

Jane House Limited

Jane 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?	Good ●

Summary of findings

Overall summary

The inspection took place on 29 February 2016 and was unannounced. The home was previously inspected in July 2014 and the service was meeting the regulations we looked at.

Jane House is a care home providing accommodation and personal care for up to five people and personal care for up to two people in supported living.

The service had a registered manager in post at the time of our inspection. 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 procedures in place to safeguard people from abuse. The policy explained how to recognise abuse and how to report it. The staff we spoke with were knowledgeable about the subject and told us they would report abuse immediately to their line manager.

We looked at systems in place to manage people's medicines and found this was done in a safe way. Medicines were stored in a safe, lockable cupboard. Medicines which required cool storage were kept in the fridge where food items were stored.

We observed staff supporting people and found there were enough staff with the right skills and knowledge to meet people's needs. People were able to be supported in the community or at the service depending on how they preferred to spend their day.

The provider had a safe and effective system in place for employing new staff. We looked at staff files and saw this process had been followed. The staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment.

We spoke with staff who told us they received training that gave them the skills to carry out their roles effectively. Most training was sourced from the local council, but the provider had used a training agency to supply training not supplied by the council.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were offered a nutritious diet which they had been involved in choosing. People using both services decided between them what they would like on the weekly menu. They then wrote a shopping list, went

shopping and assisted in meal preparation.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

People's likes and dislikes were documented in their care plans and we saw these preferences were respected when we observed staff supporting people.

Support plans we saw had an initial assessment of people's support needs and how best to assist the person. This was followed by a series of support plans which were available in easy read format and clearly involved the person. Care and support delivered was in line with records that we saw.

People who used the service and their relatives felt they could raise concerns if they had to. They felt the registered manager would listen to them and resolve their concern.

We saw evidence that staff and people who used the service were able to comment about the service and felt their views and opinions were valued. Frequent meetings were held with people who used the service and staff.

An independent person completed an annual audit and was available to support the registered manager when required.

We saw daily checklists in place for fire safety, daily notes, observation and medication. Although there was a record that medicines were checked on a daily basis this was a tick sheet rather than a detailed audit.

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.

The provider had procedures in place to safeguard people from abuse. The policy explained how to recognise abuse and how to report it.

We looked at systems in place to manage people's medicines and found this was done in a safe way.

We observed staff supporting people and found there were enough staff with the right skills and knowledge to meet people's needs.

The provider had a safe and effective system in place for employing new staff.

Is the service effective?

Good ●

The service was effective.

We spoke with staff who told us they received training that gave them the skills to carry out their roles effectively.

We found the service to be compliant with the Mental Capacity Act.

People were offered a nutritious diet which they had been involved in choosing.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good ●

The service was caring.

People's likes and dislikes were documented in their care plans and we saw these preferences were respected when we observed staff supporting people.

We observed staff assisting people to make choices and these were respected.

Is the service responsive?

Good ●

The service was responsive.

Support plans we saw had an initial assessment of people's support needs and how best to assist the person.

The service had a complaints procedure and people felt they could speak with staff if they had a concern.

Is the service well-led?

Good ●

The service was well led.

An annual visit took place by an independent person who completed an annual audit of the service and suggested areas for improvements.

People who used the service, relatives and staff views were sought and acted on.

Jane 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 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.

This inspection took place on the 29 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector. At the time of our inspection there were seven people using the service. Five people were living in the care home and two people were receiving personal care in their own home.

Before our inspection we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service.

We spoke with two people who used the service and four relatives, and spent time observing staff supporting people.

We spoke with two care workers, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and found they felt safe living at the home. We spoke with relatives who felt their family member was in a safe environment. One person said, "I feel very safe here, the staff are nice."

The provider had procedures in place to safeguard people from abuse. The policy explained how to recognise abuse and how to report it. The staff we spoke with were knowledgeable about the subject and told us they would report abuse immediately to their line manager. They were confident that this would be taken seriously and acted upon. Staff told us they received training in safeguarding people and this was refreshed on an annual basis to ensure they were kept up to date.

We spoke with the registered manager who told us the service had never had to report anything of a safeguarding nature, but knew who to contact in the local authority to report incidents or to ask for advice.

We looked at systems in place to manage people's medicines and found this was done in a safe way. Medicines in the care home were stored in a safe, lockable cupboard. Medicines which required cool storage were kept in the fridge where food items were stored. We spoke with the registered manager about this and she told us the items should be in a box. This was actioned on our inspection. We saw temperatures of the fridge were taken and recorded daily to ensure they were kept at the correct temperature. However, no temperatures were taken of the medicine cupboard. We spoke with the registered manager about this and were told this would be resolved.

Medicines stored on behalf of people using the supported living service were stored in a locked cabinet in the person's room.

Medicines were checked on a daily basis, but the record of this gave no detailed information. The sheet indicated a tick to say the medicines had been checked. We spoke with the registered manager about this who told us they did not have any other audit around medication but would look at starting this process. Shortly after our inspection, the registered manager sent us a copy of a more comprehensive audit which was going to commence.

We looked at care and support records and found they highlighted risks associated with people's care. For example, we saw risk assessments about how to support people safely in the kitchen and helping people to understand the dangers around the kitchen.

We observed staff supporting people and found there were enough staff with the right skills and knowledge to meet people's needs. People were able to be supported in the community or at the service depending on how they preferred to spend their day. Some people were out of the home for most of the day returning home around tea time. We saw staff numbers increased when people were due to return to the service and there were plenty of staff around to support people with their tea time meal and evening activities.

The provider had a safe and effective system in place for employing new staff. We looked at staff files and saw this process had been followed. The staff files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

All staff we spoke with confirmed they had completed the pre-employment checks and shadow shifts prior to them commencing work at the service.

The provider had a detailed induction package which consisted of training and the opportunity to shadow experienced staff. This helped new starter to get to know the people they would be supporting, and only provided care and support when the person felt comfortable. We spoke with a care worker who had recently started working for the service and they told us they had found the induction process informative and supportive.

Is the service effective?

Our findings

People we spoke with told us they liked the staff. One person said, "I like the staff, we get on well and they know what they need to do to support me." We spoke with relatives who felt their family member was supported by well trained staff. One relative said, "The care and support they provide is good."

We spoke with staff who told us they received training that gave them the skills to carry out their roles effectively. Most training was sourced from the local council, but the provider had used a training agency to supply training not supplied by the council. We saw individual files which contained a training record. We saw training in subjects such as first aid, medication, safeguarding, moving and handling and food preparation had been completed.

People we spoke with felt supported by the registered manager and said, "It's the best place I have ever worked." Staff received supervision sessions on a regularly basis. (Supervision sessions were one to one sessions with their line manager). Staff thought these sessions were valuable and gave them the opportunity to discuss their work and what training they needed to complete. Annual appraisals were also completed with each staff member. These focused on their development and conduct at work, performance and implementing and understanding policies and procedures.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection we observed staff and spoke with them about their understanding of the MCA and DoLS. We found the service to be compliant with the MCA. The registered manager told us that nobody living at the service was currently subject to a DoLS. However, appropriate applications had been made to the supervisory body and they were waiting for an outcome.

We saw that where people lacked capacity to consent to care and treatment, the provider had completed best interest meetings to ensure that any decisions made were in the person's best interest.

People were offered a nutritious diet which they had been involved in choosing. People using both services decided between them what they would like on the weekly menu. They then wrote a shopping list, went shopping and assisted in meal preparation. The main meal was served at tea time as most people were out all day at different activities. People who remained at the service during the day were offered regular drinks and snacks. On the day of our visit one person went out with a member of staff for their lunch. Care plans we looked at contained details about the type of diet the person required, their appetite, and likes and dislikes.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. We saw people such as psychiatrist, social workers, dentists and mental health nurses had been involved where appropriate.

Is the service caring?

Our findings

We spoke with people who used the service and were told the staff were kind and caring towards them. One person said, "Staff are good, they always knock on my door. I like my keyworker; they are helping me to sort out my room." We spoke with people's relatives and they told us the service had a very homely feel to it. One relative said, "We are happy with the care and comfortable with this placement." Another relative said, "I couldn't ask for anything better, it's great. It's small which gives it a homely feel."

During our inspection we observed staff supporting people who used the service. We saw staff knew people well and people responded well to them. Staff were kind in nature and showed a natural ability to support people.

People's likes and dislikes were documented in their care plans and we saw these preferences were respected when we observed staff supporting people. One person liked to do out for meals with their friend and take telephone calls in their own room for privacy. Staff we spoke with knew details contained in care plans. The service had a policy in place to ensure people were treated with dignity and respect and as an individual regardless of age, gender or culture. One staff member said, "It is important that we enable people to express themselves and help them feel like a valued member of society."

We observed staff showing compassion and a caring attitude towards people. They communicated with people on a one to one basis, offering choice and respecting the person's decisions. For example, one person communicated without speech and we saw the care worker offering the person a choice by showing them their hands and saying 'do you want this or this.' Conversations were kept clear and to the point to aid understanding and to support the person's decision.

We saw bedrooms were personalised and people had chosen how they would like their room. Some people had chosen to display photos of people they liked and had other personalised objects in their room to make it their own. One person said they were having their room decorated and they had chosen some wallpaper that they liked.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they were involved in their support plan and discussed it regularly with their keyworker. Relatives we spoke with told us the service kept them informed and involved them in their family members support plan.

Support plans we saw had an initial assessment of people's support needs and how best to assist the person. This was followed by a series of support plans which were available in easy read format and clearly involved the person. Care and support delivered was in line with records that we saw. For example, one person's support plan stated they required staff to communicate with them clearly so the person could understand and be involved in their support. We saw staff made sure they gave only two options at a time but once the person had decided they put another option forward. Staff gave time for the person to understand the information and for the person to make a decision. This showed staff were passionate about ensuring people were involved in their life.

Daily notes were kept on a daily contact sheet and gave a picture of how the person had spent their day, what activities and event they had been involved in and any other relevant information.

People were supported to take part in activities and hobbies which they chose to do. For example one person enjoyed playing a musical instrument and was supported to maintain lessons for this. Other people went out to social events and centres of their choice. Other events such as holidays and trips out to various places of interest were also planned throughout the year.

We saw the service had a complaints policy in place and this was available in easy read format to aid understanding. The complaints policy stated that a concern would be dealt with in 28 days of receiving it. We spoke with the registered manager about complaints and were told a log was kept of concerns raised and dealt with in line with their policy. One complaint had been received during the past year and we saw evidence that this was resolved effectively and in line with the company's policy.

An easy read complaints poster was displayed in the hallway of the service. People we spoke with said, "I don't have any worries but if I did have I would speak to my keyworker. They would listen to me and sort it out for me." A relative we spoke with said, "If I had a concern about anything I would speak to the manager. I am confident they would sort it out, nothing is too much trouble."

Is the service well-led?

Our findings

We spoke with people who used the service and relatives and they told us they were happy with the way the service was managed. They told us the registered manager was friendly and approachable. Staff we spoke with felt supported by the registered manager and felt able to speak with her at any time.

An annual visit took place by an independent person who completed an annual audit of the service and suggested areas for improvements. The last annual audit was completed in May 2015. This included an action plan and the registered manager advised us that the actions had been completed. The independent person was also available to support the registered manager on an ad hoc basis.

We saw daily checklists in place for fire safety, daily notes, observation and medication. Although there was a record that medicines were checked on a daily basis this was a tick sheet rather than a detailed audit. There was no other audit in place for medicines or infection control. We spoke with the registered manager about these audits and were told they would commence them. Shortly after our inspection we received a copy of these audits which were to be introduced in to the service.

We saw evidence that staff and people who used the service were able to comment about the service and felt their views and opinions were valued. Frequent meetings were held with people who used the service and staff. The service completed a satisfaction survey on an annual basis. The last one was completed in May 2015 and contained good feedback. For example, "I want to stay here longer and don't want to move." Another comment was, "My daytime activities are good and I enjoy them." A relative had commented, "It's always a pleasure to visit the service. All staff are pleasant and helpful."

We also saw evidence that the registered manager carried out staff observations. These were to ensure staff were carrying out their role in line with their job description.

There was a system in place to support staff out of office hours. Staff we spoke with told us the registered manager and the senior staff were very supportive and approachable and confirmed that they could contact the senior on call during out of office hours.