Jeesal Residential Care Services Limited

Middleton's Lane

Inspection report

Middleton's Lane
157, Middleton's Lane
Hellesdon
Norfolk
NR6 5SF

Date of inspection visit:
21 July 2016

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23 August 2016

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

The inspection took place on 21 July 2016 and was unannounced.

Middleton's Lane is registered to provide accommodation for people who require nursing or personal care. At the time of the inspection there were six people living at the home.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were kept safe and their risk of harm was reduced because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered managers would deal with any concerns that they reported.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

Medicines were safely administered and stored.

Staff received an induction, training and supervision and felt supported by the management team. People received sufficient to eat and drink. People had access to external healthcare services.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

Staff were very caring and people felt listened to. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent and staff respected people's privacy and dignity.

Daily records were up to date and gave a good overview of what had occurred for that person. People had the opportunity to take part in a variety of activities both inside and outside the home Complaints were dealt with in a timely manner

The registered manager was supportive, approachable and listened to people, relatives and staff. People and their relatives were involved or had opportunities to be involved in the development of the home. There were systems in place to monitor and improve the quality of the home provided.

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 living at the home felt safe and staff understood how to protect people from harm.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received an induction to prepare them for their role, regular supervision and training necessary to meet the needs of people in the home.

People's health and nutritional needs were met.

People's day to day health needs were met by the staff and external health and social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a kind and caring approach towards people.

People were encouraged to be independent and supported to contribute to decisions relating to their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans gave guidance to staff on how to support people.

A wide range of activities were available.

Complaints were dealt with in a timely manner.

Is the service well-led?

Good

The service was well led.

People living at the home, relatives and staff were positive about the leadership of the home.

The management team enabled and encouraged open communication with people living at the home, friends, family and staff.

The registered manager was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the services provided at the home to people to ensure that they received a good standard of care.

Middleton's Lane

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 21 July 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the home. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make. We contacted healthcare professionals who had regular contact with the home.

During the inspection we observed staff interacting with the people they supported. We spoke with four people, three care staff, two senior carers and the registered manager. We also spoke with two relatives and contacted two health and social care professionals.

We looked at the care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the home such as policies, procedures and audits.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home. One person said, "I like living here and feel safe and happy". A relative we spoke with also felt that the staff provided safe and attentive care to their family member. People received one to one support during the day both whilst at home and when they visited the locality community. This was those people whose safety relied on support in this manner.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team, local authority safeguarding team, the police or CQC where appropriate. Staff were confident a member of the management team would deal with any concerns they reported. The home had a safeguarding policy and whistle blowing policies and procedures available for staff. All the staff said that they would not hesitate to raise their concerns with the management team if they witnessed or suspected any poor standards of care practice.

We found staff had received appropriate medicines management training, and competency assessments to ensure they understood how to manage and administer medicines safely.
Staff told us they were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed that they received an annual medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for three people. These records were accurately completed and included a photograph of the person and whether they had any allergies.

We observed one medicine round conducted by two members of staff administering medicines safely to people. They told us that there was always a second staff member present when medicines were given to ensure the correct medicine had been administered. The members of staff administering medicines confirmed who the person was by asking them their date of birth or checking their photograph. The members of staff checked medicines against the medicines administration record (MAR), explained the medicine, waited patiently until the person had taken the medicine and then signed the MAR when the medicines were taken. Each person was offered pain relief medicines where required.

Medicines were stored safely and the temperatures of storage areas were monitored daily and were within acceptable limits. Medicines audits had been completed and when issues were identified we saw actions had been taken to address them. PRN (As and when required medicines) medicines were recorded separately and protocols were in place regarding their safe use.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw regular checks and routine maintenance of the home environment and equipment ensured people were protected. We saw there were checks in place for the fire safety and cleaning products, which could be potentially hazardous to people, were stored safely in a locked cupboard.

We saw that risk assessments had been completed and reviewed. Examples included; people's mobility,

eating and drinking, accessing the community and washing and showering. There were also individual risk assessments associated with behaviour that challenges people and others. Detailed information and guidelines was available to staff on how to support people with behaviour that challenges people and others.

We observed there were sufficient staff available to give people support in a timely way. Staff met people's needs at a time and pace convenient to them. The atmosphere in the home was calm, cheerful and staff were able to spend time with each person and respond to their needs and wishes. For example, when a person needed help to prepare food or a drink, or have help with personal care we saw that staff were available to help them. We observed a staff member assisting a person with safely putting away their food shopping. .

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels. This included for example, if a person required two members of staff to support them or if people needed support to access the community or attend health care appointments. Any changes in people's needs/dependency were assessed to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. Staff confirmed that they felt their recruitment had been effectively dealt with and that they had provided the required recruitment documents that had been requested.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed that they had received an induction which provided them with the skills needed to support people in an effective way. New staff had shadowed more experienced staff so that they could feel confident to provide support on their own. A variety of training had taken place. Examples included; safeguarding adults, fire safety, mental health, MCA, food hygiene, first aid, autism, epilepsy and de-escalation of challenging behaviours. Staff said they also had the opportunity to read policies, procedures and people's individual care records during their initial induction period.

Training was refreshed on an ongoing basis and staff confirmed that they were given notice of when training courses were coming up and this was added to the rota to ensure sufficient staff numbers were available to cover. The registered manager also told us that all new staff completed the Care Certificate (a nationally recognised care qualification).This was confirmed by staff we spoke with.

Staff were positive about the support they received from the management team and confirmed that they received regular supervision and an annual appraisal. They said that they had opportunities to discuss their work, training and development needs. One member of staff said, "I feel listened to during my supervision." This showed that the management team provided ongoing support to staff to enable them to provide effective support for people living at the home.

The Mental Capacity Act 2005 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 so that they can 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 checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered managers and staff had an understanding of the MCA and DoLS. We saw documentation regarding a DoLS application that had been authorised and there were four further applications waiting to be authorised via the appropriate supervisory body.

People told us and observations showed that they were offered choices with their day to day decision making. These included such as what time to get up, what to wear, choices at mealtimes and about what activities they wished to do. We saw that members of staff gave people options of what activities they would like to do. Staff sought people's consent for all day to day support and decision making, using a variety of ways appropriate to their individual communication needs. Such as!!

People told us, and we observed, that staff asked for consent before providing care. We observed staff asking people's consent before personal care, medication was given and supporting people at meal times.

Each person had their own individual flat within the home which comprised a bedroom, kitchen, bathroom and lounge. We saw people were able to personalise their rooms with their own furniture and their preferred individual items and that they enjoyed spending time listening to music, watching television and viewing their favourite films on DVD. There was also a communal lounge and laundry space for people to use if they so wished. There were communal gardens with seating for people to enjoy whenever they wished. One person had just returned from a visit to a local church with a member of staff and told us that they had enjoyed their time there. This showed us that people were supported to pursue their hobbies and interests.

Each person was assisted to plan and be involved in the preparation of their meals.. People were encouraged to be as independent as possible regarding cooking and staff provided assistance depending upon people's individual abilities and preferences. We saw that people had access to sufficient amounts of food and drinks during our visit. One person told us that, "I like my meals and the staff help me to cook and to go shopping for the food I like." A relative said, "[Family member] is helped by the staff with their meals and they [family member] eats well." One person had enjoyed baking some scones and proudly showed us the results of this and offered us one for us to taste.

People and their relatives told us people had their health care needs met by a variety of professionals such as an optician, GP and physiotherapist. Relatives told us that their family member had access to a GP when required. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

Records showed that each person had an assessment of their health needs and had guidelines and instructions for staff about how to meet those needs. Staff were proactive and sought their advice appropriately about people's health needs and followed that advice. Clear guidance was also available for staff on meeting people's physical health needs. Recommendations made by speech and language therapists, occupational therapists and GPs were followed.

Each person had a 'health action' plan. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

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Good

Is the service caring?

Our findings

A relative and people told us that the staff were kind, caring and compassionate.
One person said, "[The staff] are very kind and very caring." A relative said, "Yes, the staff definitely care, it's like a family." Some people living at the home were unable to verbally communicate their views but we saw that there was a friendly rapport between them and staff who provided a great deal of attention in a cheerful and understanding manner.

Observations and comments we received showed that people were encouraged to be involved in improving their daily living skills and were assisted by staff with a number of tasks including, cooking shopping, laundry and financial budgeting. One person told us that, "The staff are good and we go out a lot and they help me with what I need." There was a friendly and calm atmosphere with a good deal of humour between the staff and people living at the home. People were seen to be comfortable and at ease with the staff who supported them in an attentive and caring way.

Staff were aware of people's support needs and their personal preferences. The staff members were knowledgeable and were readily able to describe people's care needs, their individual preferences and their likes and dislikes. Each person had a key worker and they told us they met with the key worker regularly to discuss issues that were important to them. A key worker is a member of staff with special responsibilities for making sure a person's care and support is well coordinated and reviewed along with the assistance of the staff team.

Each person had a support plan which had been developed with the person, a relative or others who knew them well. People's care records identified family and friends important to the person's emotional and psychological well-being. Relatives' views and opinions were sought where possible in developing the person's support plan. One relative said, "The staff keep me aware of any changes to [family member's] care and I am very satisfied with how [family member] is supported.

Staff told us that they received specific training to de-escalate stressful situations and reduce people's anxieties. We saw that where a person had become anxious the staff spent time reassuring them so that they could understand and assist them to deal with their anxiety in a sensitive and calm way. The staff spoke kindly of people who used the home. One member of staff said, "I love my job, and I try to give people the best care." Another member of staff said "It's really good to see people becoming independent and being more confident in being able to go out in the community and be involved in things."

Information was available for people in different formats, for example in a picture format. People had access to advocacy homes whenever they wished. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. One person had no close relatives and as such an independent mental health advocate (IMCA) was chosen to represent them.

There were regular meetings held with health care professionals to discuss people's progress and any additional support that they required. Daily records showed that people's needs were checked and records

made to show any events that had occurred during the person's day.

People told us staff respected their privacy and dignity. One person said, "Staff knock on my door." Another person told us how staff covered them up during personal care. Staff told us they took steps to protect people's privacy during personal care by ensuring the curtains and doors were closed. One member of staff said, "This is their [people's] home."

We observed staff knock on people's door before entering. We observed one person using a 'chill out tent' in their room whenever they wanted to relax. This meant that people's privacy, dignity and preferences were respected.

The registered manager told us there were no restrictions on people being able to see their family or friends. People told us their relatives could visit them whenever they wanted. One relative told us they felt welcome and that they could freely visit their family member whenever they wished.

Good

Is the service responsive?

Our findings

The home's staff recognised the individuality of each person and the level of support was personalised and tailored to meet each person's care needs. Staff demonstrated that they knew about people's preferences, their lives, their families and what they enjoyed doing. How? One person told us that, "I like to go out to during the week and staff help me with what I am planning to do."

Observations showed us that staff responded well to visual cues from people who did not communicate verbally. Staff recognised through people's body language and sounds what the person required by patiently and attentively responding to the person's requests. We also saw that staff gave people clear yet gentle instructions when explaining and helping people focus on a task such as arrangements to go shopping or preparing to put away food or laundry. Examples of care and support that people received included assistance and prompting with personal care, preparation of meals, assistance with medicines, morning and evening routines, household tasks and people's regular activities.

People's care records were written in a person-centred way and developed with the person and their relatives as much as possible. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. Information which showed their likes, dislikes, wishes, feelings and personal preferences had been considered when support was planned with them. People were supported in the way they preferred because staff had the necessary guidance in care plans to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person during the day including any activities or healthcare appointments.

Regular reviews of people's support plans and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs. We saw samples of reviews completed regarding the care and support that was being provided. Additional information was included in support plans such as increased support where the person's needs had changed such as following a hospital admission.

We saw an example of how a person was supported with some of their goals and aspirations to access the community. A member of staff gave an example where one person had improved their ability to visit local shops and amenities and was now far more confident which was a great step forward for the person. We saw that support plans gave guidelines for staff to assist the person to develop their skills and independence. One person told us they were being supported with cooking and cleaning which they enjoyed.

People told us about activities of interest they enjoyed doing. One person told us that they enjoyed visiting a local church, bowling and swimming. Each person received one-to-one support with individual activities, interests and hobbies at home and in the community. Examples included; swimming, pub trips, lunch in cafes, trips to local seaside towns and the countryside. Staff told us of other activities people took part in such as going to the park, going to the theatre and the cinema.

People also enjoyed spending time at home and watching films and participating in cookery sessions.

Relatives appreciated that their family members were supported to enjoy a range of activities and that they were able to go out regularly. People were also supported to go on holidays and day trips with assistance from staff.

People and their relatives confirmed they knew how to make a complaint. The complaints policy was accessible for everyone and provided guidance for people in a picture format. We looked at the complaints records which showed that complaints had been dealt with in a timely manner. One relative told us that any concerns they may have were always swiftly dealt with to their satisfaction. Staff were clear about how they would manage concerns or complaints. A social care professional told us people had not raised any concerns during their visits.

Good

Is the service well-led?

Our findings

People told us that they had regular contact with members of staff and the registered manager and knew who to speak with if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can always speak to the managers and staff about anything or any concerns I have." People were encouraged to make suggestions and comments during their 'house meetings'. Actions were taken in response to these, which included going on holiday and developing menus and organising trips and visiting local towns.

Records showed that the registered manager and staff ensured that checks of key areas were being made including; health and safety, medication and care and support issues. An accident and Incident process was in place and monitored by the registered manager as part of the home's on-going quality monitoring and any trends were identified to reduce the risk of the incident reoccurring.

The provider had a system to regularly assess and monitor the quality of the care and support that people received. We saw that an operational manager carried out audits in a range of areas including care planning, recruitment, staffing and training in conjunction with the registered manager and deputy manager. Medication audits had taken place and actions in response to any identified issues. Monthly care plan audits had also taken place and information about medication was up to date in people's care plans. This showed us that the audits were effective.

Relatives said that communication with the staff and the registered manager was good and that they felt involved in their family member's lives as much as they wanted to be. A relative told us the registered manager was often in touch with them to give an update on any changes to their family members care and support. One relative said, "I can always talk to [registered manager] whenever I want about the care and support." Two health care professionals we contacted were positive about the home and told us that they worked well with the staff who they felt were knowledgeable about people and their needs and they had seen positive improvements in people's abilities and increased independence.

The management team enabled and encouraged an open culture and communication with people who used the home, their family and external professionals. People were consulted about the running of the home and involved face to face discussions and in meetings. We saw that surveys were carried out, which confirmed people felt safe and relatives were happy with the care their family members were receiving. The home was waiting on the results on another survey that was being conducted.

Staff we spoke with, and the records we saw, confirmed regular staff meetings had taken place where important issues relating to care and support could be discussed such as MCA, DoLS and medication. Staff told us they felt they were able to raise concerns and would be listened to by the management team. One member of staff said, "Without a doubt the management team would listen to me." Another staff member said, "I can speak to the manager and they will always listen."

Staff understood the values and aims of the home and could explain how they incorporated these into their

daily work. One member of staff said, "It's really good to help people achieve their aspirations and goals." Another member of staff said, "We are here to provide care and support so that people have a good quality of life their confidence and independence."

People who used the home, relatives and professionals we spoke with made positive comments about the registered manager and deputy manager and described them as being approachable and proactive in their approach. Staff and people who lived at the home were seen to freely and confidently approach the management team to talk and ask questions. The senior carers led the shifts and were well organised and calm in their approach. There were good communication systems in place; this included daily verbal and written staff handover meetings and regular staff meetings. This was confirmed by staff we met and records that we saw.

The registered manager told us that they felt well supported in their role. They had regular meetings with their operational manager and were encouraged to develop their skills to provide effective leadership within the home. The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the home. The registered manager knew the process for submitting statutory notifications to the CQC.