Joseph House (Reedham) Limited

Joseph House

Inspection report

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Date of inspection visit:
25 October 2018

Date of publication:
22 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 25 October 2018 and was unannounced.

At our last inspection on 11 October 2017, we found the registered provider was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included those for person-centred care, mental capacity, assessing and mitigating risk, governance, and staff training. In addition they were in breach of one regulation of the CQC Registration Regulations 2009, regarding notifications. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all of the key questions to at least good.

Joseph House provides accommodation, care and support for up to 40 people with learning disabilities. Joseph House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.

There were some concerns around infection control and the safety of the environment in some areas. The communal bathrooms we looked at were not clean, and some of the fittings were in a poor state of repair.

Risk assessments to the environment were not in place for the home and each person, such as assessing whether people's bedrooms had any risks identified, and whether these were mitigated appropriately.

Risk assessments associated with people's health conditions had improved since our previous inspection and were detailed with risks to individuals in line with their own care and support requirements. Information within care plans was accurate and up to date. Staff had guidance to mitigate specific risks to people.

There were improvements in staffing in the home. There were staff available to support people when needed, and staff had training relevant to their roles and they knew what support people needed.

The service had improved and was compliant with the Mental Capacity Act 2005 (MCA). People had mental capacity assessments for specific decisions that were being made about their care. Staff sought consent before delivering care, and only restricted some people's liberty in line with the legislation.

Quality assurance systems had improved, and those in place identified most areas where improvements were needed, with the exception of some environmental checks, such as the cleanliness of the bathrooms. There were improved quality assurance systems around gaining feedback from people and analysing the results. Action was taken where there were identified faults in any health and safety related equipment, such as fire doors.

People's medicines were administered safely by staff who were trained to do so, and medicines were stored securely.

There were recruitment checks in place, however staff application forms had not always been filled out thoroughly.

Staff carried out personal care behind closed doors and respected people's dignity and privacy. Staff adapted their communication to encourage people to make choices. People's interests and hobbies were supported and there was a range of activities and entertainment within the home on offer, with some people going out regularly into the local community and nearby town. People and their families had been involved in planning care for people when they wanted.

People's care plans had improved and were person-centred with details of individual preferences, and updated accurately when they were reviewed.

People received enough to eat and drink throughout the day and people were supported to access healthcare services.

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.

There were some areas of the environment that were not clean and in good condition.

Risks associated with people's environment were not always identified and mitigated.

There were enough staff to keep people safe and staff knew their responsibilities in safeguarding people from the risk of abuse.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles.

People received a choice of balanced meals.

Staff supported people to access healthcare and worked with health and social care professionals to follow recommendations where needed.

People's mental capacity was assessed for making specific decisions, and these were made in people's best interests where needed. Where people were deprived of their liberty, this was compliant with relevant legislation.

Is the service caring?

Good

The service was caring.

Staff and people had built good relationships and staff respected people's privacy and dignity.

People and staff were involved in people's care as they wished.

People were supported and encouraged to have visitors to the home when they wished.

Is the service responsive?

Good

The service was responsive.

Care plans contained guidance for staff on meeting people's individual needs and preferences, and included information about people's interests.

There was a visible complaints policy and people and their relatives were asked for feedback on the service.

Is the service well-led?

Good

The service was well-led.

The registered manager sent notifications in to CQC as required.

There were improved quality assurance systems in place, including audits which identified areas for improvement. Action was taken where these were identified.

Staff worked well as a team and there were regular meetings.

Joseph House

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.

The inspection was carried out by three inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A pharmacy inspector looked at the administration of medicines and associated records.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider had not been requested to complete 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.

During the inspection, we spoke with five people living in the home and seven visitors. We also spoke with five staff members including the registered manager, the clinical lead, a senior care worker, two care workers, a member of the kitchen staff, and a domestic staff member. In addition, we spoke with a visiting healthcare professional.

We looked at the care records and risk assessments for four people in detail and a sample of medicines administration records (MARs) as well as other records relating to health and safety and the running of the home.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in October 2017 we found that the service was not always safe, and it was therefore rated 'Requires Improvement' in this area. During this inspection we found that although improvements had been made, the service remained rated 'Requires Improvement' as further improvements were required for the service to become, 'Good' in Safe.

At our last inspection in October 2017, we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not always in place and accurate, with guidance for staff on how to mitigate risks to people. At this inspection in October 2018, we found that improvements had been made regarding risks to people. As a result, the service was no longer in breach of this Regulation. However, further improvements were still needed in respect of identifying and managing risks to people due to their environment.

Some areas of the environment that people lived in were not visibly clean and in good condition for use. For example, in one bathroom there was a very old and badly stained bath. The registered manager told us this was not used; however, it had not been condemned and remained in a bathroom which was being used and accessible to people living in the home. We found that all the communal bathrooms required further cleaning, as areas such as shower plugs and baths were dirty with hair, limescale and soap scum. The registered manager told us they would take immediate action to remedy this and address it with domestic staff. They also told us the bath with the staining was being replaced the week after our inspection visit.

There were no environmental risk assessments in place which identified potential risks to individuals in their bedrooms and communal areas, for example, to assess the safety of using freestanding furniture or heaters or whether people required window restrictors. There were staff members living in the home, and there was no risk assessment which outlined the potential risks associated with this, such as whether they were allowed visitors. We spoke with one staff member who lived in the home and they said they were not, and the registered manager confirmed this, however there was no formal risk assessment.

The registered manager had some systems in place to check that they employed suitable staff, however there remained areas which required improvement. Prior to people being employed within the home, there were checks in place for the Disclosure and Barring Service (DBS), which checked any criminal record, and references. For some staff application forms had very little information so we could not be assured that the registered manager had fully explored people's employment history and any gaps with them. The registered manager told us that they had employed some staff who had previously worked in the home through an agency so they knew them.

We recommend the provider seek best practice guidance from a reputable source around the safe recruitment of staff in care homes.

Without exception, people said they felt safe living at Joseph House. We found that staff had knowledge of safeguarding and were able to tell us what concerns they would report, if they had any. They understood

their responsibilities in safeguarding people from the risk of abuse.

We found that risks to individuals associated with their health and support needs were being managed well, and there were improvements in this area since our previous inspection. For example, where people were assessed to be at risk of developing pressure areas or choking, this was recorded with guidance in place for staff on how to manage the risks.

Lifting equipment, heating, fire and electrical equipment had been tested and maintained, and faults had been identified and acted upon. There were systems in place to regularly check that the water system was safe to use, including a legionella risk assessment. We saw that Personal Evacuation Plans (PEEPs) were in place for each person living in the home, which ensured staff would know how to support people in the event of a fire.

There were enough staff deployed effectively across the home. One person told us that staff came to them quickly. They said they pressed their call bell late in the evening on one occasion, and told us, "I came back from holiday and was feeling unwell, three or four [staff] arrived within minutes to see what I needed and then changed my bed for me." A relative said, "The main core of staff is constant, there is always someone I know." Several people using the service had been assessed as requiring constant supervision from one member of staff for their safety, and we saw that this was provided. Staff we spoke with told us that where agency cover was used, the same staff members were used and this helped the consistency for people living in the home. All the staff we spoke with said they felt there were enough staff to meet people's needs and keep them safe.

Medicines were stored securely for the protection of people living at the service and within appropriate temperature ranges. Records showed that people living at the service received their medicines as prescribed. We saw a system for reporting and investigating medicine incidents or errors, to help prevent them from happening again.

Staff who handled and gave people their medicines had received training and had their competence assessed regularly to ensure they managed people's medicines safely. Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. Information about how people preferred their medicines given to them, written information about medicines prescribed for people on a when-required (PRN) basis were available for staff to refer to. There were body maps for the application of external medicines such as creams and ointments, and staff recorded when they administered these.

Good

Is the service effective?

Our findings

At our last inspection in October 2017 the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and it was rated, 'Good' in effective.

At our last inspection in October 2017, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not have appropriate mental capacity assessments to establish whether they were able to make specific decisions or consent to aspects of the care they received. At this inspection, we found improvements had been made and the provider was no longer in breach of this Regulation.

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.

The mental capacity assessments we looked at established whether people could make specific decisions or consent to aspects of the care they received. These assessments showed that people were supported to understand and communicate around decisions as much as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people had a DoLS applied for, that their liberty was only restricted for their safety and least restrictive means were used in their best interests.

At our last inspection in October 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always received enough training relevant to their roles. At this inspection, we found improvements had been made and the provider was no longer in breach of this Regulation.

Staff received training and were competent in their roles. They told us about practical training sessions they received, such as manual handling and first aid training. Some staff had received training in epilepsy awareness. One senior was spoke with told us that as a result of this training they felt more confident working with many of the people living in the home. Staff also completed computer based training relevant to their roles including in the MCA, pressure care and safeguarding.

New staff shadowed more experienced staff when they started, and then had a list of competencies signed off, which included direct care delivery such as personal care. Staff we spoke with confirmed they had regular supervisions, which was an opportunity where they could discuss their role and any further training needs. Staff said they felt they could approach the manager if needed between supervisions, if they required

further support.

People moving into Joseph House underwent a thorough pre-assessment of their needs, which included staff gathering information about people and their needs. This was then used to form a comprehensive care plan, with guidance for staff on how to meet their needs.

A healthcare professional we spoke with told us they worked with staff to ensure people received consistent care, and relatives confirmed that staff reviewed people's care along with their social workers. Records showed how the service worked with other involved agencies to ensure people received the care they needed.

People received a healthy balanced diet and a choice of meals to eat, including packed lunches if they were away for the day. Some people received soft or pureed diets as needed. We saw that some people also had thickened drinks to manage their risk of choking, and people received a choice of drinks throughout the day.

One person said, "I can ask for a drink anytime, someone will get one for me." We saw that there were not jugs in communal lounges for people to help themselves to a drink, which demonstrated they relied on staff to get them drinks. This meant that people were not always encouraged to be independent in this area where they were able. However, staff supported people with drinks when they requested them, and encouraged people where needed. Staff recorded fluid intake for some people, and we noted that they did not always do this for mealtimes, and therefore records did not accurately show how much people had received to drink. As a result, the records were not informative around if someone was drinking enough. Furthermore, there were no individualised targets so that staff knew how much people should drink. We discussed this with the registered manager who said they would review these records to make the content more useful.

People had access to healthcare services and involvement from professionals such as dieticians, chiropodists, district nurses and speech and language therapists when they needed. One healthcare professional we spoke with told us that staff knew important information about people and any changes, and they followed their recommendations.

Good

Is the service caring?

Our findings

At our last inspection in October 2017 the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and the service was rated, 'Good' in this area.

At our last inspection we found that the environment did not always promote people's dignity and privacy. At this inspection we found that people's privacy was better protected, as the provider had removed the CCTV from communal areas of the home and was now using it purely for security reasons.

People and staff had built positive, caring relationships. A person living in the home said, "I really like it here, everyone is so friendly and helpful. I try to be friendly with everyone." The people we spoke with felt that staff knew them well, including their likes and dislikes. Staff were caring towards people. One relative told us that when their family member had a fall and was hospitalised, Joseph House staff visited them throughout their stay in hospital and enabled them to return to the home as quickly as possible, easily and safely. Another relative said, "[Staff] understand [family member] very well." A staff member explained to us how they adapted their communication to support people to make choices, for example around what they wanted to wear. We saw that people's emotional wellbeing was covered in their care plans, and there was guidance for staff on how to reassure people if they became distressed or felt upset.

People and relatives were involved in care planning as they required. One person told us how staff discussed their care with them on occasions, "We have, 'talk time' if we're going to do the folder but there's no set routine for meetings." We saw records of these where people discussed things they wanted to achieve with staff. Some people and relatives told us they recalled being asked to contribute to the content, and some relatives had checked care plans to see that they were factually correct. A relative we spoke with explained how they were involved in their family member's care, "There is an annual review with Social Services and I can chat with someone whenever we visit." Another relative said, "We've never seen [a care plan]."

We saw that some people living in the service lived in accommodation which was separate from the main house, and there were kitchens and communal lounges in these bungalows. However, people were not independently using these. Whilst some people were independently able to go out into the local community, it was not clear for others how they were supported to become more independent within their home in areas such as making a meal. However, where people made goals with staff to work towards, we saw that staff worked with them to achieve these goals with encouraged their independence.

Staff treated people with respect and dignity, and respected their privacy by ensuring personal care was carried out only behind closed doors. Where one person had a bedroom and ensuite bathroom that had two doors to it, we found that this remained accessible onto a communal lounge area. This presented some risk to the person's privacy because there was no lock on the bathroom door, and the other door in the bathroom went straight through to their bedroom. However, we spoke with the person and they said they were happy in their room and nobody had entered without invitation. Another person told us, "Staff knock on the door before coming in."

Visitors were able to go to the home when they wished, except in some circumstances which were agreed with people, in line with their care plan. One relative said, "We don't have to ring to visit, we're always welcome."

Good

Is the service responsive?

Our findings

At our last inspection in October 2017 the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and the service was rated, 'Good' in this area.

At our inspection in October 2017, we found the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans were not always person-centred with details of individual preferences, and they were not always updated accurately when they were reviewed. People's interests and hobbies were not always supported on an individual basis. At this inspection, we found that improvements had been made and the service was no longer in breach of this Regulation.

We found that people's hobbies, interests and preferences were included in their care plans, for example, in one person's it was written that they liked to watch DVDs whilst in their bedroom. We had mixed feedback around whether people could do what they wanted during the day. However, we concluded that some people required staff to support their routines, and people were supported if they chose to do something different. One person said, "I have a TV and DVD player in my room but I ask [staff] in daytime if I want to go to my room; they like to know where we are in case we have a fire. They come into my room and shout, 'wakey, wakey! Time to get up'. I dress, go downstairs for my medicines in the dining room, then breakfast, I don't know what time it is. I don't go back to my room." The person said that they were happy with this and the support they received. Another person said they did not understand the time so staff supported them with their daily routine by letting them know when it was time to get up and go to bed. A further person living in the home with their spouse, said, "It's a relaxed atmosphere, not too regimented, [family member] loves it there, it's a lifesaver, literally." A staff member we spoke with confirmed that people could go back to their bedrooms during the day if they wished, and said one person liked to return to their bedroom to watch the football.

One person told us, "We have a mini-bus here so we can go out. We go on a boat trip, to Wroxham, trips out but the season's over now so no trips out." There were regular weekly activities, and we saw people sitting in groups chatting, playing board games and laughing in the dining room in the morning of our inspection visit. In the afternoon, there was a disco attended by most people, many of whom were dancing and laughing. Regular activities included bingo, and there were trips out to shops, the circus and zoo as well as boat trips on the Broads in the summer. Some people had recently been to see a film at the cinema with staff. Several people and relatives told us about a popular summer BBQ which had involved staff being pelted with water-filled balloons. A staff member told us about a church service once a month, and regular visits from a volunteer PAT dog.

For those who wished to, staff supported people to have an annual holiday. Some of these were abroad, and some were at local holiday parks. A small number of people were able to go out on their own by bus to the local town. One person told us how they got the bus from the village, and knew they could call the registered manager if they had any problems whilst they were out.

One relative said they were kept informed of any accidents or incidents involving their family member. The people we spoke with told us about monthly meetings for people living in the home, where aspects of their home such as food, entertainment and trips out were discussed. Several relatives had recently completed feedback questionnaires, and we looked at the results from these. There were also easy-read format questionnaires for those people living in the home who required this. These were then analysed by the registered manager and contributed to making improvements.

There was a visible complaints procedure available, which was also kept in the main lobby of the home so people and families had access to it. All of the relatives we spoke with were confident and had no hesitation in going to the registered manager if they had a complaint or concern.

There was nobody living in the home who was receiving end of life care, however the registered manager gave us some examples of when they had cared for people at the end of their lives and how they had obtained their preferences and advanced arrangements. The registered manager told us how they would approach the subject with people living in the home if and when they felt it was appropriate, and with family members.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017 the service was rated, 'Requires Improvement' in this area. At this inspection we found that improvements had been made and the service was rated, 'Good' in this area.

At our last inspection in October 2017 we found that the registered manager had not always notified us of incidents as required. This meant the service was in breach of Regulation 18 of CQC Registration Regulations 2009. At this inspection we found that we had received notifications as required and the service was no longer in breach of this Regulation.

In addition, at our last inspection in October 2017, we found that there were not always effective governance systems in place, resulting in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the service was no longer in breach of this Regulation.

There were quality assurance systems in place which identified most areas for improvement. However, we did feed back to the registered manager our concerns around the cleanliness of the communal bathrooms. The registered manager said they would address this immediately.

Audits were in place to enable staff to monitor medicine stocks and their records to help identify areas for improvement. We saw health and safety checks were carried out and action taken when required. Quality assurance systems included thorough checking of people's records, including people's care plans to ensure the content remained accurate and up to date.

One relative told us, "I talk to [Registered Manager] if I have any concerns, she's responsive, always been very good." This was closely reflected by all the relatives we spoke with. All the people, relatives and staff said that the registered manager was readily available for support and advice when needed. We saw many compliments cards which had been received by the home.

The staff team worked well together and found the registered manager to be supportive. Regular staff meetings were held where staff could discuss any areas for improvement or raise any concerns. They covered areas such as inductions, health and safety issues, duties, and staff performance. We saw records of these and the areas discussed.

The home kept people and relatives involved in improving the service by requesting feedback and taking action where needed. The registered manager had analysed responses from questionnaires and identified areas where the service was not as strong. Some of these findings helped to inform improvements being made within the home. An example was improvements planned for the environment, with new furniture being ordered for the communal areas. The registered manager told us people were voting for which fabric and colour they wanted.

The service was striving for improvements and had made the improvements they said they would following

our last inspection. In addition, further improvements were planned to the care plans, using easy read versions for people to be able to make more choices in their care plans.