

Caritas Services Limited

Jackson House

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection was unannounced and took place on the 01 June 2015.

This was the first inspection of Jackson House following a change of service provider.

Jackson House is a care home providing accommodation and both nursing and personal care for up to four adults with a learning disability. The service is provided by Caritas Services Limited.

The care home is a semi-detached cottage with drive, parking for three cars and gardens front and rear. The people who live there each have their own room and there are shared lounge and dining areas.

On the day of our inspection the service was providing accommodation and nursing care to four people.

Summary of findings

At the time of the inspection there was no registered manager at Jackson House. The service was being managed by a registered manager from another service within the organisation

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.

During the day of our inspection, people living at Jackson House were observed to be comfortable and relaxed in their home environment and in the presence of staff. The manager and staff spoken with demonstrated a good awareness of the diverse needs and preferences of the people living at Jackson House and how best to provide care and support for people. We observed interactions between staff and people were kind, caring and personalised and noted that people were able to follow their preferred routines.

People using the service and relatives spoken with were generally complimentary of the standard of care provided at the home.

Comments received from people using the service included: "There's nothing here that makes me

frightened"; "It's very nice here. I'm happy living here"; "I like it here. The food's good and I like the staff" and "Yes. It's ok here. I have plenty to do and don't get bored the staff are ok."

Likewise, feedback received from relatives included: "I know he is safe and cared for and happy. I have complete peace of mind that there is someone there who can meet his needs"; "At his last place the residents had to fit in with how the service worked whereas at Jackson it's how the person is and the service works for them, not the other way round" and "The new manager is quite new so I don't know her as much yet. She seems okay and she phoned me to say she is taking over. We've had a good talk and she is sounding proactive".

We found that there were procedures in place to safeguard people from abuse however recruitment records did not always provide evidence of adequate safeguards for people living at Jackson House.

Additionally, training records viewed were not up-to-date to verify staff working at Jackson House had completed all the necessary induction, mandatory and other training that was relevant to individual roles and responsibilities.

You can see what action we told the registered provider to take at the back of the full report.

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 not always safe.

Recruitment practice did not always provide robust safeguards for people living at Jackson House to verify people were being cared for by staff that were suitable to work with vulnerable people.

The manager and staff spoken with demonstrated a satisfactory understanding of the concept of abuse, awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

Requires improvement



Is the service effective?

The service was not always effective.

Training records viewed were not up-to-date to verify that staff working at Jackson House had completed all the necessary induction, mandatory and other training that was relevant to individual roles and responsibilities.

Requires improvement



Is the service caring?

The service was caring.

We observed interactions between staff and people were kind, caring and personalised. We saw that people were able to follow their preferred routines and that individual choices were respected by staff who communicated and engaged with people in a polite and courteous manner.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs.

Care records showed people using the service had their needs assessed and planned for by staff at Jackson House.

People living at Jackson House had access to a range of individual and group activities.

Good



Is the service well-led?

The service was not always well led.

At the time of our inspection Jackson House did not have a registered manager in place to provide leadership and direction.

Requires improvement



Summary of findings

Auditing systems had been established to assist staff to monitor and review the service. However, there was limited space for staff to record issues and actions required and there was no written summary of the findings of the last service user survey, comments from people using the service or an action plan to demonstrate how the service would respond to constructive feedback.

Jackson 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 was 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 on 01 June 2015 and was unannounced.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people with a learning disability.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about Jackson House. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Jackson House. We took any information provided to us into account.

During the site visit we spoke with four people who used the service two relatives by telephone and the acting manager and two staff.

We looked at a range of records including: two care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

People spoken with confirmed they felt safe and secure at Jackson House.

Comments received from people using the service included: “There’s nothing here that makes me frightened.”

Likewise, comments received from relatives included: “He’s not neglected at all” and “He moved in last year and I know he is safe and cared for and happy. I have complete peace of mind that there is someone there who can meet his needs.” However, we found issues relating to recruitment of staff that could put people at risk.

We looked at a sample of three staff files for the most recently employed staff in the service. Whilst, we saw there were recruitment and selection procedures in place which met the requirements of the current regulations we found that the registered provider had not followed these procedures. Only two of the three files viewed contained all the necessary information required such as: application forms, references, health declarations, disclosure and barring service (DBS) checks and proofs of identity including a photograph.

One file contained a DBS check that was out of date and related to a different provider. Furthermore, the file had no health declaration or references. Failure to obtain the correct documentation for prospective staff before they commence employment may place the welfare of vulnerable people at risk.

This is a breach of Regulation 19 (3) (a) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We received confirmation on 4th June 2015 together with supporting evidence from the manager of the results of a DBS adult first check for the staff member dated July 2014. We also received an assurance from the acting manager that the employee had been taken off shifts until such time that they presented their full DBS and references were received.

People using the service also reported that there were enough staff on duty to meet their needs and social and recreational interests.

We looked at two personal files for people who lived at Jackson House and we saw that they contained a range of risk assessments relating to different areas of care relevant

to each person including personal emergency evacuation plans. This helped staff to be aware of current risks for people using the service and the action they should take to minimise potential risks.

The manager informed us that staffing levels within Jackson House had been set by the provider. We noted that there was generally one registered nurse and three support workers on duty from during the day and evening. At night the home was staffed with one waking night registered nurse and one waking night support worker.

Examination of the rotas identified an occasion when staffing had fallen below the levels identified above. The manager reported that staff had been transferred from another property to cover staff absence but this was not recorded on the rota. We also noted that the rotas covered two sites and it was not possible to determine which staff had worked at which property. The manager assured us that she would establish a set of rotas for individual locations and to highlight when she had visited or worked in Jackson House to ensure a clear audit trail.

There was an on-call system also in place outside of office hours and at weekends. This provided the staff team with additional help and support should the need arise.

At the time of our inspection there was no staffing / dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. We discussed this issue with the manager as the establishment of such a tool would help to further demonstrate that the needs of people using the service were met with the current staffing structure. The manager agreed to review this issue with the provider.

The registered provider (Caritas Services Limited) had developed internal policies and procedures to provide guidance to staff on ‘Safeguarding of Vulnerable Adults’ and ‘Whistle Blowing’. A copy of Cheshire East Council’s multi-agency safeguarding procedures was also in place for staff to reference.

Discussion with the manager and staff together with examination of training records confirmed the majority of staff had completed either ‘safeguarding children’ or safeguarding adults training which was refreshed every two years. When we talked with staff they confirmed that they had received this training. We highlighted that there were three different types of safeguarding training on the matrix

Is the service safe?

and suggested that all staff complete the safeguarding adults training to ensure best practice. The manager assured us that she would take action to review the training available to staff in this area.

The manager and staff spoken with demonstrated a satisfactory understanding of the concept of abuse, awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated knowledge and understanding of how to whistle blow, should the need arise.

No concerns had been received about the service by the Care Quality Commission (CQC) in the past twelve months.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others. Records indicated that there had been two safeguarding incidents in the past 12 months. Records confirmed that the incidents had been notified to the Care Quality Commission and referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

We checked the arrangements for the management of medicines with the manager. A list of nursing staff responsible for administering medication, together with sample signatures was in place. We viewed a sample of medication administration records (MAR) charts and noted that photographs of the people using the service had been attached to MAR to assist staff in the correct identification of people who required medication.

We also checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that the provider had developed a corporate medication policy entitled 'Control, Administration and Management of Medication' to provide guidance to staff.

Medication for people using the service was stored in a lockable cupboard in the nurses office / clinic room. Separate storage facilities were in place for medication requiring cold storage and for controlled drugs.

We saw that a record was completed following the administration of medication in each instance on the medicines administration record (MAR). Likewise, records of medication disposal were maintained.

MARs viewed were completed to a satisfactory standard and included a record of the date, amount and type of medication received. Records of homely remedies authorised by GP's; patient information leaflets; copies of prescriptions; accident and emergency grab sheets and room and fridge temperature checks were also available for reference.

We noted that systems were in place to periodically monitor and review the competency of staff responsible for administering medication. Likewise, training records viewed confirmed that that staff responsible for the management and administration of medication had completed administration of medication training.

At the time of our inspection none of the people using the service self-administered their medication. Likewise no controlled drugs were at Jackson House.

Is the service effective?

Our findings

People who used the service told us that their care needs were met by the provider.

Their comments included: “It’s very nice here. I’m happy living here”; “It’s a nicely run house and I’m glad to be living here and happy and hope to stay here” and ‘I like it here. The food’s good and I like the staff.”

Likewise, comments received from relatives included: “Everything about the house I could not fault at all and its working very well for him. It’s a beautiful location”; “It reminded me of his family home and its nice and rural”; “His room is nice and his laundry is well done”; “They give him his medication and it seems okay. When he brings it home some weekends I can see it’s all held in the right amounts in the right cards and is being done right”; “They are accommodating to him and us. I am very keen to check his nutrition and they are very good about this”; ‘My general impression is very good. The first time I set foot there I liked it. It was just right from the very start”; “He seems healthy enough there and he likes the food and he seems happy”; “I also like that there are younger staff who he can relate to better. There’s a good balance” and “Jackson House was the right place for him from the start and to move there was part of a good plan.”

Examination of the training records for Jackson House indicated that staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities, however a number of gaps were noted across most subject areas.

The manager reported that the previous manager had not maintained an up-to-date record of training completed by staff and that this was in need of review at the time of our inspection to provide a clear analysis of training completed by staff. The manager informed us that staff were in the process of working towards completing outstanding training and we could see examples of training that had been booked for some subject areas. Furthermore, the registered provider had recently appointed a ‘Lead’ trainer who was in the process of completing an Award in Education and Training. Upon completion of this award in July 2015 the person will take the lead on delivering a training programme for staff throughout the organisation.

Staff spoken with reported that they had received induction training via the provider and completed some mandatory training subjects such as moving and handling; health and safety, basic food hygiene, infection control, safeguarding and first aid.

Staff spoken with told us that they had attended regular team meetings and received supervision at variable intervals. The manager reported that she would aim to provide formal supervision to staff every 6-8 weeks. It was evident from records viewed that this frequency had slipped due to the absence of a registered manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures had been developed by the provider to offer guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and DoLS.

Records indicated that mental capacity assessments had been completed for people using the service. We also noted that the registered provider was waiting to hear the formal outcome of four Deprivation of Liberties Safeguards (DoLS) applications from three local authorities. The manager and staff spoken with were aware of the MCA and DoLS.

Menus and shopping for food were planned and undertaken with the people using the service on a weekly basis. A copy of the weekly menu was displayed on a notice board for people to view. On the day of our visit we observed people using the service and staff leave the service to purchase food supplies.

Information on people’s dietary needs, weights, health and individual preferences had been obtained as part of the care planning process to ensure the dietary needs and wishes of the people using the service were accommodated and planned for.

Given the diverse needs and preferences of the people living at the service, there was a need for flexibility in menu planning. We observed people had access to drinks and

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snacks throughout the day and were supported by staff to cook meals in accordance with their wishes and preferences. Records of food and drink intake were available for reference.

People who used the service or their representatives told us that they had access to a range of health care professionals subject to individual need. We saw that staff had recorded people's weights on a regular basis so as to

identify any health and nutritional risks and that action had been taken to involve a range of health care professionals such as dentists; GPs; opticians; chiropodists and psychiatrists subject to individual need.

We recommend that the training matrix and staff training records are updated to provide an accurate record and overview of training completed by staff.

Is the service caring?

Our findings

People who used the service confirmed they were well cared for and treated with respect and dignity by the staff at Jackson House.

Likewise, comments received from relatives included: 'I really like it. He is much better here than any other place he has been. I could manage to like it there myself'; 'I'm much more assured for him now he's at Jackson and the staff there are much nicer'; 'They are pleasant with us when we call and make us welcome with a cup of tea.'

We spent time with people using the service during our inspection. We observed that interactions between staff and people were kind, caring and personalised. We saw that people were able to follow their preferred routines and that individual choices were respected by staff who communicated and engaged with people in a polite and courteous manner.

Care files we looked at provided evidence that the registered provider was in the process of developing person centred planning with people using the service, alongside traditional care planning processes. Systems were also in place to regularly gather the views of people who had used the service via satisfaction surveys.

We asked staff how they promoted dignity and privacy when providing care to people at Jackson House. Examination of training records and discussion with staff confirmed they had received training on topics such as person centred care and / or dignity and respect.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

We found that the manager demonstrated awareness of the people using the service. Likewise, staff were able to explain people's preferences and routines, individual needs and support requirements. Through discussion and observation it was clear that there was good interaction and engagement with the people using the service and staff responsible for the delivery of care.

The information about people receiving care at Jackson House was kept securely to ensure confidentiality. A statement of purpose and a service user guide was available for prospective and current service users to view. These documents contained a range of information about Jackson House, details of the services provided and how to raise a concern or complaint. The statement of purpose was dated April 2011 and was in need of review.

Is the service responsive?

Our findings

People who used the service confirmed people were of the view that the service was responsive to individual need.

Comments received from people using the service included: “Yes. It’s ok here. I have plenty to do and don’t get bored the staff are ok” and “Yes they are nice. No, they don’t get grumpy or stuff like that with me.”

Likewise, comments received from relatives included: “We’ve had no complaints but I will certainly speak up”; “They do seem to take things on board”; “At his last place the residents had to fit in with how the service worked whereas at Jackson it’s how the person is and the service works for them, not the other way round”; “I can visit or get in touch at any time”; “I just hope the new manager can achieve getting a more regular regime of activity in place for him and I know he is already happy living there” and “We had a review and we are due another. Every six months”.

We looked at two care files and found copies of documentation that had been developed by the provider. Files viewed contained a range of information including care plans; risk assessments and daily records. Care plans viewed outlined individual needs; actions required and aims and objectives. Other supporting documentation included person centred plans and health records were available for reference. We noted there was evidence that staff had signed care plan documentation.

Overall, records viewed had been correctly completed and provided evidence that people’s needs had been assessed and planned for. We noted that there had been some slippage in keeping records under regular review and there

was no evidence that people using the service or their relatives had been involved other than via reviews. The manager reported that she was aware of this and confirmed she would take action to address the matter.

A copy of the provider’s complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Additionally, an easy read laminated version had been developed for people using the service to reference. Details of how to complain had also been included in the home’s statement of purpose.

The log book for complaints and concerns was reviewed. Examination of records revealed that there had been two complaints in the last 18 months (none in the last 12 months). Copies of letters written to the complainants in response to concerns raised were available on file with details of action taken.

Jackson House offered people using the service a range of activities. Each person had an activity planner and recording chart that was personal to each individual and their choice of activities. We observed people preparing to participate in a range of activities on the day of our inspection including gardening projects; shopping; leisure activities and housework.

The manager demonstrated a commitment to develop the range of activities available to people using the service. This included the recent acquisition of an allotment which people using the service had expressed an interest in accessing. Likewise, the manager planned to introduce the role of an activity coordinator to Jackson House to promote and extend social and recreational opportunities.

Is the service well-led?

Our findings

People who used the service were confirmed that they were happy with the way the service was managed.

Comments received from relatives included: "It scores a good 3.5. Very good and nearly excellent"; "The new manager is quite new so I don't know her as much yet. She seems okay and she phoned me to say she is taking over. We've had a good talk and she is sounding proactive"; "I feel they are keen to work with us."

Upon commencing our inspection we were informed by a staff member on duty that the registered manager had resigned from post some time ago. We noted that a registered manager from another service within the organisation had taken over as the manager of the service. The manager was notified of our arrival and arranged to be present during the inspection process.

The manager reported that there had been issues regarding the management of the home due to a lack of consistent leadership. We received confirmation from our registration team during the inspection that they had received an application to add Jackson House to the manager's registration. We asked the manager to formally request CQC to de-register the previous registered manager, if the registered provider was unable to arrange for the previous registered manager to do this for themselves.

The acting manager engaged positively in the inspection process and staff were observed to refer her by her first name. Staff spoken with confirmed the acting manager was friendly, approachable and supportive.

We saw that there was a system of routine checks and audits in place for a range of areas to enable management to monitor the service and identify any issues requiring attention. This included: daily handovers; money; clinic room; medication administration; infection control; personal protective equipment; management systems; hand hygiene; incident reporting; cleaning; vehicle checks; food and drink; water temperature and fridge temperature checks. We noted that several records had limited space for staff to identify issues and actions required.

At the time of our visit there was no emergency plan in place to ensure an appropriate response in the event of a major incident. It is best practice to establish an emergency plan to ensure the welfare of people using the service is protected in the event of an emergency.

We checked a number of test and service records relating to the fire alarm; fire extinguishers; emergency lighting; gas safety and portable appliance testing for the premises and found all to be in good order. We noted that the fire maintenance weekly check records did not provide the details of who had undertaken the tests. The manager assured us that she would revise the form to ensure signatures were recorded to ensure a clear audit trail.

Systems were in place to seek feedback from people using the service, their relatives and stakeholders.

The manager reported that she had recently distributed family, service user, staff and multi-disciplinary team (MDT) satisfaction surveys. We were informed that the surveys had been received but were not available for inspection as they were at another location which the acting manager covered.

The manager informed us that service user surveys should be sent out every three months, family members every six months and staff and MDT surveys annually. We noted that four service user satisfaction surveys were on file dated July 2014 however, there was no written summary of the findings of the survey, comments from people using the service or an action plan to demonstrate how the service would respond to constructive feedback.

We noted that meetings had been held with people using the service and records confirmed people had read, agreed and signed the minutes.

We noted that daily handovers took place and that staff meetings were coordinated periodically. The frequency of these meetings had reduced since October 2014. The manager informed us that she would take action to improve the frequency of these meetings. Examination of records and discussion with staff confirmed that they had also received formal supervisions at variable intervals.

The provider is required to notify the CQC of certain significant events that may occur in Jackson House. At the time of our inspection, records held by CQC revealed that we had not received any notifications for expected deaths,

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unexpected deaths and serious injuries in the last 12 months. The manager confirmed that there had been no incidents to report and demonstrated an awareness of the need to report notifiable incidents.

We recommend that a written summary of the findings of surveys be completed to include an action plan to demonstrate how constructive feedback has been acted upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had failed to obtain the necessary information to safeguard people and demonstrate safe recruitment practice