

Jeesal Residential Care Services Limited

Shulas

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

Shulas is a residential care home for six people with learning difficulties. At the time of our inspection there were six people living in the home. The home was divided up into two flats. There were three people who lived in each flat.

There was a registered manager in the home. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

People were supported by staff who knew how to keep them safe from harm. Staff had received training in safeguarding and were aware of how to report any concerns. There were safe practices around recruitment and this further ensured that only suitable staff were employed to care for people in Shulas.

Individual risks to people had been identified and there was clear guidance about how these risks could be managed and mitigated. Risks within the environment were also managed in a safe way and regular servicing of the utilities as well as regular health and safety checks meant that any hazards could be identified in a timely manner.

People were supported to take their medicines in a safe way.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, people's mental capacity was not always assessed and best interests decisions were not documented.

Staff received training relevant to their role in order to effectively support people with their health and mental wellbeing. People were supported to make healthy meals and were supported to access relevant healthcare professionals where needed.

Staff were caring and knew people's support needs well. People were supported to be as independent as possible and were able to access a range of activities and groups in the community.

People were involved in planning their care and were treated as individuals. People's care files were reviewed regularly and reflected people's current care and support needs.

The registered manager was supportive and approachable. There was frequent communication between

the management team, people living in Shulas and the staff. This allowed for everyone living and working in the home to get involved and share ideas about the running of the service. There were effective systems in place to monitor and assess the quality of service being delivered.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good

Good ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

Shulas

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 8 August 2017 and was unannounced. The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider 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. Due to technical problems a PIR was not available for registered manager to complete and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with two people who lived in the home. We also spoke with five members of staff including the registered manager, the deputy manager, two senior care assistants and a member of activities staff. We checked two people's care records and the medicine administration records for two people. We also looked at information relating to how the service was run. This included health and safety records, staff recruitment and training files and a number of quality monitoring reports.

Is the service safe?

Our findings

The service remains safe. Both people we spoke with told us that they felt safe living in Shulas. One person commented, "I feel safe here."

There were processes in place to keep people safe. Records we looked at showed us that individual risks to people's health and wellbeing had been identified. There were comprehensive risk assessments in people's care files and these detailed what steps staff could take to manage these risks. For example, we saw that one person liked to make toast for their breakfast but there was a risk that they could burn themselves. The person's risk assessment stated that staff should take the toaster to the person's room where they could be supported by staff to make their toast.

Risks within the environment were also monitored and there were risk assessments in place for all areas of the home. A member of staff completed a weekly health and safety check in order to identify any potential hazards in the home. In addition to this we noted that all of the utilities and firefighting equipment had been regularly serviced and tested. This helped to ensure that the home was a safe place to live and work in.

Staff had received training in safeguarding and training records we looked at confirmed this. Staff understood what constituted abuse and knew the correct protocol for reporting any abuse, including any outside agencies they would contact with their concerns.

People told us that there were consistently enough staff to meet their needs and staff told us that they would cover any absences using staff from the provider's other services. This ensured continuity of care for people as they already knew staff from other services as people attended activities at the other services close by. The registered manager explained that people's needs were constantly assessed and they adjusted staffing levels to meet people's changing needs. We looked at the recruitment records for two members of staff and saw that there were safe recruitment practices in place. This helped to ensure that only staff who were suitable to care for people were employed.

People's medicines were stored and administered in a safe way. One person we spoke with told us, "Staff help me take my medicines, I read out what I take." People were supported by staff to administer their own medicines and some people required more support than others with taking their medicines. It was noted in people's medicine folders how they liked to be supported with taking their medicines. We saw from people's medicine administration record (MAR) charts that people had their medicines as prescribed as there were no gaps on the chart where staff signed to say that the person had taken their medicine. There were easy read explanations of people's medicines in their medicines folder. This gave people information about what their medicine was for, the best time to take it and what the common side effects were.

Is the service effective?

Our findings

The service remains effective. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw the service was not always operating in accordance with the MCA. We noted from the two people's care files that we looked at that they both lacked capacity to make certain decisions. One person required staff support with managing their money and buying things. There was no formal mental capacity assessment for this person to show that they lacked capacity about making certain decisions. In the second person's care file we looked at we saw that they had a mental capacity assessment and this stated that they did not have capacity to make decisions. Staff supported this person in a number of ways, and this included going out into the local town and managing their money. There was nothing in the person's care file to show that staff were making decisions in the person's best interests.

In spite of the lack of documentation around best interests, people we spoke with told us that they were involved in making decisions and that staff would always consult them when a decision needed to be made. For example, one person told us how staff looked after their money but they would take enough money to go to the local shops with. Staff we spoke with were clear about why they were making decisions in people's best interests. Staff understood individual people's capacity well and how this impacted on their daily decision making.

We spoke with the registered manager about documenting best interests decisions for people and noting the reasons why staff may make decisions for people. The manager told us that they would review everyone's care file in respect of their mental capacity and decision making. The manager added that they had submitted DoLS applications for people who lacked capacity to the relevant authorising body.

People we spoke with told us that staff would always ask their consent before they did anything for them and one person we spoke with explained, "Staff always tell me what they're doing." We saw throughout our inspection that staff would ask people if we could look at their care files and their medicine charts.

People were supported by staff who had received training relevant to their role. Staff we spoke with told us that the training was useful and that it was a mix of face to face and online learning. One member of staff told us, "The training is so in depth." Another member of staff told us how the training had helped them to improve their understanding about mental health and specific conditions such as autism.

Staff would support people to make their meals. We saw from one person's care file that they needed support with choosing healthy food. They told us that staff would help them to go shopping for healthy food. People would sit down together every week and discuss what meals they would like in the coming week. We saw that pictures of the meals for the week were displayed on a board in the kitchen. There was also easy read information about healthy eating displayed.

People were supported to access relevant healthcare professionals when needed. One person we spoke with told us, "Staff take me to the hospital for my appointments." Another person told us "Staff have helped me to give up smoking, my asthma is much better now." On the day of our inspection we saw that the registered manager and the deputy manager accompanied one person for an appointment. Each person had a healthcare folder and this documented all of their healthcare needs. We saw that outcome of people's healthcare appointments were documented in people's healthcare folders, this ensured that all staff were aware of changes to people's support in terms of their healthcare.

Is the service caring?

Our findings

The service remains caring. When we arrived, the registered manager introduced us to the people living in Shulas so people did not feel anxious about us being there. The registered manager also explained to people why we were inspecting Shulas. Throughout our inspection we saw that people felt comfortable in the presence of staff. We saw this through the way people interacted with staff. We saw people sitting and talking with staff over a drink on a number of occasions. People were laughing and joking with staff. Staff also showed interest in what people were saying.

One person we spoke with told us, "The staff look after me here, they talk to me when I'm upset." We saw that sometimes people were anxious about things. We saw that staff comforted people and gave them time to talk about what was making them feel anxious. For example, we saw that someone was talking to the registered manager about whether or not they were going to be visited by their social worker. The registered manager explained to them what staff were doing to try and arrange a visit. Staff we spoke with spoke enthusiastically about their role. One member of staff told us, "It's lovely here, I like to support people."

People we spoke with told us how they were involved in making choices about what they wanted to do. One person commented, "I can do what I want to do here, I have my own bedroom and kettle." People's likes and dislikes were clearly documented in their care files as well as their preferences about how they liked their care to be delivered.

We saw from people's care files that there was guidance for staff about how each person preferred to communicate. This included using gestures and objects of reference. We observed that staff communicated effectively with people according to their individual needs. This allowed for natural and plentiful conversations between people and the staff supporting them.

People's privacy and dignity was consistently respected. One person told us, "Staff always knock on my door before they come in." We saw that staff would wait for a response before entering people's rooms. Staff also told us how they would maintain people's privacy and dignity when supporting people with their personal care.

People were supported to be as independent as possible. We saw that people were supported with catching the train to attend a gardening group at one of the provider's other services. Another person told us about how they were going out for lunch with a friend.

Is the service responsive?

Our findings

The service remains responsive. People we spoke with told us that they were involved in the planning of their care. One person told us, "I sit with my keyworker and we talk about things." People also told us that they met with staff every day to talk about their care and support needs. Throughout our inspection we saw that staff were always visible and we noted that staff were responsive to people's needs. For example, a member of staff sat down to have a cup of tea and a person walked into the lounge. The member of staff said, "Alright mate, do you want a drink?" They then went to go and make a drink with the person. We asked staff how they involved people in their care planning. One member of staff explained, "We go through what goals people have and what they want to achieve. We have a casual chat so it's not too formal. Maybe have a cup of tea and a couple of biscuits."

Throughout our inspection we saw that people were treated as individuals. We saw this by the way staff communicated with people according to their individual communication needs and by asking people about their interests. People's care plans were person centred and were reviewed and updated on a regular basis.

There was an emergency admission plan in people's healthcare folder. This detailed what people's preferred method of communication was and how they may use body language or gestures to explain in what way they felt unwell. The plan also gave guidance on what behaviours people may show depending on how they are feeling. For example, we saw from one person's plan that they would go quiet if they were upset. This enabled healthcare professionals to treat people according to their needs when they attend healthcare appointments. One member of staff told us how they accompanied one person to the dentist and the dentist took the time to read the person's healthcare folder. This put the person at ease as the dentist knew how the person liked to be treated.

People were able to pursue their hobbies and interests. One of the provider's other services ran an arts and craft group which some people attended. One person showed us a name plaque they had made for their door. The provider also ran a gardening group and many people living Shulas attended this group. One person told us, "Last year we made decorations and sold them." Staff at Shulas encouraged people to participate in activities and made alternative plans if a particular activity was cancelled. We saw that the member of staff who ran the gardening group explaining to people that the group may be cancelled the following day due to the weather. They went on to explain what they would be doing with people instead. Staff we spoke with told us how people enjoyed participating in the activities and how important it was to people. One member of staff explained, "If people are on an activity, they're on an activity even if we do something different. If people can't go gardening then I might suggest we just go for a drive and then they can choose where we go."

There was a complaints procedure in place and there were easy read leaflets in the hallway about how to make a complaint. People we spoke with told us that they felt able to make a complaint and knew who they would go to. We saw that complaints were dealt with in a timely manner by the registered manager.

Is the service well-led?

Our findings

The service remains well led. There was a registered manager in post. 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 registered manager had reported notifiable events to the CQC as required and in a timely manner. A notification is information about important events the provider must inform us about by law.

People we spoke with told us that there were weekly tenants meetings. One person explained, "I get to tell people what I have done during the week and we get to choose our meals." The tenants meetings allowed for people to voice their opinions about how the service was run. We looked at the minutes of the meetings and saw that these were in an easy read format. During the meetings staff would also let people know if there would be any visitors to Shulas and what staff were on leave. This meant that people were kept informed about who was coming in and out of their home.

There were regular staff meetings and this gave staff the opportunity to get involved in decisions made about the running of the service. Staff told us that they were always informed of any changes within the service. One member of staff explained, "Communication is really good, we also have the team meetings which are good for any information [registered manager's name] will come into handovers and let us know what's going on with people here. Really good at keeping us updated."

We saw throughout our inspection that staff worked well together and passed on any relevant information to each other about people's needs. Staff were positive about working at Shulas. One member of staff commented, "Team morale is good. There's a good working relationship between the staff, there's not one person left out."

Everyone we spoke with told us that they felt as though they were supported by the registered manager and that they could approach them at any time. One person told us, "They're the best." Staff told us that the registered manager worked alongside them. One member of staff commented, "They're in here every day." The registered manager told us, "We put our aprons on and do the same as everyone else, we're not office dwellers."

A range of quality monitoring audits were carried out by the registered manager and deputy manager to monitor and assess the quality of the service being delivered. This included health and safety audits, ensuring that people's care files were up to date and carrying out satisfaction surveys. We saw that where there were shortfalls, the remedial action required was clearly identified along with the date it needs to be completed by. This demonstrated to us that the service was well led.