

Jaffray Care Society

Langdale and Keswick (Parkfields)

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

Our inspection took place on 25 and 31 August 2016 and was unannounced. We last inspected the service on 19 December 2013 when we found the provider was meeting regulations.

Langdale and Keswick is a care home that provides personal care to people who have a learning disability. The home can accommodate eight people, with seven people living there at the time of our inspection.

There was a registered manager in post at the time of our inspection. 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.

People's safety was promoted through the provider identifying risks to people and then putting measures in place to ensure people were safe, while promoting their independence. People were supported by sufficient numbers of staff that knew them well. Staff understood how to identify potential abuse and protect people from harm. People received their medicines in a safe way. Staff were checked for their suitability to work with people before starting work at the home.

People were supported by staff who were skilled and knowledgeable. Staff were supported with on-going training and demonstrated they were able to put this into practice. People were asked for their consent before they received care and support, and we saw people's rights were promoted. People could have the food and drink they wanted, this reflecting their preferences and needs. People were supported to have regular access to community healthcare.

We saw staff were kind, caring, and respectful to people. People's individuality was recognised and respected. People's dignity and privacy was respected. People made choices about how their care was delivered.

People were involved in planning their care, with support where needed. People's views were sought when their needs and preferences changed. Staff understood how to deliver care that reflected the person's individual needs and preferences. People were supported to live their life how they wished with support to access the wider community. People knew how to complain and had confidence complaints would be resolved.

The service was well led and people expressed confidence in staff and the provider. The provider has a clear ethos that was person centred, understood by staff and reflected how home was run. There were systems in place to capture people's experiences and make changes based on what people wanted. Staff felt well supported, liked working for the provider and were happy in their work.

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.

Risks to people were assessed and measures put in place to ensure people were safe. People were supported by sufficient numbers of staff. Staff understood how to identify potential abuse and protect people from harm. People received their medicines in a safe way. Staff were suitably checked before working at the home.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had the right knowledge and skills. Staff felt well supported with training and demonstrated they were skilled in their work. Staff asked people to give their consent before they provided any care and support, and any restrictions were minimised. People had access to food and drink that met their preferences and needs. People received regular access to community healthcare.

Is the service caring?

Good ●

The service was caring.

We saw staff were kind, caring, and respectful to people and their relative's confirmed people's care was person centred. People's dignity and privacy was respected and they could make choices about how their care was delivered. People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive

People were involved in how their care was planned. People's views were sought when their needs and preferences changed. Staff understood people's individual needs and how to meet these. People were supported to live their life how they wished with support to access the wider community. People knew who to complain to and had confidence complaints would be

resolved.

Is the service well-led?

Good ●

The service was well led

People and their families felt the service was well led and they had confidence in management. The provider has a clear person centred ethos and we saw this influenced how the home was run. There were systems to capture and respond to people's experiences and monitor the quality of the service. Staff felt well supported, liked working for the provider and were happy in their work.

Langdale and Keswick (Parkfields)

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.

The inspection took place on 25 & 31 August 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information, including notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We also heard the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service and three relatives, the latter by phone after our visit. We also spoke with the registered manager, deputy manager, and four staff. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at three people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of

the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

Is the service safe?

Our findings

We saw people were comfortable with staff and relaxed in their presence. Relatives we spoke with felt their family members were safe at the home, and with the staff. One relative told us they had, "No worries" about their family member's safety. Another relative told us how staff allowed their family member their freedom while ensuring they were safe. They said, "We don't have to worry [about family member's] safety at all". We saw staff treated people in a way that respected their rights, for example while staff were available to ensure people were safe, they did not prevent people's freedom of movement or expression during the inspection.

Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. The registered manager and staff were able to clearly describe what abuse may look like and what they should do to escalate any concerns and to whom. For example, staff told and showed us how they would look out for any unexplained bruising and record and escalate this information if it could not be explained. The provider had demonstrated their awareness of local procedures for protecting people by alerting the local safeguarding authority and CQC when they had concerns about potential abuse. This indicated systems were in place to ensure that any allegations of suspected or actual harm would be promptly and appropriately escalated.

We saw risks to people had been identified, assessed and recorded in their care records. A member of staff told us risk assessments were used to, "Try and minimise the risk to people, stopping that risk to the person by looking at what and why there is a risk". For example we saw one person liked to go out into the garden on their own. Staff told us how they recognised this was important for the person. They were however able to describe in detail the steps they took to ensure the person was safe, without feeling restricted. For example, they said they would check the garden to ensure there were no items that the person may trip over. We saw the garden was obstacle free. Staff also told us how they needed to be more aware when people may not be able to verbally communicate any discomfort or pain. They told us about how one person may communicate this through their body language. We saw the triggers for how the person would communicate any discomfort were recorded in their risk assessments, and reflected what staff told us. We also saw where risks were identified to people due to the risk of falls; assessments had identified what equipment was needed to keep people safe, this seen to be in use. This showed that risk assessments were accurate and staff understood what they needed to do to promote people's safety.

There were sufficient numbers of staff available to keep people safe. The deputy manager told us the provider planned for one member of staff to be available for each person living at the home during day time hours, which is what we found at the inspection. Staff told us there were agency staff available to cover staff leave, although they felt it was better if familiar staff who knew people covered these gaps. Where this was not possible they told us management would work with people, or familiar agency staff would be used. The registered manager told us staff would allow people a choice about which members of staff supported them with their care. We saw a number of occasions where people asked specific staff to support them at different times of day, with staff responding to these requests. For example we saw one person expressed a preference for specific staff when they were asked if they wanted to complete some activities. Relatives told us there was enough staff available to support their family members.

We found systems were in place to ensure that the right staff were recruited to keep people safe. We spoke with staff that had been recently employed and they confirmed that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the home. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.

We looked at the medicine administration record (MAR) for three people who lived at the home. We found balances for people's medicines were accurate with the record of what medicines had been administered. The registered manager told us that staff received annual medicines training and bi-annual competency checks, which staff and records confirmed. Staff who administered medicines were able to demonstrate a good awareness of how they gave people their medicines safely. For example, we saw staff awareness of the triggers to administration of 'as required' medicines reflected written protocols we saw. We also saw 'as required' medicines were signed out when people needed them when in the wider community. The registered manager and staff showed us a new monitored dosage system in use that ensured people's medicines were clearly identified until the point they were administered. The staff told us this reduced the risk of errors as the container was clearly labelled until the medicine was given. Only when given was the person's name removed from the container. We saw medicines were safely stored in the home. This showed that people's medicines were managed safely.

Is the service effective?

Our findings

We found staff were well trained and were knowledgeable about people's individual needs. One relative told us staff, "Are well trained, on training all the while", and added, "New staff come in and they are trained". Two other relatives said staff were good at their jobs, and both said this had resulted in people receiving a good standard of care, one saying staff, "Are brilliant". We saw staff provided people with care and support in a way that reflected their knowledge and skills. For example, we saw one occasion where a person challenged staff and the staff response kept people safe and quickly calmed people's anxieties. This reflected the approach to challenges people might present that staff told us they had been trained in, with a no restraint policy and use of distraction and diversion to calm people's anxieties. We spoke with one member of staff who told us the training they received was, "Second to none, really up to date, have a rolling programme, can't say anything bad". Another member of staff said, "Training offers you everything for your own development and the clients". We spoke with staff that had recently commenced work for the provider and they told us the induction they received had helped them to learn about their job, and the people they supported.

We saw staff consistently asked people if they agreed and consented to any care or support before this was provided. Where people were unable to verbally confirm their consent we saw staff would wait, and watched to see if their body language indicated they were not consenting. Two people had sound monitors in their bedrooms so that staff could hear if they were in need of assistance. We saw these people's consent had been sought prior to their use and they both confirmed they consented. One person when asked if staff asked for their consent said, "Of course they do". Relatives of family members also told us staff looked to gain people's consent and understanding whenever possible.

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. The registered manager and staff were able to tell us how they would ensure they acted in accordance with the MCA, and demonstrated a good understanding of the Act. One member of staff told us, "Everyone has capacity to make some decisions in their lives" and said they would always support people to make day to day decisions about their care. Another member of staff said, "We have to ask people for their permission". Staff told us they had received training in the MCA which helped them understand the importance of gaining people's consent. This showed staff were aware of their responsibilities under the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had identified there were possible restrictions in place for some people, to promote their safety, and they had made the appropriate applications to the local authority for some DoLS authorisation. The outcome of these was only received by the registered manager from the local authority at the end of the inspection. The registered manager said they were aware

they would need to formally notify us of the outcomes of the applications. We saw the provider had systems in place to identify where people had representatives with power of attorney what decisions they could make, for example decisions about a person's care and welfare.

We found people received support to have a choice of food and drink that reflected their preferences. One person told us they had what they wanted to eat by choosing what they wanted. We saw one person was asked by staff to think about what they would like when they went food shopping. We saw another person ask for a specific food during the inspection and staff quickly provided the same. A relative told us their family member was offered choices that reflected their preferences. They said staff, "Do offer Caribbean food. Have sampled and it's better than some of the Caribbean shops up town". We also saw staff were routinely offering people drinks throughout the day. The deputy manager told us about the menu which we saw offered a choice of two options. They and other staff told us the menu was only a guide however and we saw people make different choices not on the menu. Staff told us people could choose what groceries to buy when they went out shopping. People confirmed they were able to choose what to buy at the shops, one person saying, "I go to the shops". Another person said they wanted a meal out and we saw staff made arrangements to take them to their favourite restaurant. A third person confirmed they had, "Chinese" meals from a takeaway when wanted and described other foods they liked, and had when wished.

Risks to people's health due to diet were monitored, with staff recording people's weight, diet and fluid intake when this was identified as needed. We saw where there were risks to people due to for example having difficulty swallowing we found there was on going involvement with specialist nurses who had monitored people's progress, with their recommendations informing the people's care plans and risk assessments. We also found any allergies people had were clearly identified in their records and the menu carried information about what foods may contain ingredients that people may have allergies to.

People's relatives told us their family members experienced positive outcomes regarding their health and this was promoted in partnership with community healthcare professionals. One relative told us staff contacted external health professionals whenever they were needed whether this was for example a doctor, dentist or chiropodist. They also said staff, "Do let me know, they give you regular updates". Another relative confirmed their family member had regular and on-going involvement with health care professionals and told us they were, "Meeting the psychiatrist next week". We saw people's health action plans showed there were regular appointments for people with a range of external professionals. This reflected what the registered manager told us when they described use of an annual health check specifically developed for people with a learning disability. This showed people's health care was promoted with the support of community healthcare services.

Is the service caring?

Our findings

We saw throughout the inspection that staff interaction with people showed a considerate and caring approach. We saw people looked happy and comfortable talking to staff with frequent laughter and a relaxed atmosphere. People told us they 'liked' their home. Relatives told us they thought the staff were very caring. One relative told us their family member, "Seems a lot happier since [they moved to the home] and there is happiness on [their] face". Another relative said the staff were, "Fully supportive of [their family member] and are kind and caring". They said the person told their relative that Langdale and Keswick was their home, this seen as an indicator that they were happy living there. The relative added their family member's, "Life has completely changed around for the better".

We saw people were consistently given choices by staff, for example in respect of what they wanted to wear, what they wanted to do and what they wanted to eat. A relative told us how their family member would, "Tell you in their own way and staff understand them, they have a lot more understanding than we do". We saw staff spoke with people in ways that reflected their communication plans, for example talking at a pace we saw people understood, and observing people's verbal and non-verbal responses. Staff also checked they had understood correctly with the person. We saw staff body language presented as open with their arms not crossed or closed. Staff were also expressive, using their own body language in a way that confirmed meaning, this consistent with the way we saw some people communicated with staff. A relative told us their family member, "Seems to understand [staff], they work well together". Another relative confirmed their family member was offered choices by staff. Staff told us how they were aware of the importance of offering people choices.

We saw there were good relationships between staff and people that they cared for. We saw people were happy approaching staff and talking to them and there was confirmation of how relaxed people were from the laughter and smiles between them and staff. We saw people were happy to approach staff with any questions they had, or responded positively when staff spoke with them. We saw staff promoted people's dignity and consistently showed them respect when providing care and support. We saw staff positioned themselves at the same level as people, speaking to them in a friendly and open manner. We found the atmosphere within the home was relaxed and we saw staff were careful not to invade people's personal space without their acceptance. One person told us how they were supported to maintain links with people who shared their religious beliefs by attending church, this they said important to them.

We saw staff promoted people's privacy. We saw people were able to spend time in their rooms when they wished, and in private. We saw the building was designed in a way that allowed people enough space for privacy and people all had their own individual bedrooms. One person showed us they had their own bedroom key so they could lock their bedroom door if wished. Staff were able to tell us how they promoted people's privacy and dignity, for example they told us how they ensured people had a gender of carer they were comfortable with for personal care. We saw there was a sufficient gender mix of staff available during the inspection so females could have female carers, and where wished males had access to male carers. We did see that some of the male service users did actively choose support from female staff however. We saw staff knocked on people's doors and asked if they could enter, and people's bedroom doors were closed

when this was the person's choice.

People's independence was promoted. We saw some people were able to move around the home independently when able, and some would go into the grounds of the building on their own when wished. We saw people had freedom of movement. We saw that staff would encourage people they were assisting to complete tasks for themselves where able, with encouragement and comment to people to acknowledge how well they were doing when being independent. Staff were able to tell us how they would encourage people's independence and understood why this was important for people.

Relatives told us they were supported to maintain relationships with their family members and other people by the provider. One relative said the person had access, "To a family room" when they visited and told us staff were, "Nice and welcoming". Another relative told us the person visited them at their home and was able to maintain support with people in the wider community. A third relative said staff supported their family member to visit family that had difficulty visiting the home. They said the staff, "They are more like family, they are brilliant". This showed family relationships and the maintenance of family bonds was encouraged by the staff.

Is the service responsive?

Our findings

We saw staff were responsive to people's needs during the inspection. Relatives also told us staff were responsive to people's needs and preferences. One relative told us, "They [staff] know about [the person's] needs". Another relative said, "We have the satisfaction [the person] is well looked after and supported". A third relative said, "It's amazing how [their family member] is now, they are actually more alive, has improved a lot [since moved to home] and is speaking now, never spoke before". We saw people were supported by a stable and consistent staff team which provided them with continuity of care.

One person we spoke with told us they were fully involved in planning their care. Relatives told us the staff involved people in planning their care as much as possible. They also told us their views were sought within the planning so that care plans reflected what was important for the person. One relative said, "We [them and their family member] are definitely involved". Relatives told us staff had a good understanding of how people expressed their preferences and we saw this was reflected in their care plans. Relatives told us they were informed quickly of any important changes in their family member's circumstances one relative saying, "Anything happens they are on the phone". One relative also told us how staff involved their family member with them in reviews. This showed people were involved as much as possible, with their families supporting them in planning their care.

We saw that care plans reflected people's choices and wishes and focussed on what was important for the person. For example, one person told us, "I like the Olympics" and sport and told us staff had supported them with watching this. They said they like exercise. They told us, "I do press ups". We saw these interests were recognised in the person's care plan. Another person told us their religion was important to them and we saw how support was planned so they could visit church. They confirmed staff supported them to do so. Where people did not verbally express their wishes, staff told us how they used day to day observation and assessment to get to know what the person may like, or dislike and plan for these preferences. We saw how this had informed their care plan so it recognised what the person liked so this knowledge was known by all the staff. For example the person's communication plan identified how they would use certain gestures to convey meaning, and we saw staff understood these when we saw the person used some of them.

We saw staff knew people well and were focussed on providing person centred care and support. A member of staff told us, "We encourage people to do whatever they want within their capabilities". Other staff expressed a commitment to supporting people in the way that reflected their individuality. We saw people were supported to spend their day in the way they wished. We saw one person get up from bed later in the morning, which they confirmed was their chosen routine. Another person told us they liked certain music and would listen to this in their room. Staff offered another person options and they asked for staff to paint their face, which we saw they enjoyed, and showed the inspector proudly when completed. Some people chose to go out with staff later in the day and we heard discussion about where they wanted to go. A number of people told us about their holidays, one person telling us, "I'm going away to North Wales next week". They said this was their preferred holiday destination. Relatives also told us important days for people, such as their birthdays were recognised with a personal flavour. For example, the staff were said by one relative to have, "Made an effort for [person] for birthday" with flags that recognised their cultural

identity. We saw people's preferences in respect of their day to day routines and occupations were recorded in their care plans. We saw staff supported people with their preferred routines and activities.

People we spoke with knew how to complain and we saw there was information about complaints available within the service. People and relatives told us they did not have any complaints however. Relatives told us they were could raise a complaint if needed and were confident if they did it would be addressed appropriately. One relative said, "I have never had any reason to complain". Another relative said, "Any complaints could approach any one of them [staff]". Staff also told us how they were observant for any changes in people's moods and how they would escalate concerns if they felt a person was unhappy. The provider had received one complaint in the last year and we saw actions taken in response showed this was taken seriously with follow up action recorded. The registered manager told us they would respond to complainant with the outcome, this not possible in this instance as the concern was anonymous. This showed that people knew how to complain and the service did respond to concerns raised.

Is the service well-led?

Our findings

We saw and heard people living at the home, relatives and staff had a positive relationship with the registered manager and staff. One relative told us they could, "Talk to the [registered manager] any times we want". Another said they were always able to contact the registered manager if needed. A third relative told us how they also had contact with the provider telling us, "From day one when first got involved in meetings with registered manager and provider and up to now it's absolutely brilliant". Relatives told us the home was well led. One relative said, "We could not want anything else for [family member], they let [them] be happy", another that, "We have the satisfaction that [family member] is well looked after, it's like winning the lottery".

The registered manager and staff demonstrated a good knowledge of people's needs and their responsibilities in providing people's personal care and meeting the law. We found the provider had met their legal obligations relating to submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We saw there were systems in place to ensure staff knowledge was updated through, for example meetings and training that reflected people's individual needs and the learning needs of staff. The registered manager told us how they considered how their own knowledge was current and was able to tell us how they kept abreast of changes that impacted on the service, for example through email updates. They also told us they were planning to complete a nursing degree in learning disabilities and the deputy manager was undertaking more management training. They told us the provider was supportive telling us, "I would not have worked for them this long if I did not love my job or believe in what I do". This reflected what staff told us with them sharing a belief in the provider's ethos of wanting to improve people's lives and promote their independence. We saw this was carried through to how people received person centred care that reflected their preferences and individual needs. This showed staff recognised their responsibilities and supported the provider's vision and values.

The provider had a number of ways in which they gathered people's views. Relatives told us and we saw surveys forms from the provider were used to get their and people's views. We saw completed survey forms showed people were satisfied with the quality of the service they received. No people, or relatives completing the surveys felt the care people received could be improved which reflected what relatives told us. For example one relative had written when asked if there was anything that would enhance people's care, 'None at all, excellent service'. We also saw that meetings were held by the provider to discuss developments. One person told us, "I do go to meetings" and how they had been the chair of a committee representing people using the provider's services for a number of years.

Staff expressed confidence in the way the service was managed and said they were well supported by the registered manager and provider. They told us they received regular supervision, and if support was needed this was available from the registered or deputy managers. One member of staff told us management were, "Very much supportive and I have every confidence in [management]". Another member of staff said, "I'm happy working at Langdale and Keswick" and commented how person centred the care people received was. A third member of staff said the provider was a, "Good company to work for". The registered manager

and staff told us how the provider had recently recognised and celebrated those staff that had worked for them for over 10 years. We saw that the provider had also gained an 'Employer of the year award' for two years running from the British institute for learning Disabilities (BILD). Staff told us they appreciated this recognition for their commitment to people they looked after and the provider. This showed that staff felt well supported by the provider.

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. one member of staff said if they whistle blew they would, "100% got the back up of Jaffrey [the provider]" A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns, to inform how risks were managed. We saw there was regular monitoring visits carried out by the provider where they checked what was happening in the service. The registered manager also told us that the provider was introducing regular visits where other registered managers in the provider's employ would carry out audits with a focus on outcomes for people, for example ensuring people's care was person centred and dignified. The records of the provider's visits outlined their findings, what could be learnt from these and included action points that set out how improvements could be made, these related to identified target dates for completion. We saw that the registered manager had made improvements based on these, for example regular checks of staff driving licences were now undertaken where they drove the provider's minibus, this to ensure people were safe. This showed systems were in place to maintain and improve the service.