

Jameson's Residential Home Limited

Jamesons Residential Care Home Limited - 39a Turner Road

Inspection report

39a Turner Road
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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

This unannounced inspection took place on 25 July 2016. This service has been consistently good since registration and has not been in breach of legislation.

39a Turner Road can support two people with a learning disability to live within their community. On the day of our inspection there was one person 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, but they were not available on the day of our visit so our inspection was facilitated by the provider. 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.

We found a service that has been consistently good over time. People who lived here had their needs assessed before they move in and were consulted about their quality of life. They were involved in decision making where possible and had good access to their community. Care plans were informative, regularly reviewed and enabled staff to provide consistent appropriate care based upon individual needs. Daily recordings were based upon plans in place.

People had their privacy and dignity promoted. Individuality was promoted and respected. Staff had a good understanding of capacity and promotion of decision making. They were clear about what to do if a person lacked capacity. This was seen in practice from observation and records. People were supported to develop skills and participate in the daily life of the service, but risk assessments highlighted how people can be kept as safe as possible. People had access to healthcare support and were able to decide and choose the menus they preferred. People received a well-balanced diet of their choosing.

Staff were well supported. There were sufficient staff that worked flexibly to meet people's needs. There was access to on call senior staff at all times. Staff were given the appropriate training to meet people's needs and were able to gain professional recognised qualifications. Staff understood the aims and objectives of the service and worked towards and in line with these. The management of the service was well regarded by staff, who told us they were visible and approachable and responsive to ideas. Managers were well qualified and were kept up to date with current thinking through accessing training and quality assurance from current practicing professionals in the field of health and social care with learning disabilities.

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. This included managing anxious behaviour.

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.

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. Staff felt supported.

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 promoting choice and gaining 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 them well and were kind.

People were listened to and enabled to exercise preferences

about how they were supported. People's privacy, dignity, diversity 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. Management was visible and open and available to staff and people at the service.

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 - 39a Turner 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 25 July 2016 and was unannounced.

The membership of the inspection team consisted of one inspector due to the small scale of this location. The inspector was qualified and experienced in providing services to people with a learning disability.

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 one person who used the service. We interviewed the staff member supporting them and spoke with the provider. We also spoke with a visiting professional.

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

Is the service safe?

Our findings

People told us they felt safe in the service. People told us that they were happy in their own home. One person said ' "I have been here a year exactly. I like it here and will stay here".

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 available to staff in the office. 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, using public transport, going to college and cooking. There was clear information for staff on people's anxieties which included information on how to support the individual and avoid stressful situations. 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 risks to be taken.

The building was in a good state of repair and people told us that maintenance issues were addressed promptly. One person explained who and how their TV had been made safe on their bedroom wall. 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.

There were sufficient staff to meet people's needs. One person told us, "I like the staff member on shift. I like all the staff here". 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 a person going to a cookery session. They had planned to go to a singing session that morning, but had changed their mind en-route and chose to come home. They also had a driver available to take them in their vehicle. 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. Any shortfalls in levels of staffing were covered from within the group and one of the staff from the nearby service would support. One visiting professional told us, "All staff are always welcoming, friendly and approachable and the service users benefit from their experience in a safe environment". The provider told us there were minimal staff vacancies and no agency staff were used. We had previously examined the recruitment records for the last three staff to be recruited in the organisation. 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. 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. 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. Where PRN [as required] medicines were 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.

Is the service effective?

Our findings

People received their care from staff who had been appropriately trained and supported. One staff member told us, "I am very happy working here. I am up to date with all my training. I have been trained in mental capacity, deprivation of liberty, moving and handling and safeguarding along with whistleblowing. I have an NVQ 2 and have been offered NVQ 3. We have a monthly team meeting and you can request to talk about anything". We examined the training matrix and saw that staff received appropriate training for their role as it included epilepsy training, autism and dignity and respect as well as the base line health and safety training one would expect in social care settings such as; moving and handling, food hygiene and first aid. 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 2005, 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.

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, "You can talk to the team leaders and especially the manager. They are very supportive and will always discuss what is best for the service users". 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 previously saw minutes of recent meetings that were signed by staff to say they had read these updates if not present.

Staff told us that they had undertaken training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of the principles of consent. People were able to make choices and decisions about how they were supported. We were told of a recent holiday chosen by the individual at Centre Parcs and a recent planned visit to relatives. We could see from interactions with staff that people's choices were respected and gentle guidance was offered. One person had a collection of cricket and football memorabilia. They had several DVD's and were enabled to watch these in their room. The decisions on how to spend their money was accepted and respected. Staff were clear about their responsibilities and 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of their responsibilities because appropriate applications for DoLS had been made and the appropriate documentation was

available and in date.

People told us they were involved in deciding what they ate and drank. We saw that people could request their chosen option for drinks at any time and were involved in their preparation. One person told, "I get my favourite and that is bacon". We were shown the weekly menu and record of what people ate. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food. A record of what was then eaten was kept as this sometimes varied from the set menu as people changed their minds on the day. 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. People regularly saw a learning disability health specialist and the record of these visits were well documented in care plans for staff to follow. We saw that at a recent meeting medicines were reviewed as part of this appointment. Changes in people's health, weight and well-being were monitored and recorded. This informed any health or social care practitioner of people's current health in their assessments of people. Where appropriate we saw that relatives were informed and consulted about health changes.

Is the service caring?

Our findings

People told us that this was a caring service. People said all the staff were kind. One person said, "I have been here a year exactly. I like it here and I will stay here". We were able to observe the genuine warmth between staff and people living at the service. There was a mutual respect and liking for one another. People were comfortable with staff and looked for their support. They were keen to show us their room, that truly reflected their personality, likes and interests. One person told us, "The craftsman put up my TV for me". This showed us that these individuals' interests were known, supported and respected.

The member of staff on duty told us, "I have been here 10 years. This is like a family. It is a very good company to work for because of how they support people with special needs". 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.

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 knew how people communicated, what the indicators were of anxiety and how to avoid this. They observed a change in behaviour that we had not picked up upon and made a respectful suggestion that the person may like to go out for a walk for some fresh air and clear their mind. This calmed the person and they were more settled.

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.

Privacy and dignity were evident in the daily life of the service. Staff were respectful and polite thanking people for their cooperation as they went about their duties. They were aware of people's privacy and respected the fact that some people liked to spend time in their room. 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 well dressed and had smart comfortable clothes that were personal to them.

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, celebrations and parties planned and arrangements to see families. People were also kept informed of changes such as the change made to the supplying pharmacy. People when required also had access to independent advocacy services.

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 these covered meaningful pursuits for them. We were told that one person had participated in a travel and community awareness course. The same person regularly went to college. People also attended a local weekly social club in an evening.

A visiting professional told us, "The service users are well cared for and their needs are known very well by the staff, most of which have been there longer than I have been visiting. Their wellbeing and activities appear to be well co-ordinated and they have numerous appropriate things to take part in which appear to be well planned".

Assessments were undertaken when people first started to use the service and these identified people's needs and preferences. There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. People at this service knew their own care plans and gave consent for us to examine these. 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 the daily running of the service.

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. One person told us, "Staff do listen and if I had a problem I would speak to them." They went on to give an example. "We once ran out of cheese and I spoke to [named a staff member] and they bought some more". 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 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 were nearby. In addition the manager was registered for a larger service which also runs a day service that people could access. Staff told us, that the manager was easily accessible and listened to their views, as did the provider. 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 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. The manager and provider at the service knew the quality of their staff as they personally completed observations of staff practice or saw observations completed by others who were competent to do so.

There were a range of systems in place to ascertain people's views about their experience and identify areas of improvement. An annual review was 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 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. When we requested records after the inspection, these were promptly provided. The service had a five star food hygiene rating. The manager kept us updated with regards statutory notifications and was aware of their responsibilities in this area. In addition social workers and relatives were kept informed as appropriate. Records were well kept, up to date, secure and kept confidential.