

New Servol

Janet Fay 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:

Janet Fay House is a care home that provides accommodation and personal care for up to eight people with mental health needs.

People's experience of using this service:

People continued to receive safe care and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support the people safely. People received their medicines as it was prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People continued to receive effective care. Staff were supported and had the skills and knowledge to meet people's needs. The provider followed the principles of the Mental Capacity Act (2005). Peoples' nutritional needs were met and they accessed health care when needed. The environment met people's needs but refurbishment was needed of some areas. One person lived in a self-contained flat and this enabled them to be more independent.

People continued to receive care from staff who were kind and caring. Staff supported and encouraged them to be involved in how decisions were made about their support. Staff respected people's privacy dignity and independence.

People continued to receive responsive care. Their support needs were assessed and planned with their involvement to ensure they received the support they needed. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of.

The service continued to be well managed. The registered manager was due to leave the service and arrangements were in place to recruit a new manager. Spot checks and audits were taking place to ensure the quality of the service was maintained.

Rating at last inspection:

Rated Good (Report published July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service had improved and was now caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Responsive findings below.

Janet Fay 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one 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.

Service and service type

Janet Fay House is a 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 service had a manager registered with the Care Quality Commission. This means that they and 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

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. We used all this information to plan our inspection.

During the inspection we spoke with seven people about their views about the support they received. We spoke with two staff members and the registered manager who was available throughout the inspection. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, two people's care records and records relating to the management

of the service including some audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Safeguarding systems and processes

- People told us they felt safe. One person told us, "I feel very settled and relaxed here, it's a safe place."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Using medicines safely

- Medicines were stored and administered safely. One care staff was observed administering medicines and this was done safely. Staff received training in how to administer medication safely and their competence was checked by managers.
- We observed staff recording in a Medicines Administration Record once people were administered their medicines. This showed that the medicine was given as required.
- One person told us, "Staff give me my medicines with no problems."

Staffing levels

- People told us there were enough staff to provide assistance when they needed it.
- The staff we spoke with told us there was always enough staff to support people in a safe way. Our observations throughout the day found enough staff available to meet people's needs in a prompt way. The registered manager told us that it had been identified that additional staffing hours were needed to support one person to access the community more frequently as their support needs had increased. They were liaising with the local authority to facilitate this.
- Recruitment procedures ensured as far as possible that only staff suited to work at the service were recruited. The provider carried out all the necessary pre-employment checks before a staff member started working at the service.

Learning lessons when things go wrong

- We found where incidents and accidents happened these were being noted appropriately in people's care records and trends monitored to prevent reoccurrences.

Assessing risk, safety monitoring and management

- We found where risks were identified these were being reduced. Risk assessment documentation were in place which showed the actions taken to manage/reduce risks to people.
- Staff could describe people's risks and what they did to support people safely. People had detailed support

plans which staff could use to ensure they responded consistently when people became anxious.

- Checks were made on fire safety and the environment and any issues were dealt with as required.

Preventing and controlling infection

- The provider had procedures for infection prevention and control procedures. We found all areas of the home clean and tidy. Checks were carried out to ensure cleaning tasks had been completed.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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 they were. Staff confirmed they had received training and understood both the principles of the MCA.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure people had sufficient information to make a decision. For example, one person had declined some health checks and we saw they had been supported to discuss the implications of this with their GP.

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

- The provider carried out a pre-admission assessment so they could be sure they could support people how they wanted and be able to meet their needs.
- Plans were made to support people to achieve outcomes that were important to them.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the provider to deliver effective care and support. Staff we spoke had good knowledge of people's care needs.
- Staff were provided with a thorough induction, regular supervision, and appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood the importance to people of a healthy and balanced diet. Where people had specific dietary requirements, staff knew these and could support people accordingly. Some people had diabetes so were being encouraged to eat more healthily to improve their diet.
- People were consulted about what they wanted to eat and staff supported people to participate in preparation of meals. People and staff gave examples of how people's cultural needs and preferences were met in relation to their diet. One person told us, "It's lovely food."

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

- We saw that people's bedrooms were decorated how they wanted and personalised. The home was welcoming, warm and comfortable.
- The environment met people's needs but refurbishment was needed of some areas. The provider was in negotiation with the landlord about who was responsible for this.
- One person lived in a self-contained flat and this enabled them to be more independent.

Supporting people to live healthier lives, access healthcare services and support

- Staff were attentive to people's health needs and were aware of people's specific health conditions.
- People were supported people to see health professionals such as GPs and hospital consultants when they needed to. One person told us, "I go to the GP every couple of months for a check-up."

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- People told us how caring and friendly staff were. One person told us, "The staff are good."
- Our observations showed that staff knew people well. Staff knew when people were anxious and needed reassurance. Staff knew the things people liked and disliked.

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

- People involved in the care planning process so they were supported how they wanted. People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Staff respected what people wanted, responded accordingly in order that people received the right support.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff respected their privacy and dignity and encouraged them to be independent. One person told us, "I've had a new responsibility because I manage my own medicine with staff present." We saw that people had the opportunity to develop their independence and were involved in cooking, shopping, laundry and cleaning routines. A minority of people did not like the fact they were expected to do household chores.
- People could be assured that information about them was treated in a confidential way.

Is the service responsive?

Our findings

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

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

How people's needs are met.

Personalised care

- People's needs were met and staff showed they understood how to support people.
- A care plan and assessment was in place to show the support people needed.
- Reviews took place to ensure where people's needs changed, the support they received would reflect this.
- Staff understood and knew people's interests and preferences to support them to take part in activities that were important to them.
- People were supported to fulfil their religious and cultural needs. One person told us how they had previously been interested in a different spiritual religion and that staff had respected and supported this.
- The registered manager knew about the Accessible Information Standard but told us that currently people at the home did not require any alternative formats regarding information.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and a log was kept where a complaint was made.
- People knew how to raise a complaint. One person told us, "I feel able to raise any issues."

End of life care and support

- People were involved in making decisions about end of life care. People were encouraged to share spiritual and religious preferences as well as any other important information they wanted staff to be aware of, so staff could make the necessary arrangements.

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.

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

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff spoke positively about the registered manager.
- We found that the registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager carried out spot checks on staff and audits on the service. When improvement had been identified as needed, action was taken to ensure that the quality of the service people received had improved.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The provider had a whistle blowing policy and staff explained when they would use it.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider website. This had been done. This meant people, relatives and visitors were kept informed of the rating we had given.
- The registered manager told us they were well supported by the provider who was responsive and accessible.

Engaging and involving people using the service, the public and staff

- The provider fully involved people in reviews of their care and sought feedback at house meetings and in annual quality surveys. The most recent survey indicated some people wanted more say in how the organisation was run. In response, the provider intended to develop a quarterly service user forum,

facilitated by service users and supported by staff and management.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers and health professionals to ensure the service people received was person centred.