

Just Homes (Care) Limited

Peppercorns

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27 April 2016 and was unannounced.

The Peppercorns provides accommodation for up to six people with learning and physical disabilities. On the day of our inspection there were three people living on site and two people staying for short term respite care.

There was a manager in place who had applied for registration with the Care Quality Commission. 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.

The atmosphere in the home was warm and welcoming; from the manager as well as the staff and people who used the service. The service had safe recruitment processes in place and appropriate checks were undertaken before staff began work. This showed staff had been appropriately checked to make sure they were suitable and safe to work with vulnerable people.

We saw there were enough staff on duty to meet people's needs safely. The manager told us a dependency tool was used to calculate the number of staff required for each shift; however this was flexible and would be changed depending on how many people were resident. This demonstrated the service considered the numbers of staff needed to ensure people's needs were met.

Appropriate arrangements were in place in relation to the safe recording, handling, storage and administration of medicines.

People were supported by suitably qualified and experienced staff. Staff received regular training which equipped them to meet the needs of the people who used the service. Supervision from the manager was in place for all staff, to monitor their performance and development needs and ensure their skills and competencies were kept up to date.

We saw each person was asked about any food preferences, and this was documented in each person's care plan. People were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw people were supported to express their views and were actively involved in making decisions about their day to day care, treatment and support. People's relatives had been involved in developing care plans. People's privacy, dignity, and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was clear documentation in each person's care plan about their likes and dislikes. Care plans were up

to date and gave a detailed picture of how each person liked to be supported.

People were offered choices throughout the day including what activities they would like to do and when.

We saw the complaints procedure was followed and complaints were acted on in a timely manner.

The manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

The manager regularly worked with staff providing support to people who lived at the home, which meant they had an in-depth knowledge of the people living there.

Auditing was in place; however, outcomes were not followed up. This meant the registered provider had systems in place to ensure they identified shortfalls however there was no record these were addressed; for example accidents and incidents were recorded but there was no analysis documented to identify any trends or make changes to prevent reoccurrence.

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's relatives felt their family member was safe at Peppercorns.

Staff had a good understanding of safeguarding vulnerable adults.

Safe recruitment was in place.

Medications were ordered, received, stored, and administered in a safe manner.

Is the service effective?

Good ●

The service was effective

Staff had the skills and knowledge they needed to support people who used the service.

Regular training for all staff was up to date.

Staff had supervision in line with the company's policy.

Management and staff had a good understanding of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

Staff were kind and caring in their interactions with people.

Management and staff took time to get to know people and their likes and dislikes.

Advocates were used when people needed support.

People and their relatives had been involved in creating and

developing their care plans.

Is the service responsive?

Good ●

The Service was responsive

Care plans were person centred and detailed.

Care plans and risk assessments were reviewed and updated regularly.

People were offered choices throughout the day

People who used the service and their families had been consulted about their care.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Staff felt supported by the manager and higher management team.

Effective communication was in place.

Auditing was in place and carried out regularly however, outcomes were not documented.

Staff were clear about their roles and responsibilities and were passionate about the service.

Peppercorns

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 27 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector, and one specialist advisor, with experience in the Learning Disabilities sector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications of significant events received from the registered provider; and feedback from the local authority safeguarding team and commissioners.

During our inspection we observed how staff interacted with people who used the service; both in the home and when preparing to escort them on planned outings. We spoke with three of the people who used the service, the manager, and three support workers. We looked at care records for two people who used the service and reviewed how the service used the Mental Capacity Act 2005. We also looked at documents and records that related to people's care, and the management of the home. This included three individual staff recruitment and training records, as well as policies and procedures, and quality audits.

Is the service safe?

Our findings

We asked relatives of people living at Peppercorns if they felt safe; one person told us "Yes they are safe, well cared for." Another relative told us "We can relax knowing they [the relative] are safe and happy." We saw feedback from a relative stating 'To know your relative is in a safe environment really puts your mind at ease.'

Staff we spoke with had undertaken safeguarding training as part of their induction, and had regular updates afterwards. Staff had a good knowledge and understanding of safeguarding vulnerable adults. They were able to explain the process they would need to follow to report any concerns they may have, what signs of possible abuse they would look for, and who they would escalate their concerns to if they felt appropriate action had not been taken. This meant that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

There were detailed, robust risk assessments in place, which were risk specific. They identified the risk, and described any precautions staff needed to take. One risk assessment we saw was in regards to someone with health needs, which meant that if they showed certain signs of physical ill health they had to be taken to a specific ward at the local hospital. A bag with all the essential items was located in the staff office ready to be picked up in such circumstances. This was clearly documented in the risk assessment and had been signed by the person's relatives. We spoke with three members of staff who could clearly describe the procedure to follow. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

All risk assessments were reviewed every six months or if any changes occurred. Risk assessments included areas such as accessing the community, managing finances, and being allowed free access to the kitchen; as well as more personal risks linked to health conditions and lifestyle choices.

There was a Personal Emergency Evacuation Plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. In the three files we looked at, the PEEP had been completed within the last six months. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

We saw there were detailed accident and incident records kept in the service. However, there was no documented evidence that learning from incidents or investigations took place in order for appropriate changes to be made. We discussed this with the manager who told us that learning from incidents took place however it was not documented. The manager was keen to implement this following our discussion.

During the inspection we saw there were adequate numbers of staff on duty to meet people's needs safely. Staff was available to support people to undertake activities of their choice and encourage them to complete tasks within the home. The manager told us a planning tool was used to calculate the number of

staff per shift; however this was flexible as people chose when to go out and where to go, meaning more or less staff may be required on a particular shift. There was also flexibility for respite as this would require more staff at certain times of day. For instance staff told us "one person who comes on respite needs two people to help with bathing in the morning. Extra staff are on duty when this person is here." The manager told us "agency staff are not used as there are bank staff in place to cover periods of absence and annual leave." This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability.

We saw there was a robust recruitment process in place, and the registered provider made sure that all necessary pre-employment checks were carried out before staff commenced their roles. The registered provider used Disclosure and Barring Service (DBS) checks to help them to make safer recruitment decisions, by checking that prospective employees were of suitable character to work with vulnerable people.

We looked at the policy and procedures which were in place for the handling of medicines. We found the policy was robust, detailed and covered all aspects of ordering, storing, administering and disposing of medicines safely. We found the policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed, including what the signs were that a particular person may be in pain if they could not verbalise this. We reviewed medicine records and saw that medicines were checked and signed as received by members of staff. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. This demonstrated the home had good medication governance.

The service was clean and well maintained. Staff told us they had access to gloves and aprons for tasks which required them. This meant that if any infections were present in the service they were less likely to spread.

Is the service effective?

Our findings

A relative told us they had helped to decorate [their relative's] bedroom and put personal items in the room." We were shown bedrooms all had been personalised with photographs and favourite items. One person showed us their belongings. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

The staff we spoke with were knowledgeable and felt they had the skills and knowledge they needed to support people who used the service. Staff told us they received an in-depth induction prior to starting work for the organisation, and they received regular refresher training sessions. Staff told us they could ask for additional training if needed and this had been sourced for them when they had requested this. The manager told us all staff had completed the care certificate, not just new employees. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. One member of staff told us "It was really helpful as this was my first job in care. The managers and owners were really helpful too; if I needed advice I could go to any of them."

We looked at the training records which showed there was a good level of compliance in refresher training across the staff team, and where needed, training was booked to ensure all staff were up to date. The manager showed us a yearly planner for monthly staff meetings, and as part of these meetings a training topic was covered to ensure all staff were kept up to date.

Staff told us, and records confirmed they had supervision sessions with more senior staff every six weeks. The manager told us, "Staff have supervision sessions six weekly, and more often if needed. They just have to ask." Staff told us "The manager's door is always open, I can go in any time I have a problem, and they are so helpful." The purpose of the supervision sessions was for staff to explore their understanding of how best to support the people who used the service, to discuss any concerns, and to look at their own performance by gaining feedback from the senior members of staff. Staff also received an appraisal with their line manager each year to allow them to look at areas for personal development and their aspirations for progression within the organisation.

Staff told us and the manager confirmed there were lots of methods of communication between staff within the home, which included daily handovers and changes to the care records as well as constant verbal communication; which we saw during the inspection. Staff told us they would ask each other and look at care plans and daily notes to make themselves familiar with any changes. This meant that staff on each shift had up-to-date knowledge of each person.

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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw from the care records we reviewed, there were people who used the service who had been assessed as not having capacity to make decisions relating to where they lived and the care they received. In all of the cases we looked at we saw there had been appropriate assessments carried out as to their mental capacity. There were records of 'best interests' decisions made on their behalf to keep them safe and well, and there were authorisations in place to allow their liberty to be restricted lawfully. This meant people's human rights were being protected in line with current legislation. All the staff we spoke with had a good understanding of the MCA and DoLS, and were able to describe when 'best interests' decisions should be made.

We saw choice being offered throughout the day in terms of food and drinks. People were encouraged to make choices at lunch time. One person was able to make cold drinks with supervision in the kitchen. Drinks and snacks were offered throughout the day. No one living at the home required their food and fluid intake to be monitored; however, staff told us about one person who stayed at the home for periods of respite care, who did require this. Staff described how to fill in the charts and the importance of recording this information.

People were supported to access health services such as GPs, dentists, and podiatry as needed. We saw from care files that regular appointments had been attended as necessary. The manager explained to us how people staying for respite would be booked in with local GPs when they arrived to ensure they had access to medical assistance should they need it during their stay.

Adaptations had been made to the home to enable people to make the most of their environment. There was a work top in the kitchen which had been adapted so that people in wheelchairs could use the equipment. Tables and work surfaces were height adjustable, enabling people to be involved in food preparation. The home was adapted for wheelchairs enabling people in wheelchairs to move themselves around easily. Bedrooms and bathrooms were spacious and had room for hoists if required. This meant the environment was conducive to promoting people's independence and improving their quality of life.

Is the service caring?

Our findings

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Is the service responsive?

Our findings

One relative told us "There was an incident last year, it was handled so well. The manager called me and came over to talk me through what had happened. They explained everything and made sure I was happy with the outcome."

We looked at the care plans for two people who used the service. Both plans were extremely detailed and person centred. The first section described how to support the person from getting up, throughout the day, and throughout the night. Indicating how many staff would be needed for each activity, if there were any particular points in the day that might be more challenging for that person, and how to respond to these challenges. We saw there were individual support plans for different areas of people's support including personal hygiene, eating and drinking, family contact, maintaining a healthy diet, weight, managing finances, and any health conditions. This meant staff knew the best way to support each person.

We saw care plans were reviewed regularly to ensure they contained current information, and had been updated to reflect any changes which had been identified. We saw the reviews of care plans resulted in relevant changes being made to the documentation. Staff were made aware when this happened so they could refresh their knowledge by reading the care plan again. We saw that where possible, people and their relatives had been involved in care planning and had signed each section of the care plan.

We saw people were treated equally and fairly. Where people had particular interests or beliefs these were documented in care plans, and respected and promoted. We noted one person had a particular interest; this was clearly documented in the care plan with guidance for staff on how to support the person to take part in this activity. The manager told us "We encourage people to attend activities of their choice." We saw people choose when to go out and what they wanted to do. The manager told us "We have to be creative and offer a few choices. The staff really know people, so can offer activities that people like. One person has a limited attention span so might go out three or four times a day for short periods." This demonstrated the service respected people's individual preferences.

Staff we spoke with encouraged the individuality of people who used the service, and recognised that supporting people to be individuals was important. People who used the service were supported to express their personalities. For example, in the way they chose to dress, decorating bedrooms, and the activities they wanted to take part in. People were encouraged to take part in their chosen activities on a daily basis.

We saw lots of choices offered to people throughout the day. This meant people were able to exercise their right to choice as part of their usual routine, which allowed them to be confident in their ability to make decisions. One staff member told us "We encourage people to make the decisions they can make, such as what to eat, or where to go during the day."

We saw from people's care records they were supported to be as independent as possible in their daily lives. People who wanted to and were able to went with day services. A member of staff told us "This encourages

friendships outside of the home." During the inspection we saw people go out to different activities, which included going to a nature reserve and shopping. The manager told us "People choose what they want to do each day. We ask people where they want to go each time they decide to go out." The manager told us "Some people choose to go out more than others. Some people prefer to go out for short periods of time three or four times a day, others go out for the whole day. It's their choice." This showed staff encouraged and respected people's choices.

We looked at the complaints and concerns file for the service. The complaints recorded were numbered, which meant that it was easy to see how many had been received over a period of time. We saw the small number of complaints which had been received had been fully investigated and there had been a response sent to the complainant in line with the published timescales. This meant people's complaints were fully investigated and resolved. We saw surveys which had been sent to the families of people living in the home and people who stayed for respite. All the forms we saw were positive about the service provided and the care from the staff team

Is the service well-led?

Our findings

A relative told us "The manager is lovely; very helpful and supportive." A staff member told us "The manager is always available. " We saw the manager was visible in the service, and staff and people living at the home were able to approach them throughout the day.

The manager was knowledgeable and had up to date information about the needs of people living at the home, as well as any issues relevant to the service. Staff told us the manager attended the daily staff handover when on duty. Staff told us "The manager is brilliant, they get involved and their door is always open." One member of staff told us "I feel safe working here as I am supported by the manager and the rest of the staff team." Another member of staff told us "I had never done this kind of job before; the manager supported me from the start."

There was a manager in post at the time of our inspection; they were in the process of registering with the Care Quality Commission. The previous registered manager had left the service several months previously. 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 as to how the service is run.

The atmosphere in the home was welcoming, both from people who used the service and staff team. The staff worked well as a team and communicated effectively to pass on information they needed, to keep everyone safe. This was done with discretion and privacy in mind. This meant that whilst confidentiality was maintained, information was passed on in a timely manner.

Staff understood their roles and responsibilities, which meant people were able to work together as they were clear about what was expected of them whilst they were on duty. Communication throughout the staff team was open, and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and supported in making decisions. The staff team were passionate about their roles and talked proudly of the service they provided.

Our review of records demonstrated there was a system in place to continually audit the quality of care provided. This included a range of daily, weekly, and monthly checks relating to all areas of the service. For example care staff undertook daily medication and money checks. In addition monthly audits were carried out by the manager for quality assurance purposes, however, no actions were recorded from these audits. This mean there was no documented system in place to monitor and improve the quality of the service provided. We discussed this with the manager who told us actions were taken but not recorded. Following our discussion the manager was keen to implement a system to incorporate this into the auditing process.

We also saw staff had highlighted concerns about a small tear in the carpet. This had been recorded but no action documented. We discussed with the manager who had passed this information on to the provider and was awaiting a replacement. However this was not recorded. We saw staff mentioned this on several

occasions and felt they had not been listened to in regards to this. We discussed this with the manager.

Surveys were also used to obtain the views of people about the quality of the service they received. The registered provider had also received compliments from the relatives of people who used the service. These showed relatives were satisfied with the standard of personal care and support, as well as the way staff treated people. These quality assurance measures showed the organisation valued the people they supported and promoted quality and improvement.

Staff had access to policies and procedures held within the service in each house, and this meant they could do their job more effectively. This was also available on the registered provider's electronic system. These included whistleblowing, complaints, and safeguarding policies. These were reviewed and kept up to date by the registered provider. Staff told us they regularly referred to policies and procedure to resolve any issues in regards to people's care and support. In addition they would contact the manager if they were unclear about any policy.