Janith Homes Limited

St Brannocks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: The service provided accommodation for up to eight persons who require nursing or personal care, all of whom were living with learning difficulties.

People's experience of using this service:
• The provider had not always identified areas for improvement and development in the service. There were not robust governance systems in place.
• The home environment was not always kept safe and properly maintained.
• Whilst the majority of care plans and support provided met people's needs, there were gaps in one person's care provision. They did not always receive thorough individualised care.
• Risks associated with people's healthcare needs had been identified and people told us they felt safe and well looked after. Staff administered medicines as prescribed.
• Staff were kind and caring and supported people to be as independent as possible. Staff asked for consent before delivering care.
• People had access to healthcare professionals when required.
• Staff were competent and knew how to care for people and received training in their roles.
• Staff supported people to have a choice of healthy balanced meals and enough to drink.
• The registered manager supported an effective staff team, who communicated well. The registered manager was approachable and available to people and staff.
• The service had been developed and designed in line with the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance.
• We found the service had deteriorated in some areas and met the characteristics of a "Requires Improvement" rating in Safe, Responsive and Well-led, which meant it was rated "Requires improvement" overall.
Rating at last inspection: Good (Published 30 August 2016)

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated Good.

Follow up: We will continue to monitor this service according to our inspection schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

St Brannocks

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and one inspection manager.

Service and service type:
The service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were seven people living in the service at the time of our inspection visit. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was an unannounced inspection.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and we sought feedback from the local authority. Prior to the inspection, the provider also 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 used all this information to plan our inspection.

During the inspection we spoke with two members of staff, including the registered manager and a support worker. We spoke with three people who lived in the service and two relatives, and looked at three people's care records in detail. In addition, we looked at a sample of medicines administration records (MARs), and further records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection on 3 August 2016, this key question was rated, 'Good'. At this inspection, we found the service had deteriorated in some of the safety monitoring systems and was therefore rated, 'Requires Improvement' in safe.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about the safety of the environment. There was an increased risk that people could be harmed.
Preventing and controlling infection
● We noticed that some areas of the home were not visibly clean; some areas were dusty and there was limescale in the bathrooms. Not all bins had bin bags in them. We discussed the cleanliness of the home with the registered manager, who told us that care staff generally covered cleaning as and when they had time. A staff member told us they covered the cleaning whilst supporting people to maintain their own rooms. However, we saw that people did not always receive enough support to keep their own areas properly clean.
● Improvements were required to food hygiene practice and the cleanliness of the kitchen. Opened food was not always stored in the fridge sealed, and there was some out of date food in the fridge.

Assessing risk, safety monitoring and management
● There were risk assessments in place for the environment which included for fire, water and the electric system. There was a legionella risk assessment, however staff were not following this completely to ensure any risk was mitigated. The registered manager assured us they would put these checks in place. There were not risk assessments in place to assess whether potentially hazardous substances were being kept safely by people living in the home.
● Whilst there had been fire drills which people told us about, there were not specific evacuation plans for individual people's needs. This meant that in the event of an evacuation, the emergency services would not know what assistance people might need to mobilise or whether they had a cognitive impairment that could hamper their ability to vacate according to verbal instruction. However, we spoke with one person using the service who told us they had taken part in a fire drill and understood how to get out. For people who had cognitive impairments, staff knew how to support them.
● There were risk assessments in place for individuals, for example with regard to their health, wellbeing and going out into the community. These assessments provided detailed, personalised guidance for staff on how to support people to mitigate risks.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. Staff were aware of how to recognise and report safeguarding concerns, and received training in this area.

Staffing and recruitment
● There were enough staff to meet people's needs, however we found that there were not always enough

hours dedicated to cleaning and maintaining the environment. The service did not use a dependency tool to assess how many care hours each person required, and how many hours were required for additional duties.

● The service continued to recruit staff safely and ensure the expected checks were carried out on new staff.

Using medicines safely

● People who were self-medicating understood the need to keep their own medicines secure, and we saw they kept them locked away. Where staff supported people to take their medicines, we saw this was done safely. One person said, "[Staff] do watch me take them."

● Medicines were stored safely, secured and at a safe temperature. Staff administered medicines as prescribed and they received training in this. There were not formal regular competency checks, which the registered manager said they would introduce.

Learning lessons when things go wrong

● Where any incidents or accidents had occurred, these were reported and action taken for further mitigate risk where needed.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes continued to be consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were comprehensively assessed, with appropriate health and social care professionals involved. This helped to ensure the service was able to meet people's needs. The service continued to assess people after they moved into the service, to create an up to date care plan.

Staff support: induction, training, skills and experience
● Staff continued to be competent, knowledgeable and skilled in their roles.
● Staff received enough training and support. They received mandatory training in areas such as mental capacity, safeguarding and supporting people with behaviours which others could find challenging.
● There was a comprehensive induction process which included shadowing more experienced staff, however there had not been a new member of staff recently.

Supporting people to eat and drink enough to maintain a balanced diet
● People had access to drinks and snacks when they wished. People chose what they wanted to eat and staff supported some people to make their own meals.
● Where needed, staff supported people with special diets according to their health needs. We saw that whilst people were weighed regularly, care plans were not always updated to reflect if a person was not maintaining a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care
● The service had clear systems and processes for referring people to external agencies and ensuring they could access healthcare. Where needed, staff communicated with people's social workers and other healthcare professionals to ensure they received consistent care.

Adapting service, design, decoration to meet people's needs
● There was a communal dining room with a pool table for people's use. There were some areas of the home which required updating, such as the kitchen and some communal bathroom areas. Some people had their own flat, depending on their support needs.
● There was a communal lounges which we saw people using during the day.
● There was a pleasant, secure garden which people had access to.

Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access healthcare when needed. One person told us they regularly visited the opticians and dentist, and another said, "If I need to go to the doctors or something [staff] make an

appointment for me."

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS). One person had a DoLS application applied for as they were being deprived of their liberty for their safety.

● There were detailed mental capacity assessments in place for decisions related to people's financial planning. However, further records were required to demonstrate how people's capacity was assessed for other specific decisions, and how best interests decisions were arrived at.

● Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

● Staff confirmed to us that they always asked people's consent directly before delivering care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
● Staff continued to support people in a kind and caring manner. People told us staff were kind, and a relative said, "I speak to the staff like I speak to friends."
● Staff built positive relationships with people. One staff member explained how staff adapted their communication with people using the service, especially when they required reassurance from the staff. They clearly knew people well.
● There was a strong emphasis on promoting equality and diversity within the service, and we saw clear examples of how staff supported people to express themselves, regardless of gender, sexuality or disability.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives were involved in their care and family members were contacted appropriately by staff, for example if someone had a change in their health or any incident. Staff gave us examples of working closely with people to ensure they gathered as much information about them as possible.
● People were given choice and control as much as possible around their care. People were involved in meetings and their views were considered and actioned.

Respecting and promoting people's privacy, dignity and independence
● One person told us, "[Staff] always knock on the door." They added that if for any reason staff wished to go into their room whilst they were not in, they phoned and asked permission. We saw that staff respected people's privacy and dignity during our inspection visit.
● Staff supported people to remain as independent as possible. People gave us examples of staff supporting them to to make their own meals, administer their own medicines and go out by themselves.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection on 3 August 2016, this key question was rated, 'Good'. At this inspection, we found the service had deteriorated in terms of people receiving care as and when needed, and was therefore rated, 'Requires Improvement' in responsive.

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they received the care and support they required. However, we saw from one person's care plan that their oral healthcare was particularly important. We spoke with a staff member about this as the person required supervision. The person did not always receive supervision, and the care plan in this area was not detailed enough. The staff member we spoke with confirmed that the person did not always receive the supervision they required, and therefore did not always maintain their oral health. We spoke with the registered manager who said they would amend this immediately to ensure the person received the support they needed each day.
- In general, the care plans we looked at had detailed plans around people's needs and covered their physical and mental health needs as well as their social and personal preferences and support needs. They contained guidance for staff on how people preferred to be supported. They had not all been regularly reviewed, which is important for the service to ensure up to date information is given to staff. However, staff told us they communicated to each other if anyone's needs changed.
- Staff continued to support people to follow a variety of interests and activities. One person showed us their sewing work. People gave examples of trips out such as for shopping, and regular visits to the local pub, as well as day centres.
- People's interests, life histories and hobbies were recorded in their care plans.
- People's spiritual needs were met; some people attended a local church service and the registered manager was able to contact the vicar to visit the service when required.

Improving care quality in response to complaints or concerns

- The registered manager had investigated and resolved any issues or concerns bought to their attention. A relative told us, "Anything that seems to pop up [staff] seem to deal with it quite quickly." Without exception, people and relatives told us they felt comfortable to raise concerns or complain if needed. They felt any issues would be resolved quickly. There had not been any formal complaints.

End of life care and support

- We saw that people's end of life wishes were covered in their care plans, and staff knew people well, including who to contact in the event of anyone receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection on 3 August 2016, this key question was rated, 'Good'. At this inspection, we found there had been a deterioration in organisation support, and therefore it was rated 'Requires improvement' at this inspection.

Requires Improvement: Whilst the immediate leadership supported the delivery of high-quality, person-centred care, the provider did not always maintain oversight of the service sufficiently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a decline in the frequency of visits from the provider's organisation since our last inspection. They had visited once within the last year, and they had not identified shortfalls in the cleanliness of the service and the potential need for dedicated domestic staff hours. Their checks were not recorded, so we were not assured they oversaw the running of the service effectively. There was no formal assessment of care hours needed, and staff required for all duties within the home. We identified areas of the home that were in need of deep cleaning, which is not considered part of a support worker's expected duties. There was no audit in place which identified this. We discussed this with the registered manager who said they would introduce one. However, we concluded that the provider had not always been supportive in identifying areas for improvement in the service going forward.
- Although the registered manager explained to us how they checked the running of aspects of the service, this was not always recorded. For example, there were not robust governance systems such as audits in place for infection control, health and safety, medicines administration and competency checking. There were no formal checks that care plans were followed.
- The registered manager was aware of their responsibilities, and worked closely with the staff team providing support to people, as well as managing the service. We saw people went to the registered manager's office to talk with them throughout the day, and they had an open-door approach and were available to people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw that the registered manager had an open and honest approach. A relative also told us there was, "No hiding anything, they keep me informed." The staff team were committed to providing a high standard of support around people's own needs.
- The registered manager had good understanding of the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who lived in the home could live as ordinary a life as any citizen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were asked for their feedback and if they were happy with the service. Family members were also involved.

Continuous learning and improving care

● There continued to be regular staff meetings and they reviewed practise if there were any areas where people's needs had changed. However, some investment was needed from the providers to ensure the home's environment remained suitable for providing good care and support to people.

Working in partnership with others

● The home continued to keep links with the day centre within the organisation where people visited regularly. They continued to maintain their links within the local community.