

Janes House Limited

Jessie Place

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 well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to recruitment processes, supporting staff, systems to monitor the quality of service and in regards to the records kept about staff and people using the service.

We undertook this focused inspection to check that they had followed their plan and to check whether they now meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jessie Place on our website at www.cqc.org.uk

At our previous inspection we found that processes were not in place to ensure staff with suitable qualifications

and experiences were employed at the service, and that staff were not supported to obtain the skills and knowledge to support people. Staff records and people's care records were not up to date. They were not stored securely or accessible when required. Systems were not in place to monitor the quality of care provided and ensure people received the support and care they required.

At this inspection we saw that improvements had been taken to address our concerns with staff recruitment, staff support processes and the quality and storage of records. However, we found that further improvements were required to ensure systems were in place to monitor the quality of service delivery.

We found that checks were undertaken to ensure staff were eligible to work in the UK and criminal record checks were undertaken to ensure staff were suitable to work at the service. The registered manager was aware of

Summary of findings

what recruitment processes were required to be completed to ensure new staff employed had the qualifications and experience to meet people's needs. Staff were supported to develop their skills and improve their knowledge, through the completion of training, to ensure they were able to support people.

Care records and staff records had been reviewed and updated. Up to date contact details had been obtained for people's care co-ordinators and social workers. Records were securely stored.

Systems to monitor the quality of the service needed improving to ensure further action was taken to address

any concerns identified. Systems were not in place to sufficiently record and analyse incidents at the service, to ensure appropriate action could be taken to reduce incidents recurring.

At our previous inspection we found that medicines were not always securely stored, and there was restricted access to the kitchen. At this inspection action had been taken to address the concerns raised. Medicines were securely stored, and people had access to the kitchen during the day and night.

We found the service continued to be in breach of the regulation related to monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of this service. Safe recruitment procedures were in place, and checks had been undertaken to ensure staff were eligible to work in the UK and with people using this service.

Medicines were securely stored at the service.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of this service. Staff had received training and supervision to ensure they had the skills and knowledge to meet people's needs. Staff that had been at the service for longer than one year had received an annual appraisal.

Restrictions around use of the kitchen had been removed, and people were able to access snacks and drinks throughout the day and night.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service well-led?

We found that action had been taken to improve the leadership of this service but further action was required to meet all the breaches of legal requirements identified at our previous inspection.

Systems had been introduced to obtain people's feedback about the service they received. Further action was required to ensure the audits undertaken were used to improve the quality of care provided. Appropriate systems were not in place to capture and analyse information relating to incidents.

Care and staff records had been reviewed and updated. Care records contained updated contact details for the health and social care professionals involved in people's care. The majority of records were securely stored and able to be located when required.

We could not improve the rating for well-led from inadequate because the provider had not met all of the breaches identified at our previous inspection. We will continue to undertake checks to ensure appropriate action is taken to address the concerns identified.

Inadequate



Jessie Place

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Jessie Place on 12 March 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 15 and 16 October 2014 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? Is the service effective? Is the service well-led? This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service, including statutory notifications.

The inspection was undertaken by one inspector. During our inspection we spoke with the registered manager, a support worker and a work experience student. We spoke with three people using the service. We reviewed four staff records and three people's care records. We reviewed records related to the management of the service, including incident reports, medication audits and complaints records. We also spoke with the fire safety officer inspecting the service on the same day as our inspection.

After our inspection we spoke with a social worker involved in the care provided to two people.

Is the service safe?

Our findings

At our previous inspection of the service on 15 and 16 October 2014 we found that appropriate recruitment processes were not in place. Checks had not been undertaken to ensure staff had the required qualifications, skills and knowledge to undertake their roles and checks had not been completed to ensure staff were of good character and eligible to work in the UK.

At this inspection no new staff had been employed. However, the registered manager was aware of what checks were required to be undertaken prior to new staff starting employment to ensure they had the skills, knowledge and qualifications to meet people's needs. We saw that for staff that were employed, checks were undertaken to ensure they were eligible to work in the UK, including up to date working visas where required. Criminal record checks had been completed to ensure staff were suitable to work with the people using the service.

We found the service was now meeting Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our previous inspection we identified that the storage of medicines could be improved. At this inspection the service had bought a new storage container to store insulin in the communal fridge. This container was kept locked at all times so people using the service were unable to access it. The service had been in liaison with their local pharmacist to obtain further advice around storage of medicines in a communal fridge and the staff had followed the advice given.

At our previous inspection we found that the bin containing sharps was not securely stored. At this inspection the cupboard storing the sharps bin was kept locked which meant people were unable to access it, and protected people against the risks of sharps injuries.

Is the service effective?

Our findings

At our previous inspection of the service on 15 and 16 October 2014 we found that staff were not adequately supported to undertake their duties through the completion of training, supervision and appraisals. New staff were not appropriately inducted and had not completed the service's mandatory training to ensure they had the knowledge and skills to support people. Supervision and appraisal records did not address staff's training needs and were not used to support staff with the areas of service delivery they found challenging.

At this inspection the majority of staff had completed their mandatory training. This included undertaking training on safeguarding adults, medicines administration, Mental Capacity Act 2005, first aid and food hygiene. We saw that one staff member was not up to date with their mandatory training, this had been discussed with them during their appraisal and the registered manager was supporting the staff member to complete the required training. Each staff member had either completed or were in the process of completing a national vocational qualification in health and social care at various levels depending on their role and experience.

Staff received monthly supervision. The content of supervision sessions had been revised since our previous inspection. Supervision sessions were used to reflect on staff's performance and to provide discussion and support about areas of service delivery staff found challenging. However, we saw that the supervision sessions did not reflect on the actions set in the previous session and therefore there was a risk that the action may not have been completed.

For staff that had been employed at the service for longer than one year, they had received an appraisal. The appraisal process enabled the staff member and their manager to reflect on their performance, and to identify targets and training needs for the upcoming year.

Staff told us they were supported by their managers and their colleagues. They felt able to approach members of the staff team if they had any questions or concerns; or if they needed additional support or advice. One person using the service told us the staff treated them nicely, and provided them with the support they required.

We found the service was now meeting Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our previous inspection we found that some restrictions were in place at the service, including the fridge being locked and the kitchen being locked at night. We also saw that information had been provided to staff that one person was only allowed to access the community a set number of times a day. At this inspection these restrictions had been withdrawn. Staff understood that people were able to come and go from the service as they wished. One person required support from staff in the community, and their social worker had made an application for a deprivation of liberty safeguards assessment to be carried out, to ensure this restriction was lawful.

The kitchen was now accessible to people at all times. The fridge was kept unlocked so people could access it whenever they wished. The service had also put an additional fridge in one of the communal rooms frequently used by people using the service so that they could access snacks and hot and cold drinks throughout the day and night.

Is the service well-led?

Our findings

At our previous inspection of the service on 15 and 16 October 2014 we found that systems to monitor the quality of the service were not sufficient. Audits had not identified inaccuracies in care records, and no medicine audits were undertaken so medicine errors were undetected. Systems were not in place to review health and safety processes, and a gas safety check had not been undertaken to ensure a safe environment was provided to people. Adequate systems were not in place to obtain the views of people using the service, to ensure any concerns or complaints they had were addressed. Staff were unclear about the incident reporting process.

At this inspection we found sufficient action had not been taken to address our concerns. Care record audits had been undertaken however, they still did not review the quality of care records. There was a risk that recording errors would not be identified and care records would not sufficiently reflect the care and support people using the service required. Since our inspection audits were completed on medicine management processes. Fridge temperatures were recorded daily, however, the medicines audit did not review the temperatures recorded. We saw that between 1 February and 15 February 2015 there were 13 instances where the temperature recorded was either 0 or 1 degree, and there was a risk that this would affect the quality of the medicine stored in the fridge. We saw that since 15 February 2015 the temperature of the fridge had been within safe range for storage of medicines. We saw that medicine audits were undertaken weekly, medicines stocks were checked and the medicine administration records were looked at to ensure people received their medicines in line with their prescription. There were no concerns identified about these practices.

Staff showed us the system for recording incidents. However, this system meant sufficient information about the action taken to support the people involved, and further action taken to reduce the incident recurring could not be recorded. We saw that incidents were recorded on an accident record. This means of recording meant analysis of incidents could not occur. One incident had been recorded since our last inspection and staff had checked people's welfare and ensured no injury had been sustained.

Health and safety checks were not sufficient at the service. A fire safety officer from the London Fire Brigade was at the service at the time of our inspection. They informed us the fire risk assessment for the service was not sufficient and had not identified improvements required to ensure people's safety in the event of a fire. They told us the smoke detectors and fire doors did not conform to British standards. They told us recording of fire alarm and emergency lighting tests needed improving. The London Fire Brigade would undertake further checks to ensure the service adhered to fire safety standards.

A gas safety check had been undertaken and action had been completed to ensure safe gas practices at the service.

Processes had been implemented to obtain feedback from people about their experiences of using the service. People had been asked to complete satisfaction surveys. We reviewed completed surveys from two people. They stated they were satisfied with the care and support provided and they liked the staff. One person commented, "[The staff] do a good job." Another person's stated they felt respected and well cared for. Meetings had been re-established to obtain the views of people on a regular basis. We viewed the minutes from the meeting held in February 2015. These meetings were used to discuss any issues people had about the service. No issues were raised during this meeting. People confirmed that these meetings were held monthly. We saw that in February people were reminded that there was a suggestion box available for them to use. A complaints book was available for people to record any complaints they had. People told us they were able to request to speak with a member of the management team to discuss any concerns or complaints they had. No complaints had been made since our previous inspection.

At this inspection we found sufficient action had not been taken to address our concerns, and the service continued to be in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At our previous inspection of the service on 15 and 16 October 2014 we found staff records were not stored securely, and particular documentation was not accessible when required. We also found that people's care records were not kept up to date. They did not contain up to date contact details for people's social workers and care co-ordinators from the local community mental health

Is the service well-led?

team, and some people's care records contained the wrong person's name. We found that people's care records that were accessed daily, including medicine administration records and daily records, were not stored securely.

At this inspection we saw that the documentation for staff and people had been organised and filed appropriately. The majority of records were kept in the staff office, and this room was locked if staff were not present, so that the records were kept secure. Each staff member had their own record and it included all documents relating to their employment including their recruitment, and the training and support received.

People's care records had been updated. Contact details for people's social workers and care co-ordinators had been obtained and recorded in their records, so staff knew how to access other health and social care professionals involved in people's care. Care records were specific to the individual and referred to the person whose records they were.

Daily records were completed. This included what the person had done throughout the day, any changes in their mental health or mood, and any support they received with

their personal care. These records were up to date and stored securely. People using the service were aware of what records were kept about them and were able to ask staff if they wanted to access them.

We saw that a diary was kept of all appointments people at the service had. However, this was kept in the hallway and contained some personal information about people, including medical appointments. This meant confidential information was accessible to other people using the service and visitors. We informed the registered manager of this and they were going to move the diary to ensure all confidential information was kept securely.

We asked staff if they knew how to locate policies relating to the service. One support worker was unsure where the policies were kept and the registered manager was unable to locate a policy relating to safeguarding adults. Many of the policies were out of date. The registered manager told us they would review all policies and ensure they were up to date and staff knew how to access them.

We found the service was now meeting Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not protect service users against the risk of inappropriate or unsafe care by means of an effective system designed to regularly assess and monitor the quality of the service provided. (Regulation 17 (1) (2) (a)).</p>