

# Jane's House Limited Jessie Place

## 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?

Inadequate



### Overall summary

This inspection took place on 21 and 23 October 2015 and was unannounced. Jessie Place provides accommodation and support to a maximum of six people with a history of mental ill-health. At the time of our inspection six people were using the service.

We carried out an inspection of this service on 15 and 16 October 2014. At that inspection we found breaches of the 2010 regulations in relation to recruitment processes, staff support and quality monitoring systems. Records kept about staff and people using the service were not

up-to-date and stored securely. We asked the provider to send us a report about how they will improve the service to meet our regulations. The provider sent us the report as requested.

At our last inspection on 12 March 2015 we followed up on the outstanding breaches of the regulations. We found that some improvements had been made to address our concerns in relation to staff recruitment, staff support processes and records keeping procedures. However, we

# Summary of findings

found that the provider had not made sufficient improvements to address all the breaches. More improvements were required in relation to sufficient systems in place to monitor quality of services provided.

You can read the inspection reports, by selecting the 'all reports' link for Jessie Place on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found five breaches of regulations for need to consent, safeguarding service users from abuse and improper treatment, good governance, staffing and requirement as to display of performance assessments. We found continued breaches in quality monitoring systems to ensure that people received support and care they required. This included carrying out regular medication, health and safety and care record audits. We also found that people were not supported to manage their money safely and their consent to care was not always obtained, including assistance provided with their medicines. People had limited activities in the house and community. Staff induction and support procedures were not followed to ensure effective care for people. Care records were not securely stored. Following our last comprehensive inspection the provider has failed to display the CQC ratings to ensure that people and visitors were informed about the provider's rating following our inspection. We found the service continued to be in breach of 2014 regulations of the Health and Social Care Act 2008.

Staff provided people with required support to ensure their safety. Staff had skills and knowledge to support people with their care needs, including identifying and acting on a potential harm and risks to people. Recruitment practices were followed and staff received training relevant to their role to ensure that people were

supported safely. Sufficient numbers of staff were provided to ensure people's needs were met. Safe medication management procedures were followed at the service.

Staff were aware about the Mental Capacity Act 2005 principles and ensured that people were supported to make decisions for themselves on a daily basis. Staff provided adequate support to meet people's nutritional needs and people were involved in planning of their care. People were supported to attend their health appointments as required.

Staff were aware about people's personal history and provided support according to their wishes. Staff encouraged people to learn new skills.

Staff supported people to attend regular meetings in order to review their needs and goals. People were supported to provide feedback about the services and knew how to complain if required. People did not attend any regular or group activities in the community. This meant that the service did not ensure people's involvement in the community.

The registered manager provided advice for staff when required. Staff were involved in developing the services and felt listened by their manager.

The service had a registered manager. 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.

The action we told the provider to take can be found at the back of the 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?

Some aspects of the service were not safe. Systems were not in place to ensure that people were safe from financial harm.

Risks to people were identified and staff supported people to manage risks appropriately. There was enough staff to ensure people's safety. Staff followed safe recruitment processes at the service.

People received their medicines in line with their prescriptions.

**Requires improvement**



### Is the service effective?

Some aspects of the service were not effective. Staff did not receive regular and effective supervisions to ensure they were supported in their caring role. Appropriate staff induction procedures were not followed meaning that newly employed staff may have lacked knowledge and skills to meet people's needs. People were not always supported to consent to care and support provided by staff.

Staff were up-to-date with their training courses and was encouraged to undertake additional training relevant to their role.

People were provided with required support to attend their health appointments.

The service followed principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure that people were not unlawfully restricted.

**Requires improvement**



### Is the service caring?

The service was caring. People felt their privacy was respected and staff had identified their cultural needs. People's wishes were listened to and acted on as appropriate. Staff encouraged people to learn new skills to increase their independence.

People did not receive regular residents meetings meaning their views were not always obtained. People had limited activities in the home that met their needs or interests.

**Good**



### Is the service responsive?

The service was responsive. People were supported to plan and make decisions about their care and support. People knew how to complain and at the time of inspection did not have any concerns.

People went out in the community independently. However, people did not attend any regular or group activities and the service did not ensure their involvement in the community.

**Good**



# Summary of findings

## Is the service well-led?

The service was not well-led. The quality of care was monitored, but did not identify areas of concern we found. The service did not carry out regular medication, health and safety and care record audits.

Records were not safely stored.

The provider has failed to display CQC ratings after our last comprehensive inspection.

Staff felt supported and approached the registered manager for advice when needed.

**Inadequate**



# Jessie Place

## 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 21 and 23 October 2015 and was unannounced. This inspection was undertaken by one inspector. Before the inspection we analysed information we held about the service including statutory notifications. We also reviewed the report the provider sent us following our last inspection.

During the inspection we spoke with five people who use the service, two staff members, registered manager and a senior manager. We observed the support provided for people in the communal areas. We reviewed five people's care records, four staff records, and other records relating to the maintenance and management of the service, including the staff rota and training records.

After the inspection we spoke with three relatives, a health care professional and a representative from the local authority.

After the inspection we contacted a fire safety officer from the London Fire Brigade for feedback about the service. Unfortunately we did not receive any response.

# Is the service safe?

## Our findings

People told us they didn't have any concerns regarding support they received to manage their money. However, we found that people were not protected from the risk of financial abuse. The registered manager and the senior manager supported people to withdraw and store their money at the service. We did not see appropriate systems in place at the service to monitor and record people's money that was kept, spent or the balance remaining. Receipts were not collected to evidence where people's money was spent, for example when staff supported people to do their personal shopping. We also saw that one person's record did not show the total amount of money kept at the service. The registered manager confirmed that no such systems were in place meaning that it was difficult to run an accurate account of people's personal money and mistakes may have happened. At the time of the inspection the recorded money balance did not match the actual money stored for people at the service.

These issues were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable about the safeguarding procedure. Staff told us they were aware of the signs of abuse. Staff reported any concerns to their manager to ensure that appropriate procedures were followed and actions were taken in a timely manner. The registered manager requested support from a local authority to ensure that any concerns raised were investigated and plans were put in place to protect people. There were no safeguarding referrals made since the last inspection. One family member said their relative was, "safe and in good hands if something happened."

Risks to people were identified. Plans were in place to monitor, manage and reduced those risks from recurrence. Staff were aware about individual risks to people and informed the registered manager if they identified any changes to people's risk management plan. The registered manager then reviewed people's support needs and where appropriate in conjunction with the local authority, health and social care professionals to reflect their changed needs and to ensure their safety. For example, assistance required with food shopping. We saw that people made decisions about the support they required. People told us staff asked

them about their support needs to ensure they were supported as they wished. For example, one person required assistance to use the washing machine to complete their laundry. Risk assessments were updated every three months and when people's needs change. However, we saw that the risk assessments lacked detail and clear guidance for staff. For example, we found that a challenging behaviour to other people was identified as a risk, but no other information available including what were the risks and support required to manage these risks.

Sufficient numbers of staff were available to meet people's needs. The registered manager assessed staffing levels depending on people's care needs. Staffing levels were increased when people's needs changed and they required more support, for example to attend a health appointment. Staff sickness was covered by the permanent staff. This ensured that people were supported by staff who knew their care needs well.

The service had a recruitment process which ensured that staff was recruited safely. The registered manager followed recruitment practices making sure that staff had the appropriate knowledge and skills to support people with their needs. Staff records included completed disclosure and barring checks, references and application forms to ensure that staff were suitable to work with people using the service. However, employment contracts could not be found meaning that staff had no legal obligation to follow their duties and responsibilities. The registered manager informed us that the service was in the process of improving the employment contracts and giving staff to sign them.

Staff supported people to manage their medicines safely. Staff ordered people's medicines monthly and kept it safe in a locked cabinet. Staff used blister packs to ensure that people took their medicines at the times they required them and at the right dose. People were aware of the medicines they were given. One person had daily support from a community nurse with insulin injections. The insulin was kept in a locked box and in a fridge. Staff checked fridge temperatures daily to ensure the insulin was kept at the correct temperatures. Staff completed records as appropriate to ensure that people received their medicines as prescribed. The unused medicines were taken back to the pharmacy for safe disposal.

# Is the service effective?

## Our findings

Staff were not supported effectively to meet people's needs as appropriate. Records showed that some staff didn't have supervisions for 8 months. This meant that staff's performance was not monitored to ensure it was in line with good practice. The supervision sessions were used to discuss a topic, for example fire safety procedure. Staff said they were provided with opportunities to discuss their professional goals during the supervision sessions. However, the supervision records viewed did not reflect staff's training and development needs. This meant that staff's progress and skills gaps were not addressed and therefore they could not carry out their jobs effectively. At our previous inspection on 12 March 2015 we found that supervision sessions did not follow-up actions set in the previous sessions meaning that the actions may not have been completed. At this inspection we found the same issue that was not addressed by the provider. Staff received annual appraisals as required meaning they were supported to identify and plan their professional goals.

Newly employed staff were not adequately supported in their caring role. New staff did not undertake an induction to the service and were not familiar with the needs of people they cared for. Staff induction checklists were not completed. The registered manager could not tell us whether the newly employed staff had completed an induction to ensure that they familiarised themselves with the service's policies and procedures and people's care needs. Newly employed staff were not required to attend any training courses before they started working with people. This meant that staff could put people at risk of harm due to lack of up-to-date knowledge and skills. Systems in place did not support newly employed staff with their training and development needs. We found that newly employed staff's performance was not monitored at the service. The registered manager told us that staff's support needs were discussed during the supervision sessions. However, since 1 September 2015 no staff supervisions took place for a newly employed staff member.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent was not always obtained from people. There were no procedures in place to ensure that people consented to their care. People had capacity to make decisions for

themselves. We saw that staff fully supported people to manage their medicines. There were no risk assessments in place to identify what support people required with their medicines. Records viewed did not show that people had consented to assistance with managing their medicines. The registered manager told us the service had a verbal agreement with people for managing their medicines. People said they were happy with these arrangements, but did not remember if staff had discussed this with them. This meant that people did not receive support to review their decisions. We also saw that people were not encouraged to work towards managing their own medication. The registered manager told us there wasn't any action plan in place for this. The service did not ensure people's independence was promoted with the aim to self-administer medicines in the future.

These issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training relevant to their role to ensure they provided effective care for people. Training records showed that staff were up to date with the mandatory training courses, such as fire safety, safe administration of medicines and Safeguarding. Staff completed on-line training courses during their work hours. Staff were also encouraged to attend additional training, including Level 3 National Vocational Qualification in health and social care. Staff were knowledgeable and had skills to support people with their needs. For example, we observed staff communicating with people effectively, including using clear sentences and taking time to listen to their needs. The registered manager kept copies of training certificates in the individual staff files and received emails if staff were due for a refresher course. This meant that staff attended the relevant training courses on time to ensure they provided good care for people. However, the team did not receive some sector-specific training on people's needs. For example, staff were not trained to work with people who had a learning disability.

People were provided with food and drink which met their needs and preferences. Staff supported people to plan their weekly meals and assisted with their food shopping. Staff asked people what they wanted to eat on the day and helped them to prepare. People said they liked their meals and had them whenever they wanted to. Staff were aware

## Is the service effective?

about people's individual dietary needs and provided support they required at meal times. For example, as per health professional's recommendation, a person was supported to drink more water during their meal times.

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The service followed principles of the Mental Capacity Act 2005 (MCA) to ensure that people were provided with required support to make decisions for themselves. Staff ensured people's wishes were heard and discussed any concerns they had about people's capacity with the registered manager. The registered manager escalated concerns as necessary to the local authority. Actions were taken to ensure that people's capacity was assessed and a best interests meeting arranged if required. For example, a person started managing their own money after a Mental Capacity assessment was completed.

The registered manager was aware about their legal responsibilities under a Deprivation of Liberty Safeguards (DoLS). DoLS is used to protect people who lack capacity to

make decisions for themselves in relation to their care and to ensure that they were not unlawfully restricted. The service had requested authorisation from the local authority. The DoLS gives protection to people from unlawful restriction of their freedom without the authorisation to do so. At the time of inspection the service was awaiting for an authorisation for one of the people that they were supporting. There were no other application forms submitted prior to that.

People were supported with access to health care service. Staff supported people to attend to their health needs when required. People were up-to-date with attending their routine health appointments, including the dentist, optician and annual health checks. People told us that staff provided support to contact their health professionals when they wished to. Staff also supported people to attend additional appointments at local hospitals as required. However, the health appointment outcomes were not always recorded in the care plans and therefore no health action plan was available to ensure that people's support needs were managed effectively. For example, no record was found to reflect GP's recommendation to increase outside activities for a person due to a vitamin D deficiency. We asked the registered manager whether this recommendation was acted on and were advised that this need was verbally communicated to staff for action. However, when asked staff were not aware about this action. This meant that recommendations made by the health professionals may not have been acted on. A health professional told us that staff, "take on board feedback and responded to actions recommended".



# Is the service caring?

## Our findings

People said they liked their home and got along well with their support workers. One person told us, “It is a good home.” A relative we spoke with said that, “staff are really friendly and accommodating.”

People were treated with dignity and respect. We observed staff talking to people in a polite and friendly manner. Staff said they knocked on people’s bedroom doors before entering. People said that staff let them rest if they expressed a wish to be left alone.

People were cared for in a way which took into account their personal histories and preferences. Staff knew people’s preferences and personal histories meaning that people’s individual wishes were valued and respected. For example, people were supported to discuss their final wishes. People had their cultural needs identified. Staff supported people with preparing and cooking meals from their culture. People’s rooms reflected their individual tastes. People said they were happy with their rooms and felt free to make changes as they wished to. People’s rooms displayed their personal belongings, for example pictures and magazines.

People were involved in making decisions about their care. Staff asked people how they wanted to be supported on a daily basis. We saw that people received support with personal care according to their wishes. One person told us that staff only prompted them to take showers regularly as this is what they needed. People said that staff were good at helping them to make informed choices, for example making appropriate clothing choices for cold

weather. However people’s views were not always recorded meaning that the important to people information may have been lost. Also, resident’s meetings were not carried out regularly meaning that people had limited opportunities to make and act on group decisions.

Staff encouraged people to learn new skills. Staff supported people to cook their own meals, complete laundry and room cleaning. One resident told us that people chose when they want to do these tasks. Staff only reminded if people had forgotten them. This meant that people were encouraged to take responsibility for their own daily tasks.

We observed that people lacked activities in the house. People said they did what they liked doing, such as watching TV and talking to each other. We saw that people’s activity plan was mainly around their daily tasks. We discussed this with the registered manager who said that most of the time people were not interested in activities. The registered manager could not provide us with information to demonstrate that the service had offered and carried out additional activities for people. A family member said that their relative was not encouraged to do activities and, “Sat in the house all day not stimulated” to engage in activities.

People had their families visiting them in their home. Staff supported people to contact their relatives if they wished to. This ensured that the service supported people to maintain important relationships to them. Staff respected people’s privacy. For example, people told us that staff sought their permission on the information they shared with their families.

# Is the service responsive?

## Our findings

People told us they were happy with the care and support provided. People said they were able to go out in the community independently and make choices about their care and support. One person said they found living at Jessie Place “alright”. A relative said that, “Staff are fantastic at what they are doing.” A health professional told us that staff had, “good understanding” of people’s needs.

People were supported to be involved in making decisions about their care and support. Staff supported people to attend annual review meetings arranged by their local authorities to ensure that the support provided was in line with people’s needs and wishes. One of those meetings was used to discuss person’s other housing options. Staff also supported people to liaise with their care coordinators from the community mental health team to assess people’s changing needs, and review the progress people were making towards achieving their aims and goals. People told us that they received regular advice and support from their care coordinators to monitor their health needs. For example, one person said they had been given coping strategies to help them manage symptoms of their mental health.

People went out in the community independently. People chose when they wanted to go out and told staff where they went and when they planned to be back. People made choices about what they wanted to do in the community. One person went to a church occasionally. People asked staff for support with activities if they needed help, for example clothes shopping. However, we saw that people did not attend any regular or group activities to ensure they developed social contacts and relationships in the community. The registered manager said that one person was encouraged to attend a day centre, but declined. People were supported to access information about the

events via leaflets from a local library. This meant that people received limited information about the activities in the community. A family member observed, “Not a lot is happening [for their relative] outside the house”. A health professional told us that staff only recently started supporting their client with, “Regular outings” in the community.

People, their relatives and health professionals were asked for feedback about the service. We saw the feedback surveys completed in 2015. The feedback questionnaires were mostly positive and suggested that staff were caring and adhered to people’s care needs. However, the registered manager had not analysed the feedback surveys and no follow-up actions were identified. This meant that improvements were not identified to ensure people were supported in line with good practice. We discussed this with the registered manager who told us that a verbal feedback about the survey results was provided to people, but not to families and other professionals who took part in this survey.

People told us that they were able to make a complaint independently. People said they talked to staff if they were not happy about their care and support. Staff supported people to talk about their concerns to ensure their views were heard. People were confident that staff would take action as required. Staff were aware about the complaints procedure and reported to the registered manager if any concerns were raised. The families said their concerns were investigated and acted on. One relative told us, “The manager reacts promptly and is very good at dealing with complains.” The service has not had any complains raised recently. At the time of inspection people did not have any concerns about the support they received. A relative we talked to said that the registered manager is, “Responsive and approachable.”

# Is the service well-led?

## Our findings

At our previous inspection of the service on 12 March 2015 we found that the service was not well-led. Quality monitoring audits were not effective and did not review the quality of care records. Medicine audits did not include fridge temperatures so there were risks around safe storage of medicines. Systems for recording incidents were not sufficient as there were no records of actions taken to reduce the incidents occurred. Health and safety checks did not identify improvements required to ensure people's safety in the event of fire. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people continued to receive a service that was not well-led. There were no regular audits undertaken of people's care records to monitor and ensure consistency and accuracy. The registered manager told us that the care records were reviewed monthly and when people's needs changed. Care records had been updated, but no action was taken to review the quality of people's care records. There was a risk that people received care which was not monitored and action not taken to make improvements promptly. For example, care plans did not hold information on people's likes, dislikes, preferences and personal history. We also saw that people's care records were not accurate. For example, contact details for people's health professionals were not up-to-date and in some instances not correct. These were last reviewed in November 2014. This meant that people did not have access to their health professionals when required. Therefore, systems to monitor quality of the care records were not sufficient and this was also the case at the last inspection.

We found that sufficient action has not been taken to address our concerns regarding quality monitoring systems. We saw that the last medicines audit took place on 11 May 2015. There was a risk that medicine stocks and administration were not checked regularly to ensure that people received their medicines in line with their prescriptions. The registered manager has also failed to monitor health and safety at the service. The health and safety checklist was last completed in February 2015. Weekly maintenance checks were last recorded in February 2015. This meant that the service did not identify improvements required to ensure people's safety. The

registered manager told us that a fire safety officer from the London Fire Brigade had carried out a check recently and the service was now meeting the safety requirements. Fridge temperature was recorded daily and the temperature of the fridge had been within a safe range for storing medicines.

At this inspection we found that confidential records were not stored securely. The registered manager could not provide us with the staff meeting minutes and told us they were missing. This meant that the provider was not storing confidential information safely at the service.

Following our last inspection the service has provided us with a report for improving the quality of the auditing systems. The provider told us that regular audits would be carried out to monitor health and safety, maintenance and care records at the service. We saw that the provider had failed to address our concerns and these actions were not carried out as stated in their report for improving the auditing systems.

These issues continued to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last comprehensive inspection the provider has failed to display the CQC rating at the location and on their website. The registered manager was not aware about their responsibility to display the CQC ratings. This meant that people and visitors were not informed about the service's performance.

This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of incident and accident reporting procedures to ensure good care for people. An accident book was used to record incidents. Staff were aware about the procedure and reported any concerns to the registered manager for taking actions. There were no incidents recorded since our last inspection.

Staff told us their manager listened to their views. Staff approached the registered manager whenever they wanted to discuss issues relating to the service and people's care. Staff contacted the registered manager out of hours to get advice on urgent matters. One staff member told us that recently the service did not have any emergencies and staff contacted the registered manager for advice on people's

## Is the service well-led?

health needs. Staff told us the service had regular team meetings. The registered manager had encouraged the team to participate, including offering their opinions and changes to improve quality of the service. For example,

staff being trained to take on some management Responsibilities. The registered manager was aware and ensured that statutory notifications were submitted to the Care Quality Commission as required by law.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services were not protected against the risks associated with financial harm because of inadequate systems in place. Regulation 13 (2).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured that people were protected against the risks associated with unsafe staff induction procedures and supervision process. Regulation 18 (2) (a).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not ensure that people consented to staff managing their medicines and that people maintained their independence as much as possible. Regulation 11(1).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not protect people against the risks of unsafe care because of ineffective systems in place to monitor quality of the service provided. Regulation 17 (1) (c).

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments

The registered person had failed to display the most recent CQC rating at the location and on their website. Regulation 20A (1).