

Mrs R Dhyll

The Jennifer Home

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 7 June 2018 and was unannounced. The service was last inspected on 22 March 2016, where we found the provider to be in breach of one regulation in relation to safe care and treatment due to not maintaining safe medicines storage. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least good. At the inspection on 7 June 2018, we found that the provider had made some improvements but they were not sufficient and they remained in breach of Regulation 12. This is the first time the service has been rated Requires Improvement.

The Jennifer Home accommodates up to six adults with a learning disability, autistic spectrum disorder and mental health needs. The service is set in an adapted terraced house spread over three floors. The basement floor comprises communal areas including an open plan kitchen and dining room and a living room. At the time of our inspection, four people were living at the service.

The Jennifer Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider did not have robust systems to ensure people were protected against harm. Risks associated to people's health and care needs were not always appropriately identified and mitigated. Staff's criminal record checks were not renewed as per the provider's policy. Staff did not always maintain accurate incident records. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the systems in the service did not always support this practice. Staff were not sufficiently trained to meet people's individual needs effectively. The provider did not always provide supervision and annual appraisals in line with their policy. Staff did not maintain accurate daily care logs for weekends.

People told us they felt safe with staff. Staff knew how to safeguard people against abuse. The provider stored medicines safely and securely. Staff were aware of people's needs and how to provide safe care. Staff followed appropriate infection control procedures to avoid cross contamination. Health and safety records

were in date.

People's nutrition and hydration needs were met and told us they liked the food. Staff supported people to maintain good health and ensured they had access to ongoing healthcare services.

People and relatives told us staff were caring and trustworthy. Staff shared positive relationships with people and the provider maintained continuity of care. People told us they felt respected and staff treated them with dignity. Staff supported people to remain independent by encouraging them to engage in daily living activities. People's cultural and religious need were met and recorded in their care plans.

Most people's care plans were comprehensive and recorded their likes, dislikes and background history. People were supported to remain active and participate in activities for their interests. The management encouraged people and their relatives to raise concerns and make complaints. The provider had complaints policy and procedures to address people's complaints in a timely manner.

The management met with people and relatives to seek their feedback. The provider worked with the local authorities and healthcare professionals to improve people's lives and delivery of care.

We found four breaches of the regulations in relation to consent to care, safe care and treatment, staffing and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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 was not always safe.

The provider did not maintain appropriate risk assessments for all people. Not all staff had appropriate criminal record checks. Staff did not maintain incident forms.

People told us they felt safe and found staff trustworthy. Staff knew how to keep people safe from harm and abuse. The provider met infection control practices.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's mental capacity in relation to making decisions regarding their care and treatment was not assessed. The provider did not always follow appropriate Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) principles and practices. Staff did not receive sufficient training and supervision to do their jobs effectively.

People told us staff met their needs. The provider encouraged people to maintain nutritionally balanced diets. People were supported to access ongoing healthcare services. People told us they liked their rooms and the service met their needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by same staff team who were caring and friendly. People told us staff listened to them and they liked living at the service.

Staff respected people's cultural and religious beliefs and supported them to access places of worship. People were encouraged to remain independent.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People told us they received personalised care by staff who knew their likes and dislikes. People's care plans recorded their wishes, preference and background history.

Staff supported people to participate in various activities. People and their relatives knew how to raise concerns and make complaints but had never made any complaints. People's end of life care wishes were recorded in people's care plans.

Is the service well-led?

The service was not always well-led.

There was a lack of effective systems and processes to ensure quality and safety of the service. There were several gaps in people's care delivery records and other records related to the management of the service.

People and their relatives told us they found the management approachable. Staff told us they enjoyed working with the provider. The management met with people and relatives on a regular basis to seek their feedback.

Requires Improvement 

The Jennifer Home

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 7 June 2018 and was unannounced.

The inspection was carried out by two inspectors.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report. We contacted the local authorities and healthcare professionals about their views of the quality of care delivered by the service.

During the inspection, we met all four people living at the service. We spent time observing interactions between people and the staff who were supporting them. We spoke with the registered manager, the deputy manager who also supported people with their personal care needs. We looked at four people's care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we spoke to one relative and two care coordinators. We reviewed documents provided to us after the inspection. These included policies and procedures, one person's risk assessment and local authority's last monitoring visit report.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes, I do actually feel safe here." Another person commented, "Very much feel safe here. I trust the staff." A third person told us, "That is the key thing. I feel safe, psychologically, physically and emotionally." A relative commented, "Oh yes, [person using the service] is safe, alright."

The provider maintained risk assessments for people for areas such as personal care, mobility, nutrition and hydration, falls, accessing community and mental health. However, we found one person's risk assessments had not been completed since they had moved to the service in January 2018. We reviewed the draft risk assessment and found that the management had not identified all risks associated with the person's physical and mental health. For example, the person has a history of behaviour that could challenge staff, the service and could put people at risk of harm. However, the management had not identified this as a risk. The person was also at risk of self-neglect but this was not identified as part of the risk assessment process. People's personal emergency evacuation plans (PEEP) had not been updated since the last inspection and the management had not developed a PEEP for a person who had started using the service in January 2018. This meant staff were not always provided information on risks associated to people's health, care and mobility needs, and how to mitigate those risks.

The above identified issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

Staff personnel files had records of application form, proof of identity, right to work, reference and criminal record checks. The provider told us they renewed staff criminal record checks every three years as a good practice process. However, we found criminal record checks for two staff were over 10 years old. This meant the provider did not follow their own recruitment procedures and did not always conduct ongoing checks to ensure staff were safe to continue to work with vulnerable people.

The above identified issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.

Following the inspection, the provider sent us fully completed and reviewed PEEPs for all people using the service. The provider also sent us copies of correspondence confirming they had applied for two staff's criminal records checks.

The management had processes in place to report, record and learn from accidents and incidents. Staff reported accidents and incidents to the management and it was discussed with staff to learn lessons from them to prevent future occurrence. Staff recorded incidents in people's daily care logs but did not record in the incidents forms as required to do so. We asked the management about this and they told us moving forward they would maintain incident forms to record any accident and incident.

During our previous inspection in March 2016, we found that the provider was not storing medicines at a

temperature required for them to be effective and the service was in breach of Regulation 12. During this inspection we checked to determine whether the required improvements had been made. We found the provider had made sufficient improvements in relation to medicines safe storage.

People's medicines administration record (MAR) charts showed staff administered medicines on time and maintained clear records of the administration. People told us they were happy with the medicines support. One person said, "Yes they help us, always get it [medicines] on time, they are very encouraging." Another person said, "I go every two weeks on Tuesdays to the surgery to get [the medicine] and a staff member comes with me." We observed medicines administration and found the process was safe, individualised and dignified. Staff encouraged people to take their medicines and did not force them. People's medicines were stored securely and staff who were appropriately trained had access to the medicines cupboard. People's medicines were reviewed when required and the provider kept records of those reviews.

People told us there were sufficient staff at the service to provide safe care. One person said, "Yes, I ask for help, staff are easy to get hold of. If any problems easy to let them know." Staff rotas showed two staff supported people during the day time and at nights people were supported by a sleeping staff member. During the inspection, the provider told us they had a staff vacancy and had advertised for the vacant position.

Staff were aware of safeguarding procedures and how to identify and report abuse and poor care. A staff member said after informing the registered manager "I would remove the person causing [harm or abuse], speak to the victim to see if they are alright. I would write a report, call police (if necessary), social services and CQC." The provider informed people using the service and staff about whistleblowing procedures and staff were aware of them.

The provider trained staff in infection control procedures and followed safe cleaning practices to avoid cross contamination and spread of infection. We noticed one toilet did not have hand wash and paper towels. The registered manager told us they were in the process of restocking them, during the inspection, and we saw these items were replenished.

The provider's fire safety, electrical and water checks and tests were in date. Fire drill records showed they were regularly conducted. The service had a housekeeping staff member who worked five mornings a week to maintain the cleanliness. On the day of the inspection, we found the service to be clean, tidy and without malodour. People told us they found the place clean.

Is the service effective?

Our findings

People and their relatives told us staff were aware of their needs and abilities, and met their needs. One person said, "She [staff member] really looks after us." Another person commented, "If I need help they show me the right technique for example brushing teeth. I do not feel fatigued, staff help us to stay well." A relative said, "Yes, absolutely she is looked after well." Healthcare professionals told us people were well looked after "[Person using the service] looked very well, lost weight" and "[Person using the service] is well cared for and well settled-in."

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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).

People's care files did not have mental capacity assessments that described the decisions people could and could not make regarding their care and treatment. Their care records showed they were not on DoLS however we found one person was not allowed out in the community without supervision. The registered manager told us the person displayed behaviour that could be deemed as challenging by people and hence was at risk of harm. However, the provider had not carried out a mental capacity assessment in relation to accessing the community and had not applied for DoLS to restrict the person's access. We asked the provider about this and they told us they had not carried out a capacity assessment and applied for DoLS. The person had been living at the home for over three months. This meant that the service was not working in line with the principles of MCA.

The above identified issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 14.

Staff training records showed they were trained in fundamental areas such as health and safety, fire safety, electrical safety, manual handling, food safety, infection control, basic life support and safeguarding. However, not all staff received additional training specific to people's health conditions that enabled them to meet people's individual needs. For example, the provider supported people with mental health and behavioural needs. But staff were not trained in these areas. Staff training matrix and training records also showed staff were not trained in MCA and DoLS. Staff supervision and appraisal records showed not all staff received regular supervision and annual appraisals. The provider's policy stated "all staff receive formal supervision at least six times a year. We expect our staff to participate in an annual appraisal session." The provider did not follow their own policy. This meant staff were not provided with sufficient training and

supervision to provide effective care.

The above identified issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 14.

Following the inspection, the provider sent us copies of correspondence confirming they had requested DoLS application for the person. We spoke to this person's liaison professional at the commissioning authority who confirmed the provider had requested an assessment and DoLS application.

During the inspection, we observed staff asking people's consent before supporting them and gave them choices. For example, at lunch time the registered manager asked people what they wanted for lunch and one person did not want what others were having for lunch and asked for a sandwich. We saw the registered manager prepared a sandwich as per the person's preference. People told us staff asked their permission and gave them choices. One person said, "Yes, they ask me what support do I need with my personal hygiene. They ask if I am ready to be supervised [with personal care needs]."

People's needs were assessed at the time of the referral. The management told us they used information provided by the local authority to inform their needs assessment meeting with people before they started living at the service. Needs assessment included information on people's medical, physical and mental health history, communication, mobility, nutrition and hydration needs. Information from people's needs assessment was used to create their care plans.

People told us they liked the food and were encouraged to maintain a nutritionally balanced diet. One person said the service gave them nutritious meals "I love the nutritious meals. If the food [I have chosen] is not healthy they [staff] will suggest something healthier to eat." Another person commented, "I love food here, they give us a variety of food. We buy our own fruits." A third person said, "Every breakfast we get here is very nice." The management asked people what they would like to eat and meals were decided on the day. A new kitchen was installed last year following suggestions made by the environmental health agency. We saw it was clean and well maintained. People told us they liked the new kitchen and found it accessible. Fridge and freezer temperature records showed food was kept at the required temperature so that it was fresh and edible to consume.

The provider supported people to access ongoing healthcare services to enable them to maintain good health. People were registered to a local GP surgery that was easy to access. Healthcare professional records showed people's health needs, and medicines were reviewed when required. The provider worked with healthcare professionals to implement recommendations made to ensure people received effective care. For example, a person was at risk of choking due to their eating habits. Staff followed dietician's instructions and encouraged and monitored the person to sit appropriately and chew their food slowly so that they enjoyed their meals and received effective care.

People told us they liked their bedrooms and found accessing various rooms at the service including the garden easy. One person said, "It is easy to move about the house [the service]." Another person showed us around the service and said it was accessible and liked the layout. However, we found one person's health had deteriorated which had affected their mobility. We saw the person move about the service comfortably however struggled walking down the stairs confidently due to not having any hand rails to hold on to on one side of stairs. We spoke to the management about this and they told us that they would install the handrails. Following the inspection, the provider sent us a photo confirming the handrail had been installed. This demonstrated the provider ensured the premises were adapted to meet people's changing needs.

Is the service caring?

Our findings

People told us they liked living at the service and staff were caring. A person said, "I love it [living here]. It is like family here. I am settled." Another person told us, "I love living here, it is the best residential home I have lived in. I get lovely support from staff. This is my home." A third person commented, "Staff are like friends. They all are nice to me." People told us their relatives visited them and there were no time restrictions. One person said, "My [relatives] come and visit me here regularly." A relative commented, "I call them [staff] before arriving. They offer me a cup of tea and privacy to spend time with my [person using the service]. I sometimes make tea for myself."

Most people had been living at the service for several years and told us it was their home. People accessed their bedrooms and other communal areas with ease and comfort. They showed us their bedrooms and they were personalised with their belongings and memorabilia. People were supported mainly by the same staff team and staff told us that promoted positive and friendly relationships. The service had a calm and relaxed atmosphere. During the inspection, we saw caring interactions between staff and people using the service. We observed people spending time talking to each other, reading, watching television, enjoying the garden.

People told us staff listened to them and treated them with dignity and respect. A person said, "I do feel respected." Another person commented, "Yes, they treat me with dignity and respect." We observed staff listened to people's requests patiently and respected their choices.

Staff involved people in making decisions regarding their care and encouraged them to voice their views. A person said they informed staff of their wishes "I am involved in my care, once a month I meet with staff [to discuss my wishes]." People told us their birthdays were celebrated with parties, food and birthday cakes. Staff gave them birthday cards and people told us staff made their birthdays special.

People were encouraged by staff to remain independent and learn daily living skills. For example, at the inspection, we saw a staff member encouraged people to set the table for lunch and take their dirty plates and cups to the sink. A person told us they had a key to lock their bedroom door and felt independent. The person further said staff helped them with laundry but they would fold their own clothes. Another person told us they tidied and cleaned their room and took pride in maintaining their room. Healthcare professionals told us staff encouraged people to do things by themselves to gain independence.

Staff were booked onto equality and diversity training. Staff told us they treated people equally and respected their cultural and religious beliefs. People told us they were supported to access places of worship when they requested it. We saw this was also recorded in people's care plans. The management told us they encouraged people from various backgrounds and communities to use their service and worked with lesbian, gay, bisexual and transgender people.

People's personal and sensitive information was stored securely in locked cupboards. This information was only accessed by the management and staff working with people.

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and received person-centred care. One person said they liked a routine and went about their daily activities as per their wishes "every day I have a bath. I am an early riser, wake up every day at 6am." They further said, "My room is soon to be decorated and I will choose the colour scheme, like I did last time. I prefer light colours it helps me to stay calm and positive." Another person commented staff supported them as per their likes "she [a staff member] knows me so well."

People's care plans had their likes and dislikes and included information on their background, physical and mental health, and medical history. People's care plans had agreed action plans to support them achieve their goals and objectives whilst maintaining their independence. For example, one person's action plan stated the person liked sleeping all day if they were left in their room. Action points for staff were for them to regularly encourage the person to take part in numerous activities at the service and discuss with the registered manager other areas of interests. However, we found several gaps in this person's care plan. The management told us they were in the process of completing this person's care plan. Information on this person's health and care needs were available from the local authority that the staff referred to in the absence of a completed care plan. Staff we spoke to could demonstrate this person's needs, abilities, likes and dislikes and how they would like to be supported. The provider told us people's care plans were reviewed yearly and as and when their needs changed. However, we found one person's nutrition and hydration action plan had not been reviewed since a change in their dietary needs. The provider told us it was an oversight on their part and they would amend that part of the action plan right away. During the inspection the provider amended the person's dietary needs plan.

People told us they participated in activities they liked and had activities plans that worked for them. For example, one person told us they had been to college and had completed literacy and numeracy courses. This person's care plan recorded their set goals around their interests in education. People told us they participated in exercise sessions, went to the cinema, shopping for clothes, toiletries and groceries and ate out at restaurants at least once a week. One person said, "We go to [name of a place] to buy clothes. I listen to my radio. We go to the restaurant every week. Last time we went to fish and chips restaurant." Another person commented, "I water the plants in the garden, I enjoy it." A third person said, "I love reading and here you get all the freedom to do what you like and want. I also like watching television."

People told us they were encouraged to raise concerns and make complaints. However, they had never made complaints. One person said, "If I am not happy I would go to [the registered manager], she listens to what I have to say. But I have no concerns." Another person commented, "Yes I am confident to make a complaint. If they [the management] are busy they tell me and they come and speak to me later. We go somewhere private to have a chat." A relative said, "I have never made any complaints and do not have any concerns. If I had any concerns I would speak to the [registered] manager." The provider had complaints policy and procedures in place to address people and their relatives' complaints in a timely manner. There had been no complaints since the last inspection.

People using the service did not require end of life care support. However, the provider discussed with

people who wished to express their preferences about their end of life care wishes and these were recorded in their care plan, for example such as funeral plans. Records confirmed this.

Is the service well-led?

Our findings

People told us they found the management approachable and the management always made time for them. One person said, "She [the registered manager] is very much approachable. She genuinely cares for us." A relative commented, "She [the registered manager] is fine. I have no problems with her. It [the service] is a good place. I asked her [person using the service] if she would like to move anywhere else and she said no. She is very happy there." Healthcare professionals told us people were happy living there and the service was managed well.

However, we found the provider had not ensured there were effective systems and processes to assess, monitor and evaluate the quality and safety of the service. One person's care plan and risk assessments were incomplete and their risk assessments did not identify all the risks associated to the person's health and care needs. People's personal emergency evacuation plans had not been reviewed. Staff did not maintain accident and incident forms of incidents that had occurred. Not all staff's criminal records checks had been renewed as per the provider's policy. People's mental capacity assessments were not carried out and a person was restricted to access the community without supervision without appropriate Deprivation of Liberty Safeguards in place. Staff were not trained in MCA, DoLS and other areas specific to people's health conditions. Staff did not receive regular supervision and annual appraisals. People's daily care logs had several gaps and staff did not record how people were supported during weekends. The management did not maintain staff handover, team and residents' meeting minutes.

The above identified issues were a breach of Regulation 17 of the Health and Care Act 2008 (Regulated Activities) Regulation 14.

Staff told us they felt supported and enjoyed working with the provider. As the staff team was quite small, the management met with staff daily to discuss any changes in people's needs, abilities and preferences. The registered manager operated an open-door policy. They encouraged people, staff and relatives to approach them whenever they needed to discuss things. During the inspection, we saw people walking into the registered manager's office asking for help and to discuss activities. For example, at the inspection, we saw a person approach the registered manager to inform them of the decision of where people wanted to go for a meal that day.

People told us they met with the registered manager once a week where they were asked for their feedback and any care support aspect they would like to change. A person commented, "Yes, we have a meeting once a week where they ask us what we would like to do and eat." The management told us they conducted weekly residents' meetings where they discussed activities, food menus, events and asked for their feedback. The registered manager asked relatives for their feedback when they visited the service which was at least once a month.

The provider worked closely with the local authorities and mental health teams to improve people's lives and quality of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered persons did not act in accordance with the provisions of the Mental Capacity Act 2005.</p> <p>Regulation 11(4)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care is provided in a safe way to service users, including: assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(a)(b)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user and to maintain other records as are necessary to be kept in relation to the persons employed in the carrying on the of the</p> |

regulated activity and the management of the regulated activity.

Regulation 17(1)(2)(a)(c)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity did not receive appropriate supervision and training as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18(2)(a)