

Jameson's Residential Home Limited

Jamesons Residential Care Home Limited - 189a Mill Road

Inspection report

189A Mill Road
Colchester
Essex
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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

The inspection took place on 31 March and was unannounced. We had previously visited this service on 23 August 2013 and found it compliant with the legislation at that time.

189a Mill Road supports two people with a learning disability to live within their community. On the day of our inspection there were two people using the service. This service is one of six in the same group, located close together under 'Jameson's Residential Care' umbrella.

There was a registered manager in post at the time of the inspection and they were present at this 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 told us that they liked living at the service and wanted to continue living there. The building was purpose built and in a good state of repair. There were systems in place to reduce the risks to people and there were clear plans in place for emergencies. Staffing levels were flexible and were adjusted to take account of the needs of the individuals who used the service and their access to day time activities and the wider community.

Staff were clear about how and when they should be administering medicines. People were supported with their health needs and relatives and advocates were involved when appropriate. Staff were trained in a range of areas including medication, safeguarding and first aid.

People were encouraged to be independent and to exercise choice in how they were supported. People had good access to a day service, transport and community facilities. Complaints were investigated and responded to.

The manager was easily accessible for staff and they were motivated and felt well supported. Staff understood the aims and objectives of the service and worked towards and in line with these. They were clear about what was expected of them and there were effective systems in place to review the care provided.

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.

People were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

People's likelihood of harm was reduced because risks to people's health, and safety had been assessed and risk assessments produced to guide staff in how to reduce these risks and keep people safe from harm.

Staffing was flexible to meet people's needs. Checks were undertaken on staff to reduce the risk of the provider recruiting staff who were unsuitable for the role.

There were systems in place to ensure that people received their medication as prescribed during their stay at the service.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and training which provided them with the skills and knowledge that they needed to fulfil their role.

There were systems in place to support people to maintain their health and people had balanced nutritious food provided.

Staff had a good understanding of consent and their responsibilities under the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew their needs and were kind.

People were listened to and enabled to exercise preferences about how they were supported. People's privacy, dignity and individuality were maintained.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post.

Staff were clear about their roles and responsibilities and were well supported.

There were systems in place to review the service and the quality of care.

Jamesons Residential Care Home Limited - 189a Mill Road

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 the 31 March 2016 and was unannounced.

The inspection team consisted of one inspector who was experienced in working with people with a learning disability and the service was so small.

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 information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with the two people who used the service. We interviewed two staff and spoke to the registered manager and owner.

We reviewed two support plans, daily records and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe in the service. One person said, "Yes I am happy here. I have my keyworker who looks after me." Another person smiled in agreement when asked.

There were systems in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority, they told us that they were encouraged to raise concerns and expressed confidence that they felt they would be addressed. The safeguarding procedure was on display in the service, along with a flowchart making information accessible and clear to staff. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. There were clear arrangements in place for the management and oversight of people's money. Money was booked in and receipts obtained for any expenses. A log was maintained of all purchases made. This was then independently audited by administration staff and people had their monies overseen by 'Essex Guardians' a body that handles people's financial affairs, and which is separate from the care home.

Risks were identified and clear plans were in place to minimise the impact on individuals. We saw risk assessments were in place to cover a range of situations including accessing the community for activities such as swimming, use of the kitchen and its equipment and bathing. The risk assessments were balanced with what the risk was, and the promotion of independence and development of the individual in line with that risk. They were detailed and had been reviewed and updated to take account of changes in people's needs. They outlined how staff would support individuals to keep them and others safe from harm, but enabling positive risk to be taken.

The building was in a good state of repair and staff told us that maintenance issues were addressed promptly. We saw that weekly fire alarm tests were undertaken and there was a range of fire safety equipment in place such as fire extinguishers and fire blankets. We saw that these were checked regularly. We noted that personal protective equipment was available for staff use. A number of health and safety checks were undertaken on areas such as fridge temperatures. Hot water temperatures were regularly checked to manage the potential risk of scalding and thermostatic valves were also installed at the point of hot water delivery. Staff were given information on safe working practices with regards to gas, electrical items and water. This also set out any accident reporting required. Staff told us that there were clear arrangements in place for emergencies and a senior carer or the manager were on call to provide support for them if this was required. The roster for who was on call was always available for staff to see.

Staff were available when needed to enable people to access activities in the community. On the day of our visit there was one member of staff supporting one individual who was about to go off to a music and movement session. The other person was doing something different at a day centre. Staff told us that staffing levels were adjusted according to the needs of the people who used the service and the activities being undertaken. Rosters seen corroborated this. The roster showed other staffing available in the sister homes, whom they could contact for advice and support if needed. Staff told us that any shortfalls in levels

of staffing were covered from within the group and one of the staff from the nearby service would support. Staff said there was little staff sickness and that, "Holidays are covered very well. " The provider told us there were minimal staff vacancies. We examined the recruitment records for the last three staff to be recruited. We found a robust recruitment system was in operation with staff not starting work until they had completed an application form, any gaps in employment had been verified, a formal interview completed, two references received and a completed Disclosure and Barring check returned. In addition we saw that staff were checked to see that they were eligible to work in this country and that they were physically and mentally fit for the role they were employed for.

There were clear arrangements in place for the management of medicines. Staff who handled medicines told us that they had been provided with training before administering medication. This included training in the administration of Buccal Midazolam, a medication that is used for specific health conditions such as epilepsy or that involve seizures. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within the recommended temperature levels. Staff had access to their own medicines policy and procedure as well as National Institute of Clinical Excellence guidelines. We examined the medicine administration records and looked at medicines stored. We found that these records matched the medicines in stock and therefore people had received their medicines as prescribed. Some people had a PRN [as required] medicines prescribed. There were clear protocols for staff to follow that informed them how to manage a given situation to, where possible, diffuse, distract and avoid administering a mood altering medicine. The protocol was clear about the amount to be administered in any 24 hour period. Staff told us that they were confident and competent following their training to administer medicines. Warfarin [an anticoagulant, blood thinning medication] was prescribed for one person and we saw this was well monitored and managed. This person was enabled to be as independent as they could be in managing their condition and medicine administration.

Is the service effective?

Our findings

People received their care from staff who had been appropriately trained and supported. Staff told us that they had received a range of training which included fire safety, moving and handling, food hygiene, epilepsy awareness and the mental capacity act including deprivation of liberty safeguards [DoLS]. We spoke with a clinical adviser who was appropriately qualified and they delivered training to staff. The clinical adviser was employed as a healthcare professional in a local Trust, but worked part time with this provider. They spoke about how they incorporated the core values of care whilst delivering training such as understanding learning disabilities and mental health. The clinical adviser also ran workshops for staff to develop their understanding of The Mental Capacity Act, on capacity issues and determining the meaning of least restrictive options when supporting people but also keeping them safe. This enabled staff to apply the theory they learnt to their everyday practice when supporting people, as evidenced from speaking with staff.

New staff received an induction which was a combination of training and shadowing other substantive and senior colleagues. Staff were supported to work towards formal qualifications such as National Vocational Qualifications.

Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us, "I can raise any concerns in my one to one, and there is always someone to call. I feel very supported and my team leader is my mentor." The clinical adviser also held group supervisions for staff from time to time. Staff meetings were held on a monthly basis and provided an opportunity to review people's needs and reflect on changes. We saw minutes of recent meetings that were signed by staff to say they had read these updates if not present.

People were able to make choices and decisions about how they were supported. People told us that they were involved and made decisions about a holiday. One person was going to Butlins. Another person told us about a bigger decision they were making to move. We saw records and were told of social work consultations and the involvement of advocates. However recently this person had changed their mind and had decided to stay at the service and decided they were happy there. This decision making and change of decision had been respected and appropriately supported by the service staff and managers. Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. Staff were aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions. For example on areas such as medication, locking the front door and money management. We observed staff asking people for consent and offering choices as part of providing support. Appropriate applications for DoLS had been made and the service was awaiting an outcome from the local authority on the matter.

People told us they were involved in deciding what they ate and drank. One person told us they made themselves a drink and made one for their housemate. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food. Staff then kept a record of what was then eaten as this sometimes varied from the set menu as people changed their

mind from time to time. People, where able, were encouraged and supported to be involved in meal preparation and tidying up afterwards.

People were supported with their healthcare needs. People were registered with and used healthcare professionals as needed, such as GP, optician, dentist and chiropodist. Recently a person was referred to a physiotherapist and was awaiting input from an occupational therapist based upon a recent referral. We gave feedback to the registered manager that they may want to seek their professional advice in relation to shower equipment such as a shower chair to ensure current equipment was safe. People regularly saw a learning disability health specialist and the record of these visits were well documented in care plans for staff to follow. Changes in people's health, weight and well being were monitored and recorded and therefore informed any health or social care practitioner of people's current health in their assessments of people.

Is the service caring?

Our findings

People told us that all the staff were kind. One person told us, "I like it here. They look after me. I am happy here. I get on well with [named their housemate]." This person then proudly showed us their private room which was personalised to them. It had photographs of their family, memorabilia of their football club they supported and was warm and comfortable. They told us, "Like it."

We observed people to be at ease and comfortable when staff were present. The service had a family feel and the interactions we observed reflected this.. We observed one member of staff gently place their hand on a person's shoulder. This was an offer of reassurance and the person was comforted. Staff spoke warmly about the people they supported and their role. One member of staff told us, "I love it here. I am very happy to serve them and to look after them. It makes me feel emotional when they achieve things that are not easy for them."

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. The staff member on duty had been supporting the people at the service for 10 years; they knew how they communicated and their likes and dislikes. Recently a new book to aid communication with pictures had been developed for one person to enhance their communication with people more. People were involved in their own reviews and their views were regularly sought. Staff were clear that relatives were involved with the consent of the person concerned. Therefore they were clear in upholding people's rights to self-determination and respecting them as individual adults. We saw that relatives were regularly consulted and involved where appropriate.

Staff were aware of privacy and dignity. Daily recordings of care and support were personalised, respectful and detailed. They showed that people were supported daily with appropriate personal care in the privacy of their own rooms and en-suites. We observed staff supporting people's independence such as getting ready to go out and getting a drink.

People were encouraged to make their own decisions and make choices for themselves. This was evident from the open questions and choices offered by staff. People could attend the regular resident's meetings held at another location. We saw the minutes of these and saw that they were held every two to three months with minutes kept. Matters talked about included holiday choices and arrangements, celebrations and parties planned and arrangements to see families. People were also kept informed of changes such as the change made in the supplying pharmacy. People when required also had access to independent advocacy services. Their details were visible at the service and we saw examples of them being consulted.

Is the service responsive?

Our findings

People were supported to follow their own interests and hobbies and they told us about places they had visited and activities they had participated in. Staff supported people to access a wide variety of community based activities and day services including the local college. Transport was provided. Each person had a pictorial activity roster in place. There were different activities in a morning than in an afternoon and for one person this covered meaningful pursuits for them such as shopping, cooking, music, cinema and arts and crafts. People also attended a local weekly social club in an evening.

Assessments were undertaken when people first started to use the service and these identified people's needs and preferences. A member of staff described these as, "Peoples passions and interests in life." There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and mobility. Plans also focused on support and encouraging independence and enabling people to develop where possible. This linked to the overall ethos and values of the service. Care plans were all regularly reviewed and were up to date.

Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs and information about the daily running of the service. Examples in the previous few days included dental appointments being chased up and maintenance of the tumble drier.

People were given regular opportunities to raise concerns as they had access to and knew their own keyworkers. They could attend regular resident meetings and had access to advocacy services. There was a formal complaints procedure in place. It set out the legal rights of people at the service as well as a charter of rights. It was clear that people were not to be discriminated against due to difference. It set out the responsibilities of the provider of the service and their desire to provide a safe home environment. The registered manager and owner stated that the service had not received any complaints in the last 12 months and we at the care Quality Commission [CQC] had not received any concerns about this service.

Is the service well-led?

Our findings

People told us that they liked this service. Staff were positive and motivated to work here and knew and practiced the ethos and values that the service strived for around respect, individuality and promotion of independence.

The manager is registered for this service and four other separate supported living services which are nearby. In addition the manager is registered for a larger service which also runs a day service that people can also access. Staff told us, "You can approach the manager. You can easily go to him. I see him every day. They welcome ideas and listen." We found that both the manager and the provider were open and approachable. They were experienced, qualified and knowledgeable about care and support for people with a learning disability. They were keen to keep up to date with developments and therefore had employed a clinical adviser who was well qualified and up to date with current thinking and practice.

Staff morale was good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed.

They spoke positively about the manager and told us that they and senior staff were approachable and would sort out any problems that arose. There was a clear staff structure in place and staff were aware of their responsibilities and roles within this. They told us that there were clear arrangements in place in the event of an emergency. There were regular staff meetings as well as yearly appraisals.

There were a range of systems in place to ascertain people's views about their experience and identify areas of improvement. An annual review is conducted with questionnaires sent to people using the service, their relatives, staff and professionals in contact with the service. We examined the results of the 2015 survey and found these to be in the majority positive. People using the service gave very high scores in relation to the staff that support them and the food. Relatives gave very high scores and positive comments made on the care and wellbeing of people. Professional feedback was positive. Feedback from staff was also positive with a suggestion that they would like to be more involved in decisions and kept informed of changes relating to staffing and rosters.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. Where issues were identified these were actioned.