Supreme Care Services Limited

Jericho Lodge

Inspection report

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Morden
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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

This was an unannounced inspection that took place on 13 November 2018.

Jericho Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care for up to three people who misuse drugs and alcohol and need support to maintain their mental health. It is located in the Morden area of London.

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 and associated Regulations about how the service is run.

At the last inspection in March 2016, the home was rated overall good with a good rating for all five key questions.

The home's environment was a safe one to live and work in with a welcoming and friendly atmosphere. People enjoyed living at the home and were happy there. Staff supported them to make choices, including a variety of activities at home and in the community. People were comfortable with the manner in which staff provided care and support for them. Positive interactions took place between staff and people and each other throughout our visit.

The home kept up to date records that covered all aspects of the care and support people received. People's care plans were individualised to them and contained regularly reviewed, comprehensive information. This enabled staff to support people efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health care professionals. They were encouraged and supported to choose healthy and balanced diets that also met their likes, dislikes and preferences, whilst protecting them from nutrition and hydration associated risks. They told us they chose what they ate and were happy with the quality of meals provided.

People were given constructive support, knew the staff that supported them well and staff were fully aware of people's needs, routines and preferences. Relatives said that staff worked well as a team, had appropriate skills and provided care and support, in a professional and friendly way. This was conducted within agreed boundaries and focussed on people and their individual needs. The staff were well trained and made themselves accessible to people and their relatives. Staff said that the home was a good place to work and they enjoyed working there. They received good training and support.

Relatives said the registered manager and staff were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

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**

Jericho Lodge

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 was an unannounced inspection that took place on 13 November 2018.

The inspection was carried out by one inspector.

During the inspection, we spoke with two people, one care staff and the registered manager. We also contacted two relatives and four healthcare professionals. There were three people living at the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and quality assurance systems. We also looked at the personal care and support plans for two people and one staff file.

Good

Is the service safe?

Our findings

People were safe living at the home. One person said, "It's [the home] a nice, safe environment. There is an alarm system that is tested every week." A relative told us, "They [staff] have his trust."

Staff knew what abuse was and the action they needed to take if they encountered it. They were provided with policies and procedures regarding abuse and had received induction and refresher training. This enabled them to protect people from abuse and harm safely.

Staff were aware of how to raise a safeguarding alert, when this was necessary and were appropriately trained. Safeguarding alerts were reported, investigated and recorded. There was no current safeguarding activity. There was also information about keeping safe available to people living at the home.

Staff had received training in and understood de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. These were focussed on people individually and staff had appropriate knowledge to do this successfully. This was demonstrated during our visit, when one person became upset and was supported to calm down in an appropriate way. Staff actions were recorded in people's care plans.

Communal areas were monitored by CCTV. People's rights to privacy and dignity were maintained as CCTV was not located in private areas.

The staff recruitment process was rigorous and staff records showed that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of mental health. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to people starting in post. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was also a three-month probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge, within the induction training and the person was employed.

Staff rotas showed that staffing levels could meet people's needs and enable them to safely pursue their chosen activities.

People's risk assessments enabled them to take acceptable risks and enjoy their lives in a safe way. Risk assessments included people's health, daily living and social activities. Risks were reviewed regularly and updated as people's needs and interests changed. Staff shared information internally, regarding risks to individuals including any behavioural issues during shift handovers, two monthly staff meetings and as they occurred during a shift. Staff said they were familiar with people living at the home, their routines and were able to identify situations where people may be at risk and acted to minimise those risks. They also shared appropriate information with external staff providing activities, such the 'Avanti' club which offered recovery support.

Accident and incident records were kept and accidents and incidents were discussed and learned from by the staff team, at shift handover and revisited during staff meetings. Staff demonstrated this by their thorough knowledge of people. There was a whistle-blowing procedure for staff to use. There were general risk assessments for the home and equipment used that were regularly reviewed and updated. Staff had also received infection control and food hygiene training and the way they worked reflected this. Equipment used to support people was regularly serviced and maintained.

Medicine was safely administered, regularly audited and appropriately stored and disposed of. We checked people's medicine records and found that they were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. There were no controlled drugs kept on the premises.

Good

Is the service effective?

Our findings

People decided the care and support they received and when and how it was delivered. They said that staff provided care and support in a way that they liked. One person said, "Living here is definitely helping. I'm getting my bank account sorted and beginning to fire on all cylinders. Next it will be my passport." They were referring to getting their life back on track. A relative said, "He [person] is content here. We thought of looking at him moving closer to us, but realised that we would have to move closer to him, as this was his home."

Staff were appropriately trained, knowledgeable about the field in which they worked and made themselves accessible to people and their relatives.

The registered manager explained the procedure followed if a new person was considering moving in. There was a policy and procedure that stated people and their relatives would be consulted and involved in the decision-making process before moving in. Service commissioners forwarded assessment information to the home, which carried out pre-admission assessments. People were invited to visit the home as many times as they wished before deciding if they wanted to live there. Information from any previous placements was also requested, if available. Staff said they would also seek the views of people already living at the home. When people visited the registered manager and staff would add to the assessment information.

Staff received comprehensive induction and mandatory refresher training. New staff also shadowed more experienced ones as part of the induction. This was to increase their knowledge of people living at Jericho Lodge. The training matrix followed the Skills for Care 'Common induction standards' and identified when mandatory training was required. The training provided included duty of care, person centred work, mental health, dementia and learning disabilities, communication, moving and handling, basic life support, recording and information governance. There was also access to specialist service specific training such as autism. Staff meetings, bi-monthly supervision and annual appraisals were partly used to further identify any individual or group training needs. Staff had training and development plans on file. Staff said the training they had received was good and enabled them to do their job. One staff told us, "Been working here three years and the training is good."

People's care plans contained health, nutrition and diet information and health action plans. These included nutritional assessments that were completed and regularly updated and fluid charts, if required. Staff monitored people's weight, when needed and they observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. Staff told us that any health concerns were discussed with the person, their relatives and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based health care professionals, such as district nurses and physiotherapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required.

People decided their own menu and shopping plan weekly and participated in cooking. One person told us,

"I'm beginning to get into cooking." Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own.

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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) required the provider to submit applications to a 'Supervisory body' for authority, when required. There was no current need for appropriate applications to be submitted. Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

The service worked closely with the local authority and had contact with organisations that provided service specific guidance and informed them of activities of interest, such as the Merton Council volunteers service.

Good

Is the service caring?

Our findings

The home had a comfortable, warm and relaxed atmosphere that was reflected in people's positive body language. This was due to the calm and friendly staff approach to meeting people's needs. This was carried out in a skilful, patient and cheerful way. It demonstrated that staff knew people and their needs and preferences well. Staff were warm, encouraging and approachable. One person told us, "It's lovely here, the staff are very good." A relative said, "The staff are wonderful."

Staff had received training to ensure people's rights to be treated with dignity and respect were met and they provided support that was delivered in an inclusive and enjoyable way. Staff took trouble to facilitate positive interaction between people and encourage friendships and relationships. They frequently consulted people about what they wanted to do or if they needed anything. People told us staff treated them with kindness, dignity and respect. Relatives told us staff were compassionate and that the care provided was of a good standard and delivered in an empowering way. This matched the staff care practices we saw. There was a lot of smiling and positive interaction between people and staff that everyone clearly enjoyed.

Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staff's positive care practices and confirmed by people and their relatives. Staff did not talk down to people and they were treated respectfully, equally and as equals.

Staff stimulated people, encouraging them to have conversations with them and others living at the home, in a patient and skilled way. Staff applied their knowledge of people and their needs and preferences to enable people to lead happy and rewarding lives. This was as individuals and as a team. Their approach to care was supported and underpinned by the life history information contained in people's care plans that they and staff contributed to and regularly updated.

There was a visitor's policy which stated that visitors were welcome at any time with the people's agreement.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

Staff enabled people to make decisions about their care, support and the activities they wanted to follow. They made sure people had understood what they had said and that they understood what people were telling them. They asked what people wanted to do, where they wanted to go, when and who with. People also discussed activities with staff during keyworker sessions and at house meetings.

People's needs and wishes were met, by staff in a prompt way that they were comfortable with. Staff made themselves available to people if they wanted to discuss any wishes or concerns they might have. People's positive responses reflected the appropriateness of the support staff provided. One person said, "I go out a lot with my brother and sister. We [people using the service] are going out for a drumming session tonight. I really enjoy it." A relative said, "They [staff] know him well, the signs when he is having a dip and act accordingly."

People and their relatives were provided with easy to understand information about the service and organisation that included ground rules, what they could expect and the expectations of them. The placement was reviewed after six weeks to check that the care people were receiving was what they needed and people were happy with it. The registered manager said that if the support was not what was required, alternatives would be discussed and information provided to prospective services where needs might be better met. The service met the requirements of the 'Accessible Information Standard' by providing people with tailored, individual communication strategies that met their needs.

People had care plans that were individualised and focussed on them. The plans recorded people's interests, hobbies, health and life skill needs and the support required for them to be met. They contained people's 'social and life histories' and were live documents that were added to when new information became available. The assessment process identified any communication issues or requirements. These were recorded in people's care plans so that staff were aware of them. This enabled staff to better understand people's needs, preferences and choices, respect them and provide the care and support needed. People's needs were regularly reviewed, re-assessed with them and their relatives and updated to meet their changing needs. People agreed goals with a lead keyworker, when they first moved in and when they had gained more confidence the review could take place with any of the staff, due to the size of the home. The goals were underpinned by risk assessments and daily notes confirmed that identified activities had taken place and interests pursued. The care provided was focussed on people as individuals and we saw staff put their person-centred training into good practice.

People had a weekly activity planner that made use of local community based activities. People's activities included going for a walk, gardening and growing vegetables, cooking, shopping and going out on social events with their friends and family. They sometimes had joint evening meals with people from another house in the group and takeaway nights. People were encouraged to do tasks at home to develop their life skills such as cooking, tidying their rooms, washing up and putting the rubbish out. People also had regular visits to and from their relatives. People attended the 'Avanti' club that provided recovery support through music. A person from the Avanti club also visited the home and facilitated musical sessions. A relative told

us, "This place is ideal for him."

People were aware of the complaints procedure and how to use it. It was provided in an easy to understand format. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. Annual questionnaires were sent to people, their relatives and staff. There were also monthly keyworker and annual care reviews that people were invited to.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed.

Good

Is the service well-led?

Our findings

People and their relatives said the registered manager and staff made them feel comfortable and they were happy to approach them if they had any concerns. One person said, "I get on well with [registered] manager." A staff member commented, "The [registered] manager is splendid, very supportive." A relative told us, "Very good communication with [registered manager] and staff." Another relative said, "Very happy with the home, but more importantly so is he." The home had a culture that was open with people's views being listened to and acted upon.

The organisation had a clear vision and set of values. Staff understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the organisation's stated vision and values as they went about their duties. The culture was supportive, clear, honest, transparent and enabling.

There were clear lines of communication and boundaries within the home that people and staff understood and observed. Staff said the support they received from the registered manager and organisation was good. They told us, when they made suggestions to improve the service they were listened to. Staff said they really enjoyed working at the service. This was supported by the low staff turnover. There were regular people's meetings that enabled everyone to voice their opinion. The records demonstrated that regular staff supervision and appraisals took place and this was confirmed by staff.

Staff told us there were good opportunities for internal promotion and this was reflected by the management structure of the service.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was performing well. This enabled any required improvements to be made. The quality audits included, a quality assessment framework that encompassed daily records, care plans, risk assessments, new admission feedback, recruitment process, health and safety and fire. The registered manager said the system was being digitally uploaded rather than paper based and could be accessed electronically.

Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.