

Melvyn & Jan John

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Melvyn and Jan John is a residential care home providing personal and nursing care to one person living with severe learning disabilities and Autism. People live together as a family in a two bedroomed terraced house in Ripple.

The service was registered prior to the guidance 'Registering the Right Support'. However, the service has been developed in line with 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.

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

People lived in a service which supported them to stay safe and protected from discrimination, abuse and avoidable harm. The providers were knowledgeable about how best to minimise risks and were aware of possible triggers and risk factors. People were encouraged and supported to take positive risks and their rights to freedom were promoted. Restrictions were kept to a minimum and people felt safe and secure living with the providers as part of a family. The providers regularly reflected on changes in people's behaviour to help identify possible triggers and reduce the risk of reoccurrences.

People were supported by the two providers who were both trained and experienced learning disability nurses. They had lived together as a family for many years. People had a circle of support, a group of family, friends and health care professionals, who gave support and friendship to people.

People's care and support was planned, monitored and reviewed in line with evidence-based guidance, such as the British Institute of Learning Disabilities. The providers kept their knowledge up to date and were registered with the Nursing and Midwifery Council.

People continued to be supported to eat healthily and meal times were social, family occasions. People were involved in cooking and shopping for the service. The providers worked closely with health care professionals to make sure people remained as healthy as possible. People had a communication passport to make sure important information about their needs and preferences could be shared with other health care professionals when required.

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.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were treated with kindness and compassion and had clearly built trusting relationships with the providers who knew them well. The providers noticed small changes in people's behaviour which may indicate a decline in their health or be a sign of distress. People were constantly reassured and appeared very settled. People's privacy and dignity were respected, and their independence was promoted.

People's care and support needs were planned and reviewed with their circle of support to ensure their needs and preferences were met. People were supported and encouraged to maintain relationships with those who were important to them. People continued to stay as active as possible with many holidays and regular trips out, for example to wildlife parks. People were offered choices and given information in the way that suited them best, such as using picture cards.

People were supported in a positive, open and inclusive environment where they were valued for their individuality. The providers constantly researched ways to improve people's lives. They demonstrated compassion and enthusiasm to provide the best support they could and welcomed feedback from people's circle of support.

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

Rating at last inspection

The last rating for this service was Outstanding (Report published 28 March 2017)

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.

Melvyn & Jan John

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Melvyn and Jan John is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was one of the two providers.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the providers and observed the support they provided. We reviewed a range of records. This

included one person's care plan and associated risk management records.

After the inspection

We received feedback from one person's advocate and from a representative from a local university.

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 Outstanding. At this inspection this key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risks of abuse, discrimination and avoidable harm.
- The providers were confident to identify any signs of abuse and understood how to report any concerns to external agencies, such as the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People continued to be empowered to take positive risks and measures were in place to minimise risks. One of the providers commented, "Now [person] is more comfortable and feels safer and more secure they seem to have more confidence".
- Risks were continuously assessed, monitored and reviewed to ensure people remained as safe as possible.
- The providers were extremely knowledgeable about risks to people's safety and how best to protect them from the risks of harm. For example, when a person was at risk of choking due to wanting to eat quickly, the providers had worked, over a long period of time, to try different ways of reducing this risk. One of the providers told us, "We have various methods to slow down their eating. We introduced using a napkin and they will stop and wipe their mouth frequently which slows eating down. With drinks, they would drink it in one go. We introduced using a cup and saucer. Now they always have a saucer and put the cup down in between sips".

Staffing and recruitment

- People continued to be supported solely by the two providers who had supported them for many years.
- No staff had been recruited since the last inspection. The providers were aware of their responsibility to recruit safely and spoke with us about the need to carry out the relevant checks should they employ new staff. They told us this would include checking references and completing a Disclosure and Barring Service criminal record check to help them make safer recruitment decisions.
- The providers, both registered learning disability nurses, kept their registration with the Nursing and Midwifery Council up to date.

Using medicines safely

- People continued to be supported to have their medicines safely and on time.
- The providers had supported people for many years. They were knowledgeable about people's medicines, including creams to keep their skin healthy. People were empowered to have as much control as possible in the administration of their medicines. For example, people were encouraged to pass the providers their creams for application.

- People's medicines were reviewed to ensure they were effective.

Preventing and controlling infection

- People lived together in a clean and tidy family home.
- People were supported to help keep their home clean. For example, by helping sweep the floor.
- The provider's understood their responsibilities in relation to infection control and food hygiene.

Learning lessons when things go wrong

- When lessons could be learned, or things could have been done differently, the providers reflected on any incident to establish what the possible triggers were and what they may need to do differently. The providers monitored any incidents to see if there were any patterns, for example in a person's behaviour, and took action to refer to other health care professionals when needed.

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 Outstanding. At this inspection this key question has been rated as 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 physical, mental health, social and emotional needs continued to be holistically assessed, monitored and reviewed to achieve positive outcomes.
- People's protected characteristics, under the Equality Act 2010, were protected by the providers. Care and support considered people's disability, religion, culture and sexuality.
- People, their circle of support and health care professionals were involved in reviewing people's care and support. This enabled the providers to develop person-centred care and support plans.
- The providers used evidence-based research and guidance, such as the British Institute of Learning Disabilities. People had a communication passport to ensure important information could be passed to other health care professionals when needed and people's needs would continue to be met in the way that suited them best.

Staff support: induction, training, skills and experience

- People continued to be supported by the two providers, who were both learning disability nurses. They had re-validated their registration with the Nursing and Midwifery Council to ensure they kept up to date with best practice.
- The providers completed training, such as the British Institute of Learning Disabilities positive behavioural support to make sure their knowledge was up to date.
- The providers regularly researched information to help them provide the best support for people. For example, they had links with The Tizard Centre at the University of Kent (a leading academic centre working in autism, learning disability and community care) and the Caldwell Autism Foundation.

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

- People continued to be supported to eat healthily and drink plenty. When possible, people chose what they would like to eat, for example a person pointed to cereal for their breakfast.
- People and the providers ate their meals together as a family and enjoyed their food.
- The providers knew people and their preferences well. People were supported to eat using adaptive cutlery. For example, one person used small cutlery to make it easier for them to eat their meal. The providers told us that the person's cup, saucer and cutlery were taken with them whenever they went out.

Staff working with other agencies to provide consistent, effective, timely care

- The providers worked together to make sure people received consistent, effective and person-centred care and support.

- The providers worked with people's circle of support and health care professionals to make sure people received the support they needed, when they needed it.

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

- People had access to the whole service which included a secure garden.
- One of the providers told us, "[Person] needs a homely environment which provides routine and predictability and that is what we provide". The providers made sure that people had objects that were important to them close by, so they were able to see or touch them. This provided them with a sense of security.
- People's rooms were personalised with their own pictures and ornaments.
- Door alarms and an intercom system were used to ensure people were as safe as possible.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to stay as healthy as possible. For example, one person was gently supported each day to complete a series of three sets of exercises to maintain the strength of their leg muscles and maintain their mobility.
- People were supported to see health care professionals, such as GPs, podiatrists, orthotics and dentists, when they needed to.
- The providers closely monitored small changes in people's behaviour which may indicate pain or a deterioration in health as people were not able to tell them if they felt unwell. A diary was kept and noted changes in a person, so any pattern could be identified.

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 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.

- People's rights continued to be protected by the providers who sought their consent before providing support.
- People were empowered and encouraged to make choices and decisions.
- The providers understood the need to assess people's capacity for specific decisions and, when needed make sure decisions were made in a person's best interest. One of the providers was the appointed health and welfare deputy for a person living at the service to make sure important decisions were made in the person's best interest.

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 Outstanding. At this inspection this key question has been rated as 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 continued to be supported in a loving, kind, caring and compassionate way. One of the provider's told us, "[The person we support] is at the centre of absolutely everything we do".
- People had clearly developed trusting relationships with the providers. The providers knew people very well and people were relaxed in their company. Throughout the inspection the providers showed a genuine affection for people and it was clear people felt safe and secure living together as a family.
- The providers were extremely knowledgeable about people, their care and support needs and their individual preferences. For example, they told us about certain words or actions to avoid during the inspection which may cause people anxiety or distress. The providers told us they reflected on any periods when people were anxious and said, "Behaviours that [person] engages in which are challenging for us are borne of distress. We need to understand what the cause of distress is".
- People were supported to maintain contact with their circle of support.

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

- People continued to be supported to express their views in the way that suited them best. The providers understood people's ability to make decisions and were careful not to overload people with too much information. For example, people were able to choose between two objects or picture cards.
- People were able to decide who supported them. For example, by choosing who to walk beside or who to engage with during activities.
- One of the providers told us, "[Person's] care plan is based on constant, consistent support from people who know them well and are skilled in working with people with emotional, cognitive, sensory processing, communicative and behavioural difficulties".
- People had an advocate as part of their circle of support. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions. One person's advocate noted on their feedback to the Care Quality Commission that they had 'The highest regard' for the providers.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be respected and their independence promoted.
- People were empowered to do as much for themselves as they were able. Throughout the inspection there was positive reinforcement and people were encouraged to complete things such as set the table and clear the table after their meal. The providers told us how people were encouraged to dress themselves and said, "[Person] gets themselves dressed and will sometimes come downstairs with something inside out. We support them. They like the interaction of putting it back on the right way".

- People were supported to join in family tasks, such as cooking and shopping. The providers told us their role was to support and guide people to help them successfully navigate their daily life to make sure they felt safe, happy and free from fear and anxiety. The development of new independence skills was an integral part of this.
- People's records were stored securely to protect people's confidentiality.

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 Outstanding. At this inspection this key question has been rated as 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 continued to receive care and support that was tailored to and responsive to their individual needs. People and their circle of support were involved in the planning and reviewing of the care and support.
- People's physical, mental health, social and emotional needs were reflected in their care plans. Care plans focused on the person's whole life and included their skills, abilities and goals. There was a very detailed insight into people's backgrounds.
- The providers spoke with us about the importance of people's routines to support people to feel secure in their home environment.
- The providers supported people to complete important documents. For example, people's personal independence payment and applications for a blue badge.

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.

- People's rights to have information presented in an accessible way was understood by the providers.
- People used a series of picture cards to aid their communication. The providers spent a lot of time working with people and completing research to support their communication. For example, the picture cards were based on best practice using the van Dijk approach. This is a way, over a long period of time, people could learn to use pictures and symbols to make their needs known. While this was not found to be as successful as hoped, they continued to be used to support the person's well-being.
- The provider noted on the provider information return, 'We try our very best to understand [person's] non-verbal communication and body language and respond promptly and appropriately with body language, gesture, sound and objects of reference. Their feeling that they are wrong or bad is a very negative and damaging experience deeply rooted in their past. In spite of our best efforts this feeling frequently revisits them and causes them great distress. We try our very best to communicate to them that they are right, good, clever and loved. If we can communicate this, they respond with happiness and relief'.

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 encouraged and supported to develop and maintain relationships with their circle of support, people that mattered to them. These people were always welcome to visit. This helped reduce the

risk of social isolation and loneliness. Living as part of a family, people were treated as extended family and attended weddings, birthday parties and funerals with the providers.

- People were supported to stay active. People had been on many holidays, including walking, mountain climbing and canoeing. One of the providers told us, "[Person] needs a curriculum presented in a way they can understand, and which provides positive behavioural support and an interesting personal and social life to maximise their security and personal growth".
- The providers told us, "We go to live gigs. [Person] is quite happy and really enjoys it. We have to make sure they have space around them. We have been to ballets and ice-skating shows. They really enjoy movement, even the smoke from a bonfire can be mesmerising". One person had been to a wildlife park and had enjoyed watching a wolf pack.
- The providers had established a home recording studio and spoke about the benefits of music therapy. This was an area they planned to continue to develop as people had found music to be soothing and comforting. The studio enabled people to be creative and enabled people to contribute to the making of music in the way that suited them best.

Improving care quality in response to complaints or concerns

- People were supported to express their views of the service they received. There had not been any complaints.
- The provider had a process to record any complaints should they arise. They told us they had never received a complaint but would take immediate action to investigate and resolve this should it happen.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- The providers understood people well, including any religious and cultural preferences. They told us they had discussed people's needs as they grew older. Any end of life wishes were not recorded and this was an area for improvement.

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 Outstanding. At this inspection this key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People continued to be supported in a loving, inclusive and empowering environment. People were valued by the providers and their individuality was embraced.
- There was an open and inclusive culture and the providers shared a well-developed understanding of equality, diversity and human rights. They acted in people's best interest to ensure this continued to be promoted.
- The providers demonstrated compassion and enthusiasm to provide the best support they could and welcomed feedback from people's circle of support. They noted on the provider information return, 'The support we provide is a 30 year-old social mission based upon a shared belief that all people share the same need to be loved, listened to and supported in the way they choose. It is not a job, it is a lifetime commitment to a way of life, a major lifestyle choice. This makes the work we do personal rather than professional. It is as important to us to ensure that we do the very best for the members of our intentional family as it should be for any other family; this involves sacrifice and compromise for the benefit of loved ones. Our support is totally person-centred. We strive for excellence in what we achieve for [person] who is the ultimate test of the quality of our support'.
- The providers' visions and values were based around a philosophy of 'Interdependence and totally person-centred support (Gentle Teaching)'. Gentle Teaching is a relational approach to building a safe, loving and engaged relationship.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 were supported by providers who were clear about their roles and responsibilities. The providers were highly motivated to provide positive outcomes for people.
- The providers regularly reflected on the support they provided to see how they could continue to drive improvements.
- The providers were clear about their regulatory responsibilities. They understood what should be notified to the Care Quality Commission (CQC) and the local authority and the importance of involving the right people if something went wrong. There had not been any notifiable incidents since the last inspection.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. A copy of the last report was in the service.

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

- The providers worked cohesively to support people. They regularly engaged with people's circle of support and health care professionals to make sure people's needs were met.
- People were supported to be active in the local community and were well-known by their neighbours as they regularly visited local shops, cafes and restaurants with the providers.

Continuous learning and improving care; Working in partnership with others

- The providers were both experienced learning disability nurses who kept up to date with best practice.
- The providers were keen to share their knowledge and experience to benefit others. For example, a trainee nurse associate from Canterbury Christ Church University spent half a day with them to gain experience. They found this to be a valuable and interesting experience. The providers planned to support more trainee nurses in the future.