







Fulfilled Living Limited Jabulani

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	

Overall summary

We undertook an unannounced inspection on 1 April 2015.

Jabulani provides residential care and support for people with learning disabilities. The home is registered to accommodate up to 11 people. At the time of our inspection there were seven people using the service. Accommodation was provided over two floors and there was a lift installed. Jabulani was registered 11 April 2014 with the Care Quality Commission and the service had not previously been inspected.

At the time of the inspection there was a registered manager in place. 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.

Summary of findings

People told us they felt safe and were protected from the risk of abuse or avoidable harm. There were sufficient numbers of staff employed to meet people's needs on a day to day basis.

Care staff were knowledgeable about the people who used the service and were aware of their roles and responsibilities. They had the skills, knowledge and experience required to support the people who were resident in the home. Care staff provided appropriate support to encourage and engage people in activities within the home.

Care staff had received training and support in order to deliver effective care to people. Care was provided to them in a way that met their individual needs. People were encouraged to make choices about their daily living.

People were supported with their dietary needs and were supported to make choices about meals.

Records for staff recruitment were in place and staff had been recruited in an appropriate way. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) 2008 were known and understood by care staff and the registered manager.

Medicines were managed in a safe and appropriate way.

Relatives were involved in the day to day care of the relatives in that their likes and dislikes were discussed. We saw that the registered manager had a high profile in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place to help make sure people were protected from the risk of abuse and avoidable harm.

There were sufficient staffing levels to meet most of the needs of the people who used the service. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs and they undertook regular training to ensure that they were able to undertake their roles and responsibilities effectively.

People were supported to eat and drink according to their plan of care. Their health needs were monitored and responded to.

Requirements of the Mental Capacity Act and Deprivation of Liberty safeguards were known and understood

Good



Is the service caring?

The service was caring.

There was good communication between the people who used the service and staff. Staff were kind and compassionate.

Staff were respectful of people's privacy and dignity.

People were involved in making decisions about how they wanted to be cared for.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

Staff supported people to access the community and maintain their independence.

There was a complaints process in place and people were confident in raising concerns.

Good



Is the service well-led?

The service was well led.

Staff were supported by the registered manager and were aware of their responsibilities. There was open communication within the staff team and staff were committed to driving improvements.

Audits checks undertaken were effective.

Good



Jabulani

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.

The inspection took place 1 April 2015 and was unannounced; it was undertaken by two inspectors.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we had received since Jabulani was first registered in April 2014.

During our inspection we spoke to the registered manager, the manager, one member of senior care staff and two visiting health professionals. Following the inspection we also spoke with two relatives of people who used the service.

We spoke with one person who used the service and we also used our 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 looked at care plans for two people who use the service, the supervision matrix and training records. We also looked at the staff communication book which was used to share information about people across shifts.

Is the service safe?

Our findings

People told us that they were kept safe from harm and were supported to undertake their day to day life with the required support. The people we spoke with told us that they liked living in the home and felt safe.

People told us that the registered manager responded to any concerns and was actively involved in the day to day running of the home. Care staff were aware of the process to follow if they witnessed any behaviour which put people at risk and told us they were confident in reporting allegations of abuse. They had received training in safeguarding adults and the home had a safeguarding policy which was freely available to all care staff. They were aware of the whistleblowing policy in the home. This meant people were protected from the risk of abuse because effective systems were in place.

We saw that the staff were skilled in managing risk to the people who lived in the home. For example, we saw a person was exhibiting anxious behaviour; a member of staff used appropriate skills so that they, and the other people in the room, were kept safe from harm. A relative told us that they felt there were enough care staff in the home to manage it safely. They told us the care staff had learned their relatives needs, assimilated that information and used it really well to care for their relative. A visiting professional also told us that the home was very proactive in identifying issues of risk before they happened.

There were effective systems in place to keep people safe, for example there was an alarm system in place to alert care staff when there was a medical emergency. Staff told us that this meant there was help available quickly and that they could ensure people in the home were kept free from harm. This was an effective way of managing risk.

There was a communications book so that current information on risks to the people who used the service

could be passed on effectively across shifts, for example a forthcoming fire service strike. This ensured that changing information about risks to people was shared with all the care staff in the home involved in care.

People told us that the home was well staffed and there was always a member of care staff available if they needed help. The staff ratio throughout the day was managed so that there were never less than three members of care staff on duty, this reduced to two members of care staff overnight, one asleep and one awake. We saw that there were enough care staff to maintain a safe environment in the home.

When we looked at the recruitment files we saw that appropriate recruitment checks had been undertaken on the care staff who worked in the home.

We saw that people were given their medicines appropriately. Medication administration charts (MAR) were completed, in full, and photographs were in place in front of every medication record. This meant that staff could easily identify that they were giving the medicine to the right person. Guidelines were in place to ensure that if people required medicine for pain this was given. We saw that one person was prescribed an emergency rescue medicine, there were guidelines in place on how to administer this and care staff had received training to administer. People received their medicines as prescribed and care staff at the home managed medicines safely and in accordance with best practice guidance.

There were systems in place to review accidents and incidents in medicines and an action plan was in place to prevent them happening again. For example, recently there had been a medicines error and appropriate action had been taken. The GP was informed immediately and their advice and guidance was followed. When we looked at records we saw that there was a monthly audit of medicines and that care staff were assessed every six months to ensure that they were competent to administer them.

Is the service effective?

Our findings

Due to their complex needs, some of the people who used the service were not able to tell us their views about the skills of the care staff that supported them, however, those who were able to do so said that they were supported well.

Care staff told us that they received formal supervision to enable them to deliver effective care once every six weeks and informal supervision more often than this, as it was required. We saw that staff records supported this. Care staff also told us that the registered manager was very supportive when they first started working at the home. They told us that they had undertaken an induction which involved always working alongside a more experienced member of the care staff. As part of the induction they also looked at care plans, spoke to people and relatives and got to know the needs of the people who lived in the home. They also told us that extensive training was available to them and that if they wanted extra training they could ask for this and it would be arranged.

We saw that the care staff supported people in a knowledgeable and skilled way.

Staff had an awareness and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLs). This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. We saw one example of this when a person was accompanied to the local village where they liked to go to the coffee shop for morning coffee.

People told us that there were plenty of fresh ingredients in the food and that the food was nutritious and that they were “proper meals” served in the home. People were able to have a drink or snack when they requested this and meals in the home were decided by the people who lived there. On a regular basis the people who used the service got together, with the support of care staff, and discussed the food that they enjoyed and the food that they didn’t. Staff input into these sessions ensured that the people received meals that they enjoyed but were also nutritionally balanced.

Care staff were skilled and had links in place with other professionals to ensure that the health needs of people were met. For example they worked with the dentist to show pictures to people of a dentist surgery before they went to visit. We saw that when professional intervention was required to assist with nutrition, referral to the dietitian was made. Information and guidance from the dietitian had been incorporated into people’s care plans and acted on. Care staff were working with general practitioners to ensure that health checks were carried out for all the people who used the service. We saw that care staff supported people to access health professionals

Should a person require emergency admission to hospital ‘Grab’ folders were available for everyone who used the service containing information about their medical needs This could be picked up quickly if anyone needed to go to hospital and ensured that they had all the information they required to treat the person.

Is the service caring?

Our findings

People told us that care staff listened to them and offered to help when this was required. One person told us they liked living there and that, “All staff are kind”. They told us they had formed a close relationship with one particular member of staff. When we asked this person if they felt unhappy would they tell staff, they nodded their head.

People were confident in approaching care staff to ask for things, for example one person asked for a snack and was assisted to get this. Another person told us that they liked it at the home and during our visit we observed care staff were polite and kind to people. They were patient and took the time to answer people’s queries or explain things to them. Care staff demonstrated a genuine rapport with the people who lived in the home and were calm and caring in their interactions. Relatives were also complimentary about the staff team. One person’s relative told us, “Staff are caring and compassionate”.

Care staff had a good knowledge of the needs, likes and dislikes of the people who used the service and were positive about the support they were providing. One member of staff said, “Everyone’s different, everyone has their own character, it’s like being part of a family.....because it’s not huge we get to give more quality time”.

Staff told us that to ensure that people were cared for in the way they wished they talked to relatives initially. They then worked with people to find out the ways in which they liked to be looked after, for example they would look at facial expressions. They told us that if there was a change in the

way that people liked to receive their care then they would put this in the communication book and then update people’s care plans. We saw that care staff had taken the time to get to know people and their individual communication needs.

Records confirmed that staff gave people the opportunity to make decisions and choices throughout the day. Relatives confirmed that care staff involved them in the delivery of people’s care asking them about the likes and dislikes of their family member.

Care staff we spoke with gave us appropriate examples of how they maintained people’s privacy and dignity and we saw that people’s privacy and dignity was respected. There were locks on bedroom doors and people choose whether to lock with a key or not. We saw care staff knocking on bedroom doors before entering, even though the door was wide open. We also saw them requesting permission to enter rooms. Care staff respected people’s right to privacy and provided support in a way that maintained their dignity. A visiting professional told us that the care staff respected the dignity of the people who used the service and felt people were well cared for by a supportive staff team.

Although there had been no complaint made we noted that the double glazing in one of the people’s rooms had broken seals and there was a spare bed base stored in the room, we felt that this compromised the dignity of the person who used that bedroom. We drew the attention of the manager to this so that they could ensure appropriate maintenance and comfort of rooms for people.

Is the service responsive?

Our findings

People's views about how they liked to live their lives were respected and they told us that they liked living there. We saw that what was happening during the day in the home was displayed in pictures so that people who could not read knew what was happening. This meant that the day to day activities in the home were made accessible to people through different forms of communication. One relative told us that, since moving to Jabulani, their relative was cared for more appropriately for their age, showing that the care staff had responded to the needs of this person.

People were encouraged to be involved in the running of the home and staff promoted their independence. Care staff were knowledgeable about the people they supported, they were aware of their preferences and interests as well as their health and support needs. This meant that the service was responding to provide the kind of service that people said they wanted, even when their wishes changed.

People were assisted to pursue their hobbies and interests. For example one person liked to tidy up the kitchen and was supported to do this. Another person told us that they enjoyed baking sessions in the kitchen and we saw that this was supported. Other Impromptu activities were supported including balloon volleyball, jigsaws, massages and pampering sessions and weekly live music sessions. Care staff told us people had enjoyed these activities.

Relatives told us that they were consulted in the care provided for the people who lived in the home and one person told us that they had received a telephone call that day to discuss whether a certain leisure activity was suitable for their relative.

We saw that care plans contained comprehensive information about people's individual support needs and gave guidance for staff to follow. There were personalised day recording workbooks which showed what individual people had been doing on a daily basis, this supported care staff in facilitating different activities with people. It also helped to ensure that people were doing the things they wanted to do and that they were cared for in the way they wanted to be cared for. In every person's room there was a 'mini' care plan on display outlining their personal information and the ways in which that person liked to be

cared for, including their likes and dislikes, bathing arrangements, wheelchair/hoist arrangement and what the person liked to be called. These were prominently displayed in rooms and were easy to see and ensured all care staff were aware of how each person would like to be supported.

However, we saw that people were not always supported to be as independent as possible or undertake all the activities they wished outside of the home. We saw that, for those who were able to; they went out with the assistance of staff. However, care staff told us that they did not have sufficient time to do this regularly and would require more staff support to provide sufficient opportunities for this for everyone, particular during the winter months. This meant that people were not always supported to be as independent as possible or to undertake all the activities they wished to undertake. Although we did see that there were sufficient staff to respond to the needs of people within the home environment on a daily basis.

People's preferences and how they liked to live their lives were provided for, we saw that one person preferred to eat breakfast when they first came down from their room, which was often noon. They were provided with breakfast at this time and lunch was saved until later in the day when they preferred to eat it. This showed that the care staff were listening and responding to people's individual needs. Another person liked to go to the local coffee shop and we saw, during our visit that they were supported to go and have a cup of coffee. We saw that people were encouraged to do the things they wished. Where people could not give their views about what they wanted the care staff were proactive in initiating activities that they thought people may enjoy. For example, one person had been engaged in sensory activities.

People liked to use the 'sensory' room and we saw one person enjoying this, the music that was played in the room was the person's preference and staff had found what music they liked by talking to relatives and watching for the reactions of the person in the room. This showed that care staff had learned from people living in the home and provided things that they enjoyed.

People were involved in the activities they liked to do and there were residents meetings held to find out what they wanted to do. Care staff tried to accommodate people's requests and support them in activities that were

Is the service responsive?

meaningful to them?. A visiting professional told us that transport was being investigated so that the people in the home could be given more flexibility and choice about how they spent their days.

Is the service well-led?

Our findings

We found the home had a welcoming atmosphere and feedback from people, relatives and visiting professionals was very positive. For example one visiting professional told us that Jabulani had a “very unique model and it works”. They also told us that the home had a very good reputation across the area and that staff were proactive and not frightened of asking for advice if they needed it. The registered manager was well known to the people who lived there and they were all confident in approaching them if they had any problems or concerns

The provider demonstrated good management and leadership. People told us that the service was well managed and relatives supported this view. Care staff told us that the registered manager had a vision which they supported and they said that the structure worked well and they knew their position in it. Care staff also told us that they felt supported and knew that they could approach the registered manager about anything confidently. One member of staff told us that decisions in the home were thought through by management which meant that any developments in the service were well planned.

The provider gathered people’s opinions to check that they were happy with the quality of care. The management had arranged for quality assurance questionnaires to be undertaken and there had been four questionnaires returned. Comments included “very professional approach but very caring” also “home does not feel like an institution” and “wish Jabulani had been available years ago”.

We saw that care plans provided staff with clear information to enable them to support people appropriately and safely. We saw that there was a local ‘crisis escalation plan’ should the home need to close in sudden circumstances and there were monthly ‘clinics’ held for professionals who were involved in the home so that they could come and share ideas and concerns.

‘Team briefs’ took place on a regular basis where information about how the people in the home liked to be cared for was shared. This demonstrated the provider had systems in place to monitor and improve the quality of service provided