

Jennys Resource Centre Ltd

# Jenny's House

## Inspection report

36 Old Road  
Clacton On Sea  
Essex  
CO15 1HX

Tel: 01255220086  
Website: [www.jennysresourcecentre.co.uk](http://www.jennysresourcecentre.co.uk)

Date of inspection visit:  
15 November 2019  
16 November 2019  
19 November 2019

Date of publication:  
11 February 2020

### 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

About the service:

Jennys House provides accommodation and personal care for people who have a learning disability. Respite care is provided for people who have a learning disability and/or autistic spectrum disorder. The periods of respite care may be for a few days or longer depending on the individual's needs. This is usually at weekends.

Jennys House is an adapted detached residential property which can accommodate up to eight people. The service is situated in a residential area of Clacton on Sea and is close to amenities and main bus routes. The premises are set out on three floors with each person using the service having their own individual bedroom each time they stay, and adequate communal facilities are available for people to make use of within the service. At the time of our inspection four people were using the service.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At our last inspection of this service on 14 September 2018 the service was rated Requires Improvement. The areas of Effective, Responsive and Well Led were rated as requires improvement and we identified one breach of regulation in relation to governance. Systems for quality oversight were not fully established to show sustainability. We additionally made recommendations for the registered provider to address staff supervision, personalised care planning and training.

At this inspection, we found the evidence did not continue to support the rating of Requires Improvement and sufficient improvements had been made and the overall rating for the service had now improved to Good.

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

The service was well managed and led internally by the registered manager, to help ensure person centred, safe and effective care. Staffing, risk management and medicines arrangements for people's care and related management checks, helped to ensure people's safety at the service. People were protected from the risk of harm or abuse. The provider was a visible presence in the service and took action when things went wrong at the service and referred to relevant authorities involved with people's care when required to do so.

People's care, environment and related equipment needs were met. Staff supported people to maintain or improve their health and nutrition as agreed with them and any external health professionals involved in their care. People were supported to have maximum control of their lives and staff supported them in the

least restrictive way possible. The provider's related policies and systems supported this practice.

Staff were effectively trained and supported to provide people's care. Relevant information sharing for people's care was standardised; to help ensure they received timely, consistent care as agreed with them, including when they needed to move between services.

People received care from kind, caring staff who ensured their dignity, equality and rights in their care. Staff knew people well; how to communicate with them and understood what was important to people. People were informed, involved as able, and supported to understand, agree and make ongoing decisions about their care.

People received timely, personalised care that was tailored to their individual needs and wishes. This was provided in a way which helped to optimise people's independence, inclusion and engagement in home life; with their friends and family and local community as they chose.

People and their relatives were informed and confident to make a complaint or raise any concerns about the service, if they needed to. People's views and feedback were regularly sought. Findings from complaints and feedback were used to help inform and ensure any service improvements needed.

Management and staff understood their role and responsibilities for people's care. There were effective arrangements for communication, record keeping and information handling at the service, along with relevant engagement and partnership working for people's care and safety.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 29 October 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service is therefore rated good at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was well led

Details are in our Well Led findings below.

# Jenny's House

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Jenny's House is a care home which is registered to provide accommodation and personal care for up to eight people with learning disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced and took place on 15 and 16 November 2019. We announced this inspection as the service only currently provides respite care for two to four people as and when required at weekends predominantly, and we wanted to make sure there were people and staff at the service.

#### What we did before inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We met with all four people using the service that weekend, two staff, the registered manager and the provider and one visiting relative. We observed the support provided throughout the service and how the staff interacted with people. We spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed the records at the service. These included three staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises and monitoring quality.

We looked at three people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, health and safety records including legionella certification and quality assurance records. We received feedback from a healthcare professional via telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the manager would take appropriate action when needed.
- People and relatives were informed how to keep safe and to raise any safety concerns they may have.
- People and relatives were confident people were safe at the service. One person visibly nodded when we asked if they felt safe. A relative told us, "I know [person] is safe here, the staff here are so good they know [person] well and I can go away knowing they are safe."
- The provider and registered manager had acted in a timely manner to report and respond to any safeguarding concerns; and to ensure people's safety at the service when needed. Safeguarding concerns were recorded, and appropriate action taken.
- Staff had received training and had access to local safeguarding guidelines.

Assessing risk, safety monitoring and management

- Risks to people had been identified and detailed risk assessments guided staff about how to reduce risk.
- Some people had behaviours which could be potentially challenging for themselves, staff and other people. Care plans contained strategies about how to support people when their challenging behaviour occurred. Records, completed by staff, provided a basis for health and social care professionals to assess any other support required.
- Where people needed prompting about what to do to remain safe, staff were knowledgeable about their needs and supported them well.
- Staff recognised and took pride in the importance of properly understanding the support people needed and the risks their conditions posed. Staff were kept up to date of changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- Positive risk taking was encouraged following detailed assessments of risk and reviews. For example, some people attended places and events in the community with minimal support.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff supported people when needed and responded to them quickly.
- The provider regularly took account of people's care, dependency needs and the layout of the home to

help inform staff deployment arrangement for people's care and related safety needs.

- Staff told us there were enough staff to meet people's needs. Staffing was more than people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were not used.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

#### Using medicines safely

- People's medicines were safely managed, to ensure people received their medicines when they should.
- Staff responsible for people's medicines were trained and competency checked to ensure they followed the provider's procedures for the safety and administration of people's medicines.
- The provider's medicines policy met with nationally recognised guidance with medicines safety in a care home setting.
- We saw staff gave people their medicines safely when they needed them, and supported people to take these where and how they preferred.
- Daily medicine checks ensured potential discrepancies were identified at the earliest opportunity and action was taken to address any concerns.

#### Preventing and controlling infection

- Processes were in place for the prevention and control of infection. The environment and equipment was visibly clean and well maintained, and we observed staff completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- Staff were aware of the precautions necessary to prevent the spread of infection to others.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required. The service was clean and well kept. Some people helped with household cleaning duties and their own washing.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the registered manager. They looked at how each accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- Policies about dealing with incidents and accidents and subsequent reviews of risk assessments were effective. Records showed there was a low rate of incidents and accidents.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed before they moved to the service. Where needed, this included input from people's families. This ensured care was effective and in line with guidance.
- Care plans and risk assessments created a holistic guide which enabled staff to support people in the best way possible.
- Assessments considered any needs people might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's life choices, disability or religion. A relative said, "We were involved in the care plan as they wanted to make sure they got [person's] care right from the start. I am very impressed as I have high standards and the service meet everything I expect for [person]."

Staff support: induction, training, skills and experience

- Staff were trained and supported to carry out their roles and responsibilities for people's care.
- Staff told us they received the induction, support and training they needed to provide people's care; and for their ongoing learning and development. This included support to obtain national vocational qualifications relevant to their role.
- New care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.
- Staff were all positive about their training and support. Their comments included, "We get lots of training and regular supervision, I feel the training I have had helps me greatly in my role here. We can do additional relevant courses if we want to."
- Related comments from relatives were all positive. They included, "Staff here are well trained I think. They know what they are doing with [person] and that's what counts."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were effectively supported to maintain or improve their health and nutrition when needed.
- Staff understood people's health and nutritional needs and the related personal care steps they needed to follow to help ensure people's health and effective nutrition. This information was recorded in people's care plans and regularly reviewed. For example, to help people to maintain healthy skin or ensure they ate and drank sufficient amounts for their health.
- People were supported to access relevant external health professionals for the purposes of routine or

specialist health screening; and for advice and treatment when needed.

- We received all positive feedback from people, relatives and an external health professional. One healthcare professional said, "Staff are very good at noticing when anyone's health needs change, they always follow advice."
- We saw mealtimes were a sociable occasion for people, who were supported to eat in a choice of dining room or their own rooms, as they chose.
- Menus were planned daily and people were provided with a choice of varied, regular meals, snacks and drinks, which met with their assessed dietary needs, choice and nutritional requirements. For example, specialist diets, or the correct consistency of food and drink for people who experienced swallowing or chewing difficulties because of their health condition.
- Staff worked in timely consultation with relevant external health professionals, when needed for people's care.
- Standardised arrangements were in place to ensure timely information sharing with any external care provider, when needed for people's care. For example, in the event of a person needing to transfer to hospital because of acute ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them.

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 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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The service was working within the principles of the MCA, to ensure people's care was lawful and in their best interests.
- Staff were trained and followed the requirements of the MCA for people's care.
- We saw staff explained to people what they were doing, offered people choices and checked they were happy before and after they provided care.
- Records showed related assessments and decisions had been properly taken. This included when people were unable to make specific decisions about their care because of their health condition.
- DoLS applications had been made for people where needed, to the local authority responsible. Staff understood the care steps they needed to follow to ensure people's safety, rights and best interests. This included in accordance with any authorised DoLS, or pending any formal authorisation decision by the local authority.

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

- The environment was well maintained and adapted to meet people's independence, choice, orientation and safety needs. A lot of refurbishment and decoration had taken place since the last inspection.
- People were consulted and happy with the environment; and were supported to personalise their own rooms as they wished.
- We saw appropriate signage and information was visibly displayed, to help people's understanding and orientation.
- Private and quiet spaces were available for people and their families to use.

- There was a well-kept garden area, which provided some seating and we were told was in the process of being redeveloped as part of the service's annual development plan.

# 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 the last inspection this key question was rated as Good. At this inspection, this key question remained the same.

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 were treated with respect and their equality and diverse needs were recognised and met.
- We saw staff interacted with people in a positive, friendly and professional way.
- Staff understood the provider's published aims for people's care; to ensure their equality, rights and diverse needs. This information was recorded in people's care plans and staff received related training to promote this. Regular management checks of staff practice helped to make sure this was consistently followed.
- There were inclusive opportunities for people to practice their faith in the way they chose if they so wished.
- People and relatives felt staff treated people with kindness, compassion and ensured their dignity, choice and independence when they provided care, which we also observed. One person we saw was noticeably comfortable in the staff's presence and smiling a lot. A relative told us, "Staff are all very caring and professional, I can't fault them at all. I have seen other care facilities but this one suits [person] so well. Since the new owners took over there have been lots of positive changes and it shows."

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

- People were involved and supported as much as possible to express their views and make decisions about their care.
- People and relatives felt they had good relationships with staff who knew them well. Relatives were satisfied and felt regularly involved in discussing and agreeing their loved one's care. People were appropriately involved in this way also.
- Staff gave examples of how they ensured people's involvement and choice when they provided care. This included people's choice of clothing, food, where, when and how they received care and spent their time.
- People's care plans showed their choices and preferences for their care and daily living routines.
- Information was visibly displayed for people about how to access independent advocacy services, if they needed someone to speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity, choice and independence was respected and promoted.
- We saw staff consistently ensured people's dignity and rights in their care. Such as knocking on people's

bedroom doors and waiting for permission before entering; making sure people's clothing was properly adjusted after providing personal care and making sure people had drinks and any personal items to hand before leaving them.

- All people and relatives we spoke with were confident of this. One relative told us, "I can't fault the staff, they treat [person] with dignity."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good.

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

- People's care plans were individualised as agreed with them and their relatives, to show their preferred care and daily living routines, beliefs and lifestyle preferences, which staff understood.
- Throughout our inspection we saw staff consistently strived to implement the principles of person centred care. Staff were proactive to ensure this and observed to respond, when people needed assistance, in a timely manner.
- People felt staff knew them well and followed care choices and preferred daily living arrangements. All our observations indicated people received assistance from staff in a timely manner. Relatives also confirmed that, if they did have to wait for any reason; this was not for any undue length of time and staff always let them know.
- People and relatives we spoke with felt staff knew them well and worked hard to ensure people's needs were met.

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 engage in home life and with others who were important to them and to access their local community as they chose.
- A range of social, recreational, entertainment and leisure activities were regularly organised for people. Regular meetings were also held with people and relatives to help inform people's care and daily living arrangements from their expressed views.
- We observed one person who enjoyed karaoke but was non-verbal. We witnessed an emotional display of this person signing instead of singing to their favourite music which was 'The Greatest Showman.' This person had taught themselves the whole song and was delighted to share it with us.
- Established links with the local community continued for people's engagement, which they often enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided for people, to help to them understand what they could expect

from their care and how to raise any concerns, if they needed to.

#### Improving care quality in response to complaints or concerns

- There was an effective complaint handling procedure, to account for and help inform or improve people's care when needed.
- People and relatives said they were informed and confident to make a complaint or raise any concerns about the service, if they needed to. Everyone we spoke with said they hadn't had any cause to make a formal complaint. All felt staff listened and acted on what they said when needed.
- Records of complaints received by the provider since our last inspection, were effectively accounted for.

#### End of life care and support

- No one at the service was being supported with end of life care.
- People's end of life care was discussed and planned, and their wishes were respected if they had refused to discuss this.
- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure established systems were fully embedded and operated effectively to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had effective systems and processes in place to monitor the quality of the service and drive improvement.
- The registered manager knew their responsibilities with regards to the regulatory requirements. The rating for the service was displayed and the registered manager sent the required notifications to the CQC in line with regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care.
- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The registered manager was very involved in people's care and therefore had consistent oversight of the quality of care through observing staff. This enabled them to monitor the quality of the care being provided.

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

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This



helped to reduce incidents as staff were skilled to provide the support people required.

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

- The registered manager had regular contact with people's families to keep them involved in their loved one's care. Relatives were in contact regularly and with the service being small it meant relationships and communication were good with regards to updates and feedback.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the registered manager's 'open door' policy. We observed an open culture within the staff team. One staff member told us, "We have open discussions, we are a small team but like family so we all communicate well and welcome suggestions."

Continuous learning and improving care

- The registered manager strived to continually improve the quality of the service.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- Changes made came from discussions and suggestions in team meetings and feedback. We noted this had been effective in driving improvements.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as social workers, the local authority and commissioners.
- The provider worked with relevant agencies, including educational and relevant external health and social care partners, when needed for people's care.
- This helped to ensure people received effective, consistently informed care. For example, in relation to their medicines, specialist healthcare conditions or for infection prevention and control measures employed within the service.