

Jeesal Residential Care Services Limited

Creswick 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

About the service:

Creswick House is a residential care home that provides care and support for up to 14 people with a learning disability and/or mental health needs. Seven people were living in the home at the time of this inspection.

People's experience of using this service:

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. The manager confirmed that robust recruitment procedures were followed.

Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

People who used the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were supported to choose what they wanted from the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, respect and compassion. People also received emotional support when needed. People were involved in planning the care and support they received and were supported to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.

Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

People we spoke with told us the new manager was very supportive and well liked. The new manager had applied to become registered with the Care Quality Commission (CQC). CQC's other registration requirements were met and complied with and effective quality assurance procedures were in place.

Rating at last inspection:

At our last inspection (report published 26 July 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that we receive.

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 remains safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-led findings below.

Creswick House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out on 7 March 2019 by one inspector.

Service and service type:

Creswick House is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a new manager in post who had applied to become registered with the Care Quality Commission. Registered managers, as well as the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send

to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection visit, we spoke with one person and observed four other people who used the service. We also spoke with the manager, the senior support plan coordinator, two members of senior care staff and a visiting social worker. The provider's quality assurance manager and two senior members of care staff sent us written feedback about the service.

We reviewed three people's care records, discussed the recruitment procedures with the manager and looked at records relating to the management and operation of the service, such as quality assurance checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- We saw that people were safe living in Creswick House. One person told us how much better their life was now and that staff supported them well to make sure they were safe. This person said, "They [staff] have helped me a lot and I'm a lot better now." This person's social worker also told us how much the person's quality of life had improved over the past few months. They told us that staff had worked hard, together with the person, to help ensure they remained safe whilst out in the community.
- Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies. We saw that any safeguarding concerns had been reported appropriately.

Assessing risk, safety monitoring and management:

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. For example, risk assessments were completed with regard to people's mobility, eating and drinking, accessing the community, taking part in activities and aspects of personal care and hygiene
- Staff knew the people who used the service well and understood people's behaviours. Staff received training in recognising and handling potentially challenging situations between people and supported them within agreed and legal guidelines.
- People who used the service were supported to be actively involved in discussions and make decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives. For example, one person had a bus pass and accessed the community independently. We saw how this person had been helped to understand how to recognise and manage circumstances in which they were vulnerable. This person's social worker told us that the difference in the person was, "Amazing."
- Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

- There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents.

- Regular and appropriate checks were carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

Staffing and recruitment:

- The service had experienced a turbulent time during 2018 and there had been a significant turnover of staff. However, we saw that the staff team was much more stable at the time of this inspection. The use of agency staff had reduced and the manager continued to work hard with their recruitment drive. When agency staff were used, we noted that the service used people who had worked at the service before and knew the people they were supporting.

- We were assured by looking at the rotas and our observations, that there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. Where people who used the service required one-to-one staff support, we saw that this was provided accordingly. One member of staff told us, "We all know this job is not suitable for everyone and we are trying to find the right group of people who can work with compassion, respecting other people's beliefs and needs. My manager is in the process of recruiting new staff. We have competent and caring staff and new support workers are coming on board, who receive full support from more experienced colleagues. Staff levels are sufficient at this moment."

- The manager told us that robust recruitment procedures were followed. For example, they confirmed that references were obtained for all staff and DBS checks were carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

Using medicines safely:

- The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.

- We saw that only trained staff who had been assessed as competent supported people with their medicines. We also saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. We saw that regular medication audits were carried out and noted that staff administered people's medicines in pairs.

- People who used the service had care plans and medication records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief.

Preventing and controlling infection:

- We found the home to be clean and hygienic throughout. People using the service were helped to stay

safe and well because the service followed effective procedures for the prevention and control of infection. Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

Learning lessons when things go wrong:

- The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.
- Comprehensive audits had been undertaken during the past six months and these continued to be reviewed regularly to identify any negative trends and risks to people's safety.
- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People who used the service had their needs assessed and regularly reviewed, which helped ensure the service could continually meet people's needs. The social worker we spoke with told us how the service had struggled in 2018, following an unsuitable admission, prior to the new manager being appointed. However, they went on to say how the new manager had managed the whole situation very well and that the person had since moved to a more suitable home. The social worker said, "[Manager] managed a difficult situation very well. They recognised it was not an appropriate placement and identified that staff were not suitably trained to meet the person's specific and very complex needs."

- Staff told us that they read people's care plans to ensure they understood people's needs effectively. The support plan coordinator told us how they were currently fully reviewing each person's care plan, with the involvement of each person as much as possible. They explained that this was to make sure staff could follow information that was accurate and clearly explained each person's specific care and support needs.

Staff support: induction, training, skills and experience:

- New staff completed a comprehensive induction and the manager had worked hard to ensure all staff had begun receiving regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the manager or a senior.

- Staff completed training that was relevant to their role as well as more specialised training in supporting people with complex needs and learning disabilities. Staff told us that the training they received was effective and said they felt confident in supporting the people effectively who used the service. One member of staff told us, "My company provides very good training, using highly qualified tutors." Another member of staff said, "The staff who have completed their mandatory training have sufficient knowledge to carry out their job to a high standard."

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

- People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet.

- We saw that people were supported to make decisions regarding their menus and could choose what they

wanted.

- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.
- People were assisted to eat and drink when needed and individual diets were catered for. Some people had swallowing difficulties and required a pureed diet. We saw that the service had purchased food moulds for pureed food. This meant that each food item could be served in a way that looked like the actual food before it was pureed, which made the meals look more appetising.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people who used this service consistently received effective care, support and treatment.
- People were supported to maintain good health and had regular access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists.

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

- The design and layout of Creswick House was suitable and appropriate to meet the needs of the people living there. The property was a spacious building, spread over two floors.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.
- The manager told us about the refurbishment of the home that was planned for 2019. This included redesigning the kitchen and dining areas, to make them more easily accessible for the people living in the home. In addition, the manager explained how people would be able to be more involved in cooking and food preparation.
- There was a large rear garden, which was also safe and accessible for the people who used the service.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). 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 found that it was.

- The manager of the service understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.
- Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- We saw that staff were caring and consistently treated people with kindness, compassion, empathy and respect.
- The comfort and wellbeing of people who used the service was important to staff. Staff interacted positively with people, engaged in conversation with them and listened to them. This helped ensure that people who used the service knew they mattered and were cared about.
- The quality assurance manager told us that there had been a notable change in the culture within the service since the new manager had been appointed. They explained, "There is a friendly feeling; staff take their time with service users and do not see them as 'tasks' that have things 'done' to them as was the case previously. Staff are kind in their interactions, are giving choice and allowing service users to have more control over their lives."
- We saw that staff responded quickly to people's needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.
- The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

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

- People who used the service were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible.
- Information was provided to people in various formats, such as pictures or objects, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves. People were also supported to access an independent advocate if needed.

Respecting and promoting people's privacy, dignity and independence:

- Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. We saw that people who used the service had their privacy, dignity, independence and confidentiality consistently promoted and respected.
- People who used the service were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People who used the service were provided with individualised care. Care and support was provided promptly when people needed it.
- People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.
- The quality assurance manager told us, "Support plans have been updated and reflect the wants and needs of the individual. These also give staff clear guidelines, help them to understand why they need to support someone in the way that they do, which in turn ensures services users are supported in meaningful ways and there is consistency in the approach."
- The care plans we looked at confirmed what we had been told. We saw that they were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.
- Staff told us that they used the care plans to help them provide person-centred care to people.
- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare.
- People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. For example, we saw that people enjoyed taking part in activities such as sensory experiences, going to the cinema, going to the gym, meals and drinks out, shopping, listening to music and watching their favourite films. We also noted how some of these activities supported people to be environmentally aware and to mix with people from the wider community.
- People's individual communication needs were identified and met appropriately and staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- The quality assurance manager told us, "Staff have a better understanding about the communication needs of individuals, whereas previously staff would view an individual's behaviour as 'challenging', they now understand better that this is the unique way some of the service users communicate, so rather than

withdraw, which would have happened previously, they now spend time interacting with individuals." Our observations confirmed what we were told.

Improving care quality in response to complaints or concerns:

- People were supported to raise any concerns or complaints if they needed to. There was a complaints policy in place for people who used the service that was available in an easy to read format. The complaints procedure was designed to encourage improvements.
- The manager confirmed that any complaints received by the service had been addressed and resolved appropriately.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service ensured CQC's registration requirements were met and complied with. There was a new manager in post, who had applied to become registered with the Care Quality Commission (CQC).
- The manager told us they were supported well by the provider and completely understood their responsibilities. They also told us that they ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.
- A member of staff told us, "Our management always delivers accurate and relevant information about our service and the service users."
- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- The manager promoted transparency and honesty. The manager and staff all said that they openly discussed issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The manager provided strong leadership and everyone we spoke with said they liked and respected them. One member of staff told us, "My manager is one of the best managers I have ever met in my life. Very supportive, works professionally but with full compassion. [Manager] is a person who will listen if staff have any concerns and doesn't put things on the shelf without giving a response."
- The management team and staff consistently supported people in ways that helped them achieve their goals of increased independence.
- A member of staff told us, "Service users are treated as individuals and supported with communication

and decision making at all levels. Individuals are encouraged to participate in daily tasks and are encouraged to be as independent as possible, even if they do a little and then staff offer prompts or practical assistance." Our observations confirmed what we had been told.

- All the staff we spoke with said they were happy and enjoyed working at Creswick House. One member of staff told us, "I feel like a valued member of the team. It is a pleasure to come to work at Creswick House." Another member of staff said, "I think the best thing about Creswick House is the people living in it along with a fantastic manager and dedicated staff team." And, "I couldn't ask for a better manager."
- The manager understood their legal duties and submitted notifications to CQC as required. The ratings of the service were displayed on their website and within the home.
- We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Regular checks and audits were completed in respect of areas such as medication, care plans, environment and staffing levels.
- Appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained. The quality assurance manager confirmed that the provider's quality assurance department would continue to oversee the service's action plan to ensure that improvements and developments continued to move in the right direction."

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

- Staff told us they could contribute to the way the service operated. We saw that staff meetings took place regularly, to help ensure staff were kept up to date with information about the people who used the service and the service as a whole. Staff also took part in a handover before and after each shift, so that relevant and up to date information could be shared with staff to provide good outcomes for people. We noted from the minutes of January's staff meeting that the manager had reminded staff about using the communication book appropriately.

Continuous learning and improving care:

- The manager told us that, since being in post, they and the staff team had been continually striving to improve the service. They told us that they discussed any issues with staff and continually implemented and reviewed action plans to monitor and drive improvement.

Working in partnership with others:

- We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.