff member said, "Everything was done before I started work. References and health checks". Other staff we spoke with told us that checks were always carried out before any staff were allowed to start work. This was confirmed by the senior manager. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included a full work history from each staff member, the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

A person shared with us, "I think it is a good place for me". Another person said, "It is alright mostly. I like it here." A relative said, "Things are getting better. There were times when things did not go right". A staff member told us, "It is more settled. Things have improved. I think generally people get a good service now".

A staff member said, "I had a good induction. I have worked other places before and this was the best induction I have had. I did all the training that I needed to and worked alongside experienced staff". The new manager told us that they were still undertaking aspects of their induction training. They told us that they were working with a senior manager and had undertaken some training. The provider had used the Care Certificate for new staff. This is a set of nationally recognised induction standards that new staff should work through to equip them with knowledge to provide safe and compassionate care.

Staff told us that they felt supported. We found that on-call arrangements were in place for staff to contact managers out of business hours. Staff told us that they had received supervision sessions with a manager. One staff member said, "We talk about my work and training needs". Records that we saw confirmed this. However, the records that we saw highlighted that the staff supervision sessions were not held that frequently. The new manager told us that they had identified that and were working to produce a supervision planner to address this.

A staff member confirmed, "I have done all the training that I need to. We have refresher training when it is required". Another staff member said, "My training is up to date. We [staff] have all done a lot of training recently". The manager told us that staff had received the majority of training that they required and further training had been secured that included, protecting adults at risk, medication awareness and health and safety in care. The manager showed us documentation to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for personal care are called the Deprivation of Liberty Safeguards (DoLS).

A person shared with us, "I can go out when I want to". A relative said, "They [person's name] are not unreasonably restricted, they have to be supervised and escorted when they go out for their safety". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager told us and records that we looked at confirmed that where required an application for people had been made for a DoLS assessment. Staff we spoke with were all aware of MCA and DoLS. The staff knew that people should not be unlawfully restricted.

A person shared with us, "The staff always ask me before they help me cook or shower". Another person told us, "They [staff] ask me first if I need anything done. I do most things myself anyway". A staff member said, "I always ask people if it is alright before I do anything for them". Other staff we spoke knew that they should ask people's permission before they provided support".

A person told us, "I am given day to day choices. I like to decide myself and the staff help me to do so. I picked my own wallpaper". A relative told us, "The staff do give them [person's name] choices but I am involved as well". Another relative shared with us, "I am involved and asked to contribute so that they [person's name] can do things their way". Staff we spoke with all told us that they enabled people to make day to day decisions. A staff member said, "People here all have their own ways and wishes. It is important that we [staff] give people the time to express these to ensure they live how they want to".

A person said, "I choose what I want to eat every day and the staff help me cook". Another person told us, "I have what I want to eat and drink". A relative we spoke with told us that they had confidence that the staff offered their family member the food and drink that they preferred. We looked at two people's records and saw that their food and drink likes and dislikes were recorded. People did not have any specific medical dietary needs. Staff told us that they had known most of the people for a number of years and knew what they liked to eat and drink. People told us that staff supported them to go food shopping and with cooking.

A person shared with us, "I see the doctor and dentist". Another person said, "I go to appointments to see the consultant". A relative told us, "The staff take them [person's name] to appointments and let me know what is said". Staff we spoke with and records confirmed that people were supported to access a range of healthcare services to meet their healthcare needs. We spoke with a visiting healthcare professional who told us, "They [person's name] have improved so much since they have been here. The staff work alongside me and follow my instructions well".

Good

Is the service caring?

Our findings

A person shared with us, "The staff are nice. I am happy here". Another person said, "They [the staff] are nice and kind". A relative said, "The staff seem very kind and caring". We saw that staff showed compassion to the people who used the service. We saw that staff sat and spoke with one person and gave them their attention and listened to them.

A person shared, "I can choose my own clothes and dress myself and that's what I do. I look nice". Another person told us, "Staff don't need to help me in that way I put the clothes on that I want. I buy my own clothes too. Do you like my new trainers? I got them the other day". We saw that people wore clothes that were appropriate for the weather and reflected their individuality. These actions ensured that people dressed in the way they wished and to enhance their self-esteem.

People told us that staff were polite and respected their privacy. A relative said, "The staff are polite and friendly". A person said, "The staff wait when I have a shower. They don't come in". Another person told us, "The staff generally don't come into my flat without knocking my door first". Staff told us that they promoted people's dignity by ensuring that doors were closed when personal care was being provided and letting people attend to their personal care needs as much as possible. A person shared with us, "They [the staff] let me wash myself", and, "I do some cleaning". A relative told us, "The staff encourage people to do what they can". A staff member said, "Helping people to be independent is very important". This showed that the staff took action to promote people's privacy, dignity and independence.

A person told us, "My family visit me a lot". Another person said, "I phone and speak with my Dad". A relative shared with us, "I visit whenever I want to. I go at different times to suit me". This showed that people could remain in contact with their families. A relative told us, "The staff are friendly and polite".

The provider had written contact details for accessing advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The senior manager confirmed that people had used advocacy services in the past when and as they required that support.

Good

Is the service responsive?

Our findings

A person said, "I have been here for a long time. I came here to look at first". Another person said, "I came to see if it would be OK for me". The senior manager told us that people could be offered an introduction to the service before they stayed for a longer time. This could include an hour visit to look around and/or an overnight stay.

A person said, "The staff asked me questions". A relative shared with us, "I was asked questions so that the staff would know how to look after them [person's name]". The senior manager told us that assessments of people's needs were undertaken before they offered them a service. Records we saw confirmed that assessments of need had been undertaken for each person these included, people's food and drink likes and dislikes, risks, individual preferences which included whether people would prefer a bath or a shower, their rising and retiring times and their leisure time interests. This would ensure that the staff had enough information to be able to meet people's individual needs in the way that they wanted, and to keep them safe.

A person told us, "I am reviewed to make sure that I am cared for OK". Another person showed us a review document that they had produced on the computer after a meeting with staff. They < "I did the form myself and am happy with it". A relative told us, "They [person's name] are reviewed and I attend the meetings. I am listened to. The staff overall, meet their [person's name] needs". A healthcare professional told us, "I come and review the person regularly and staff are involved. If things need to be changed they are. The person's needs are met". Another person said, "I raise issues when things need to be changed. They [the staff] listened to me. I did not want a staff member and I told the manager and that staff member does not support me now".

A person said, "I like to go out shopping. Clothes shopping and buying things for my flat and I do". Another person said, "I am hoping to go to college the staff are looking into that for me". A third person shared with us, "I go out and about a lot". We saw that one person was doing a jigsaw. They said, "I like doing this". This showed that people participated in some leisure pursuits. Staff told us that people would be supported to attend religious services if they wished to. A staff member said, "That is part of a person's overall support and we [the staff] would enable people to take part in their chosen religious service".

A person said, "If I was not happy I would tell them [the staff]. Relatives told us that they knew how to complain. A relative said, "I don't really have any complaints. Minor issues that I have raised have been dealt with". We saw that an easy read complaints procedure was available within the service handbook that was given to people. An easy read complaints procedure is produced in different formats for example large print, or with some text represented by pictures or symbols to ensure that it is easier to read. There was also a complaints process for staff to follow. A staff member said, "If a person or relative complained I would always make a record and report to the manager". The senior manager confirmed that no complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

A person shared with us, "There has been different managers it has not been nice". A relative said, "So many different managers. There needs to be consistency for people with the needs there". Other people and staff told us that they had felt unsettled and that there had been three changes of managers within 12 months. This had affected the consistency of the management structure of the service. There had been no registered manager in post since the summer of 2016. It is a legal requirement that a manager is registered with us. A manager had been employed shortly after the registered manager left but had not registered with the Care Quality Commission before leaving.

Another new manager had started work two weeks before our inspection. The new manager told us that they intended to stay and would start the process to apply for registration with us. That would promote consistency of leadership. A person said, "He [the new manager] is good. Perhaps he will stay". A relative told us that they had spoken with the new manager and that they seemed nice. Other people told us that they had met the new manager and told us his name. A staff member told us, "The new manager seems positive about being here and is approachable". Our conversations with the new manager confirmed that he had made himself available to people and staff and already knew people and staff well. This showed that the new manager was visible within the service.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had informed us of any safeguarding incidents and other issues that they were required to. This showed that the provider was meeting that legal requirement. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The senior manager and manager were open and honest in their approach to our inspection and co-operated with us throughout the day.

The senior manager told us that considerable work had been undertaken to improve the service. A staff member shared with us, "Audits and checks are carried out". The senior manager told us that they had undertaken frequent medicine, care plan and complaints audits and changes and improvements had been actioned where required. Records were available to confirm this. The senior manager showed us an action plan that they had worked towards to achieve improvement and said that with a registered manager in post further improvements would be made. Improvements would include, the use of provider questionnaires for people and relatives and more spot checks on staff to determine and evidence that they were working as they should. The provider had decided to change their registered office and the senior manager told us that they were to apply to us, The Care Quality Commission, to make this change legal. They said that the service would operate more effectively being located near by the two supported living premises.

Staff told us that they had team meetings and we saw records to confirm this. During meetings staff were updated on manager changes and other changes that needed to be implemented. A staff member said, "The meetings are good as all staff get the same messages of changes at the same time".

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "I know what whistleblowing is. I had training about that. I would be protected if I reported any concerns". We saw that a whistle blowing procedure was in place for staff to follow. Whistle blowing encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.