Care Quality Commission

J C Care Limited

Daisy Vale 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

This inspection took place on 14 March 2017 and was unannounced. Our last inspection took place in January 2016 and at that time we found the home was not meeting one of the regulations we looked at. This related to safe care and treatment. This inspection was therefore carried out to see what improvements had been made since the last inspection. At this inspection we found the provider had made improvement in the required area.

Daisy Vale House provides care for up to 16 people who have a learning disability. The service had a manager who has been at the home for two months and is currently going through the Care Quality Commission (CQC) registration process. A registered manager is a person who has registered with the CQC 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 inspection there was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. People who used the service as well as staff told us they were happy living and working in the home.

Staff we spoke with said they felt supported in their role and received training to help them understand how to do their job well. We saw systems for ensuring staff received regular supervision were in place. Training records showed staff completed many training packages and systems for checking staff knowledge were in place. The provider had arrangements for making decisions in line with the requirements of the Mental Capacity Act 2005 in that people were encouraged to make decisions and when they required assistance they were provided with support. People had good meal experiences and enjoyed the food. Systems were in place that ensured people accessed appropriate healthcare services.

People told us they received a good standard of care and felt respected. They also said their independence was promoted. People who used the service looked well cared for; their personal appearance was well maintained, for example, people's hair was brushed, and their clothing and glasses were clean. Staff knew people and their needs well, and treated people with respect and dignity. When we looked around the service we saw there was information available to help keep people informed about their rights and what to expect when they experienced care at Daisy Vale.

People who used the service and their relatives told us they felt involved in planning their care. Care plans identified how to support people with personal care, rights and consents, medication, continence and communication. People were encouraged to engage in different group and individual activity sessions. A procedure was in place to respond to concerns and complaints. Several written compliments had been received.

During the inspection we received very positive feedback about the manager and were told they were

making definite improvements to the service. Regular meetings were held, and in the last few weeks the frequency of meetings had increased which ensured communication within the service was effective.

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.

There was enough staff to keep people safe. Recruitment checks were carried out before staff started working for the provider.

Any risks associated with people's care were identified and managed. Staff understood how to manage risk.

Staff knew what to do to ensure people were protected. People's medicines were managed consistently and safely.

Is the service effective?

Good

The service was effective.

There was a programme of training for all staff to be able to understand the care and support required for people who used the service.

The records we looked at showed staff had completed training about the Mental Capacity Act (2005) and actively supported people to make choices.

People enjoyed their meals and were supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

People told us they were very happy with the care and support they received.

People looked well cared for and were very comfortable in their environment.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day.

Is the service responsive?

Good

The service was responsive

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There were opportunities for people to be involved in a range of activities within the home and the local community.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

Staff we spoke with told us they enjoyed their work.

The people we spoke with told us the service was well led.

A range of audits and quality assurance systems were used to identify areas of improvement.

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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.

This inspection took place on 14 March 2017 and was unannounced. The inspection team consisted of an adult social care inspector, an adult social care inspection manager 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.

At the time of our inspection there were 16 people using the service. During the inspection we spoke or spent time with 13 people who used the service and one relative who was visiting. We spoke with three staff, the manager and regional manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and four people's medication records.
Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection, providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe living here, all the staff are great and they help you any way they can." Another person said, "All the staff are good some better than others but I have no concerns about my safety. If I did I would let the manager know straight away and I am confident they would sort it out."

People who used the service told us staff always made sure their care and support was provided in line with their agreed care plan. For example, if they required two staff to assist them with their personal care, this was done. This ensured safe care and support was provided adequately and their health and safety was not compromised.

At the inspection January 2016 we found the management of medicines was not always safe. At this inspection we found the provider had made improvement. Policies and procedures relating to the safe administration of medicines were in place. The manager told us that all the staff had completed medication training in 2016 and the training matrix confirmed this.

We looked at the systems in place for managing medicines at the service and found there were appropriate arrangements for the safe handling of medicines. We saw medication administration records (MAR) were in place and completed by staff. We saw medicines were securely stored in a locked cabinet in people's bedrooms. Arrangements were in place to assist people to take their medicines safely. People's care plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEP's provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

We saw the provider had a policy for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority's Adult Protection Unit and the Care Quality Commission if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

The manager confirmed the service employed sufficient staff for operational purposes on both day and

night duty. We observed there was enough staff on duty to meet people's needs. The rota's looked at confirmed staffing level met the needs of people who used the service. Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession was employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. We looked at the recruitment files for three employed staff and found all the relevant checks had been carried out prior to employment. We also spoke with one employed staff member who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Through discussions with people who used the service and staff we found there was enough staff with the right skills, knowledge and experience to meet people's needs. People we spoke with told us they felt there was enough staff available to give them the support they required. One person talked about going out with staff on a regular basis. Another person talked about the support they received, "I really like going out with my care worker. We go shopping and have fun."

The environment was lively, vibrant and welcoming. We saw certificates and service records showed the premises and equipment was checked to make sure they were safe. However some areas of the building were showing signs of wear and tear. The manager told us this would be addressed in a few months as the home would be refurbished and new furnishing will be bought.

Good

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived and advice had been sought from the appropriate authorities when there was any doubt regarding the issue of fluctuating capacity. This ensured people's rights were respected.

Care plans contained a range of decision specific capacity assessments which showed that staff from the home, the person and their families had been involved. Where the person lacked capacity we saw best interests decisions documents in people's care plans. The consent agreement had been signed by the person or relative. People told us they were supported to make their own decisions and felt they could influence what care they received. People told us they were asked for their consent to care interventions and were always given choices regarding how they wished to be supported. One person said, "They always ask what I want and if it is alright to do things." We saw staff asked for people's consent before any care was provided such as assistance with medication and support with movement.

Staff confirmed they had received training on the MCA. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

We observed staff gently using individual strategies when situations could have gotten somewhat difficult. There were a good range of interaction of preventative strategies; for example, we saw one person became quite unhappy and began to cry, it was clear this person was overcome by having new people (inspection team) in their home and their reaction was that of emotion; staff quietly led them away and the person came back in about three minutes to talk with us again. It was all dealt with calmly and appropriately.

People were supported to choose meals that took account of their preferences and nutritional needs. They were supported to have sufficient to eat and drink and encouraged to maintain a balanced diet. We saw people had the ability to influence the food served at the home. For example, people were involved in menu planning. We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet. The menu was set daily and posted on the wall which allowed people to make any amendments and/or staff to highlight slight variations for individuals. This also included treat nights with

takeaways and restaurants visits. Snacks were offered whilst we were there and if people wanted drinks or snacks they were able to get them themselves or ask staff. The people we spoke with told us the food provided was good and their dietary needs were met. One person said "The food is really tasty and I enjoy every meal." Another person said "I prepare some meals with the help of staff. There is always a good choice and the food is always is well cooked."

People we spoke with also told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "I just inform the staff I am unwell and they contact the doctor or nurse for me." Another person said "I asked the staff to contact my GP this morning for an appointment and they did it straight away, they are very good at looking after us." This showed us the policies and procedures in place to support people in such emergencies were effective and staff acted in people's best interests.

Staff we spoke with told us they had completed several training courses, which included health and nutrition, safeguarding, moving and handling, health and safety, infection control and medication. One staff member said, "It helps us do the job right and we get a refresher every year." Staff said they completed specific training which helped people they supported. These included personality disorders, mental health and behaviours that may challenge the service and others. We saw systems for ensuring staff received regular supervision were in place.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. One person said, "The staff are really good and do everything I ask of them and more." Another person said "I am happy with the care and support I receive."

All the people we spoke with told us that staff were friendly and respectful. They told us staff respected their privacy and dignity and they had a care plan in place which they had been involved in developing.

The manager told us the relatives and friends of people living at the home were welcome to visit at any reasonable time and wherever possible were involved in the care planning process.

People told us staff listened to them and they felt comfortable discussing their needs with staff. One person told us when they asked for assistance staff always responded positively; they said, "You only need to ask them once."

We saw staff addressed people by their preferred name and always asked for their consent when they offered support or help with personal care. We found staff were knowledgeable about people's needs and preferences and respected people's right to make choices about how their care and support was delivered. One staff member said, "I treat the people we care for with the respect and courtesy I would expect if I was in their position."

People were relaxed and comfortable in the presence of staff throughout our visit, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day, for example some went to work and some spent time in the home and/or went out with staff.

People's personal appearance was good; clothes were clean, individual and age appropriate. Some had sports tops of favourite teams; others were dressed in fashionable clothes. Finger nails were well kept and clean, glasses were clean and well maintained and people had choice about different and creative looks. Everyone's hairstyle was individual with different styles and colour, dependent on their preference. Some people had tattoos and other body art.

Relatives were able to visit as and when they wanted and we spoke with a relative who arrived whilst we were there. They were welcomed by staff who asked them if they wanted a drink. The relative reported being satisfied with the service and current staff. Their relative had been there for many years and they were very pleased with the care and support which they received. Their relative has encountered many health issues and they said the staff "had been marvellous". We asked what they would change, if anything and they said, "My only worry is her having to leave here when she becomes too unwell to stay." The manager told us they as long as they are able to meet their needs.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered.

They also explained how they maintained people's dignity, privacy and independence. They told us about the importance of knocking on doors before entering people's bedrooms and making sure curtains were closed when supporting people with personal care. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; and age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were supported to maintain their independence. We saw people were involved in household tasks such as doing their own laundry and cooking.

People had personalised their bedrooms with photographs and ornaments giving a homely feel. One person was very excited to show us their room.

Staff told us people were well cared for. One member of staff said, "People are well looked after." We saw people were happy within a pleasant and caring atmosphere.

Good

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care within the service. This included information on how they would like to be supported with their personal care, medicines and general day to day needs and support. Records showed how people who used the service, their families and other professionals had been involved in the assessment.

People's care plans were kept in the office and staff had access to information about the care and support provided for people who used the service. During our inspection we looked at four care plans. We wanted to see if the care plans gave clear instructions for staff to follow to ensure people had their needs met.

Care plans gave detailed, person centred information on how people wished to be supported. All staff spoken with said they found the care plans useful. They said they gave them enough information and guidance on how to provide care and support people needed and wanted. Comments included; "The care plans have good information and are easy to follow", "I have no problem with the care plans. It has all the information I need."

People who used the service and their relatives told us they had been involved in compiling their care plans and any subsequent reviews of these plans. A relative told us the staff had asked them to review their family member's care plan with them after changes needed to be made due to a change in their health.

We looked at daily notes that recorded the care and support delivered to people. Overall, these showed that needs and preferences were being met.

Activities were arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities outside the home. This included; trips out into the community, walking clubs, going to cinema, going to football. Some people regularly attended a community based day centre or were in employment. We spoke with six people who told us of their social and leisure activities in the local and wider communities. They were clearly happy with these activities.

We observed lots of small individual adjustments made for people by staff; for example speaking directly to people's faces where hearing was an issue or making eye contact with people who had visual impairments. Staff also adjusted their tone of voice and content of the instruction or conversation with individuals and gently guided people who were not quite as stable on their feet as others. Such support was never given in a patronising manner. The interactions between staff and individuals were very positive, warm and respectful. Each staff member was able to understand each individual.

People told us they had a lot of freedom and control over their lives. They said they got up and went to bed when they liked and most people were fairly independent doing their own washing and some cooking. Some comments were; "I come and go as I please, get up and go to bed when I want." "I sometimes spend time away with my family."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Staff we spoke with said they knew how to manage a complaint and felt confident that management would listen and act on their concern.

People who used the service or their relatives said they had been provided with information on how to raise concerns and any concerns raised had been quickly addressed. Their comments included; "I haven't had to complain in a long time and when I did it was dealt with promptly."

We looked at the complaints policy and records of complaints and concerns received. It was clear from the records that people had their comments listened to and acted upon.

We saw a number of compliments from people who visited the service. For example; 'I came to this home today and I thought what a lovely feel it has to it and I feel the residents are very happy here and it has a lovely homely feel.' Another said, 'Came for tea at Daisy and had pie, mash and veg it was very nice. I enjoyed myself with my friends at Daisy.'

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post that was going through the registration process for Daisy Vale with the Care Quality Commission. The previous manager left in January 2017 and the new manager has been in post for two months. The manager told us they were already registered manager for another home for the provider.

The people we spoke with were able to say if they felt the service was well led and the general feedback was that the main body of staff were well established and worked well as a team. We received comments regarding the previous manager whom it was stated was not as good as they could have been, though that didn't impact on the regular day to day running of the service. The balance of the good life and care people received was due to "great core staff", which cared for and supported the individuals.

There was lots of talk and enthusiasm from everyone we spoke with about possible changes that were being considered by the provider and a great sense of energy about what was going to be done. This included new furniture and some redecoration of the home. Most of these suggestions for change were from the individuals and some from their relatives. The relative said, "There definitely seems to be a much better, forward led management system in place now."

The staff we spoke with told us they enjoyed working at Daisy Vale and they were supported to carry out their roles effectively through a planned programme of supervision and training. They told us regular staff meetings were held and the manager and senior management team kept them up to date with any changes in policies and procedures which might affect the care and support people received.

Staff also told us they felt well supported by the manager and there were clear lines of communication and accountability within the service. They described the management structure as open and transparent. On the days of the inspection we saw the manager and regional manager had a visible presence and engaged with both people who used the service and staff.

Many of the staff have worked at the service for several years and said they loved coming to work and it was for most like being at home.

Staff said they felt they were kept up to date on important issues that affected the service. We saw staff meetings were held and minutes showed topics discussed included; appraisals, refurbishments, care plans, cooking rotas and fire evacuation.

There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

We saw people who used the service or their relatives were asked to complete a customer satisfaction questionnaire 2016 and the ones we looked at showed people were pleased with the care and facilities provided.

There were planned and regular checks completed by the manager to check the quality of the service provided. The checks completed at the service included: medication audits, infection control and care plan audits. These checks were used to identify actions to continuously improve the service.