

Jeesal Residential Care Services Limited

Heathers

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?	Good ●

Summary of findings

Overall summary

About the service: Heathers is a 'care home' providing residential care to people with learning disabilities, autism and mental health conditions. The service is registered to accommodate up to nine people, there were eight people living at the service at the time of the inspection. Each person lived in a self contained apartment with ensuite bathroom, kitchen and living area. People had access to communal outdoor space and an activity room.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. Details regarding conformity are detailed in the body of the report.

People's experience of using this service:

People living at Heathers participated in activities and were involved in the local community. Staff showed kindness and compassion. They placed value on their caring role and involvement in people's lives. People were offered a choice of meals and staff closely monitored people assessed to be at risk of poor food and fluid intake.

The service was working with people and their families to complete end of life care planning to ensure people received high standards of care and support. People were involved in the planning of their care at that stage of their life. The service had good working relationships with the local GP practice and learning disability healthcare professionals.

The service worked in partnership with people and encouraged feedback on the care provided. We received positive feedback from people about the staff and service received. Staff told us they enjoyed working at Heathers and spoke highly of the support and encouragement provided by the registered manager. People had their care and support needs met by sufficient numbers of suitably trained staff, with use of regular agency staff or members of the management team to meet staffing shortfalls as required. The care environment was clean and comfortable throughout, with risk management plans in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good governance arrangements in place, and completed internal quality checks and audits. Findings from these were regularly reviewed by the registered manager and provider. The management team continued to drive improvement within the service to ensure people received consistent standards of care and support.

Rating at last inspection: Heathers was previously inspected 18 October 2018, rated as Requires Improvement overall, with Inadequate in well-led. The report was published 05 December 2018.

The service was in breach of regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Registration Regulations 2009. There were conditions that remained in place on the service's registration, and the service sent us monthly improvement plans on how those conditions were being met. Improvement plans were reviewed as part of this inspection.

Why we inspected: Services placed in special measures are inspected within six months of the publication date of the report to determine if sufficient levels of improvement have been made.

Enforcement: At the last inspection, we identified four breaches of regulation, and continued to take enforcement action.

At this inspection, we identified significant levels of improvement, with no breaches of regulation identified. The service was meeting the conditions placed on their registration and therefore no longer placed in special measures.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Heathers

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Consisted of two inspectors.

Service and service type:

Heathers is a care home that provides care and support to people with learning disabilities, autism and mental healthcare needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection visit completed 01 May 2019.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders.

During the inspection: We spoke with two people who used the service. We observed care and support provided in communal areas. We spoke with the registered manager, a team leader, and two members of care staff. We looked at two people's care and support records in detail and six people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person gave us a "thumbs up", when asked if they liked living at Heathers, and felt safe.
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.
- The service had made improvements to their record keeping, and kept a log of safeguarding notifications submitted to the local authority and to CQC, with evidence of guidance and advice being followed where applicable.

Assessing risk, safety monitoring and management

- From reviewing people's care and support needs with the registered manager, we identified that one person was experiencing a notable change in their behavioural presentation. There had been recent episodes of aggression which placed themselves, staff and other people living at the service, at risk. We asked for the registered manager to liaise with healthcare professionals to source support and guidance to develop and refine risk management plans in place for this person. The registered manager agreed to action this request after the inspection, and was due to provide a written report for an imminent healthcare review meeting.
- Detailed Personal Emergency Evacuation Plans (PEEPS) and fire risk assessments were in place for each person.
- Environmental risk assessments were in place, with regular checks of people's living environments and paperwork for medicines management and health and safety. Improvements had been made to the environment, ensuring exposed hot pipes and radiators were now covered.
- Care records contained detailed assessments and risk management plans for areas of care including changes in people's behaviour, mental health presentation, malnutrition and falls. For people living with long term conditions such as epilepsy, their care plans gave staff clear guidance on what to monitor and what action needed to be taken. We saw that post seizure monitoring paperwork was consistently being completed.
- Risk items such as cleaning products were stored securely. Staff were clear of the process to follow when taking the cleaning products into communal areas to ensure all items were accounted for. Some people were risk assessed to be safe to use cleaning products with supervision from staff, to encourage independence with managing the condition of their apartments.
- Equipment for fire safety and water quality were regularly tested to ensure that they worked correctly. Where concerns were identified, the service clearly documented the action taken and the timescale for this.
- Some kitchens were kept locked when not in use, others were accessible to people at any time. Risk items were kept locked away when not in use. However, we noted that some electrical hobs remained hot for a period of time after use, and people could place their hands on the hot surface. The management team

confirmed they would review the risk management plans in place, and longer term, were planning for certain kitchens to be replaced.

Staffing and recruitment

- Staff records contained character references, qualification reviews (where applicable), and details of their induction programme. Disclosure and Barring Service (DBS) checks were in place. DBS can advise employers if an applicant is unsuitable for a role in care based on any previous convictions.
- There were sufficient staff on shift to meet people's needs during the inspection. The service had assessed staffing levels for each shift, which was linked to funded levels of support e.g. daily hours of one to one oversight by staff. They now recorded one to one and two to one support hours on their electronic recording system, giving the management team greater oversight to ensure these support needs were being met.
- Staffing rotas were being completed a month in advance to ensure staff knew when they were working, and to enable the team to plan activities and identify shortfalls in advance, and implement management plans accordingly.
- The service was using agency staff, but trying to ensure the same staff came to the service for consistency and familiarity with people and the environment. The management team provided hands on care and support when needed to cover shortfalls, particularly where female staff were required for completion of personal care tasks. The service had an ongoing recruitment programme in place.
- Performance management plans were actioned appropriately for the safety of people.

Using medicines safely

- There were systems in place for ordering and administering medicines, including medicines that required specific storage and recording. Medicines were monitored regularly to ensure they had been administered appropriately. Staff were trained and deemed competent before they administered medicines. Medicines were stored securely and appropriate records were kept. Staff were aware of the process to follow in the event of a medicine error.
- Protocols for as required (PRN) medicines were personalised and provided staff with points for consideration, such as changes in people's presentation and changes in body language before using PRN.
- There had been some recent medicine errors. These had been identified in a timely way due to the auditing mechanisms now in place, reported to the necessary agencies and medical advice had been sourced. No injuries to people had been sustained as a result of these errors, and we were assured that the registered manager had good oversight of such incidents.
- One person was receiving medicines mixed in their food or drinks (covertly). The decision to implement use of covert medicines had been made in consultation with the GP and pharmacy, with paperwork in place to support this decision in their care record. The service had worked closely with healthcare professionals in the learning disabilities team to tailor the support and use of covert medicines for this person.

Preventing and controlling infection

- The standards of cleanliness were good throughout the service, with no malodours identified. People were encouraged to keep their apartments clean with support from staff. The service completed regular infection prevention and control audits, and any areas of improvement had clear timescales attached.
- Regular audits of the environment were in place including spot checks of people's apartments. The service had an ongoing refurbishment plan in place. Works that were in progress during the last inspection were now completed, and having a positive impact on people's overall quality of life.
- The care staff on shift were responsible for completing cooking, cleaning and laundry tasks during the day and overnight. They had appropriate equipment, cleaning schedules were in place and staff had training around the safe use of chemicals.
- We did identify some kitchen work surfaces with chips in them, and a rusted section of a bath which would impact on ease of keeping these surfaces clean. The registered manager provided assurances these would

be addressed straight after the inspection visit.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable. From reviewing these records, we identified that it would be beneficial to now start to complete thematic reviews, to monitor for patterns and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records were written in a person-centred way, detailing people's preferences, likes and dislikes. Care records contained detailed hospital passports and personal profiles. These were completed with each person and their families (where appropriate) to source people's life histories, hobbies and interests. These were reviewed and added to on a regular basis. The registered manager had introduced care plan reviews with families and sourced feedback on care provided or any areas of improvement.
- The service had an embargo on placements put in place by the local authority, however they would complete preadmission assessments with people before anyone new moved in. The registered manager discussed plans they were implementing to support a person due to move to an alternative placement to aid their transition.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff demonstrated a clear understanding of the MCA, and what it means to make decisions in a person's best interests. Staff had received training in MCA and DoLS and we observed examples of how they implemented this into their practice.
- The service had one person with an authorised DoLS in place, other applications had been submitted to the local authority and were awaiting authorisation.
- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision making process around their care. Staff worked with people to minimise restrictions and use alternative methods of communication to aid understanding.
- Staff consulted with healthcare professionals when making best interests decisions.

Staff support: induction, training, skills and experience

- The service held a training matrix listing completion of courses and dates for when refresher courses were due. Staff demonstrated implementation of training into their practice.

- The service had an induction process in place, with staff shadowing shifts with an experienced member of staff. We received positive feedback on the support put in place for new members of staff.
- The management team held regular staff meetings and incorporated discussions around policies and procedures, incidents and areas of improvement for example identified through their quality auditing processes.
- Staff received regular supervision and had received performance based appraisals. Staff had the opportunity to set personal development goals and were encouraged by the registered manager to gain new skills and experiences.

Supporting people to eat and drink enough to maintain a balanced diet;

- The service recognised the importance of people having a healthy and varied diet in relation to the maintenance of good health and wellbeing. Each person had a weekly meal plan, and this was used to assist staff and people when going shopping.
- The registered manager was introducing fruit and vegetable bags, to encourage people to consume the recommended daily amounts, to introduce more variety into people's diets and to enable them to try new things such as dried fruit.
- Staff completed food and fluid charts over each 24-hour period where people were assessed to be at risk of poor intake. The completion of these were checked as part of the service's auditing processes. People's weight was regularly checked, and measured against a monitoring tool to identify risks and changes. All weights were now recorded in one folder, clearly indicating those on weekly or monthly checks.
- One person told us they had enjoyed their lunch, telling us they had eaten a, "Ham and cheese sandwich. It was nice."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a good working relationship with the local GP practice and learning disability healthcare professionals. Staff told us they felt confident to contact healthcare professionals for advice as required and told us this prevented delays in sourcing specialist support.
- Care records contained details of visits to the dentist, chiropody and hospital appointments. Clear plans were in place, with staffing levels arranged in advance where people were attending hospital for procedures.
- Care records contained details oral hygiene plans, with guidance for staff to follow if a person did not like cleaning their teeth, or needed specific support linked to the condition of their teeth.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the condition and accessibility of the service.
- Bathrooms, toilets and communal areas had signage to assist people with familiarising themselves within the environment. Each person's apartment had its own number.
- Improvements had been made to the garden so that people had flowers they could see from their apartment windows. One person was growing vegetable plants and involved with keeping them watered. Another person had a three seated swing which we observed them using with two members of staff. We could hear them singing and laughing while using the swing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff treated them kindness. When asked if staff were nice, and kind one person gave a double "thumbs up" in response.
- Staff recognised and placed value on the things that were important to each person, including protected characteristics such as relationships with their families, hobbies and interests. For example, one person's apartment had music themed wall art and wall paper. They told us which music they enjoyed listening to. One person was supported each year to purchase a plant to commemorate a family member who had died. The registered manager had supported people to send Mother's day plants, and gifts at Easter and for family birthdays.
- When people came to the office door and windows, staff responded immediately to their requests, provided reassurance and nothing was too much trouble.
- We observed staff to knock before entering rooms, and explain to people what they were going to do before and during the completion of tasks. Where people became distressed, staff were quick to offer reassurance and support. We observed a person sit down on the floor outside, staff knelt down to ensure they were speaking with the person at eye level. With encouragement, the person stood up and returned to their property with ongoing support from staff.
- We observed staff treating people with compassion and affection, and taking the time to have meaningful conversations. There was a lot of laughter and fun banter between people and staff which made the atmosphere relaxed and put people at ease. The inspection team were made to feel welcome during the visit.
- We saw examples of people being encouraged to make contributions to activities, and discussions during resident meetings.

Supporting people to express their views and be involved in making decisions about their care

- The service had a running programme of meetings for people living in the home. Agenda items were discussed, and people were given the opportunity to give feedback and suggestions for ways to improve the service.
- Information on the service's complaints processes were accessible in written and pictorial formats.
- We found the management team to be very responsive to feedback. They demonstrated a desire to drive improvement for the benefit of people and the overall care experience.
- Staff cooked a monthly, themed, communal meal. The next meal was due to have Italian food. Staff told us that people chose the music to be played while they ate together. If people did not feel able to eat with other people, they had the same food, but ate in their apartments to ensure they did not miss out on the activity.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and personal choice. Apartments were personalised, with people having objects and items of personal importance on display.
- We observed staff encouraging people to dress smartly and maintain good standards of personal hygiene, particularly if accessing the local community or attending appointments.
- People were empowered to be as independent as possible and placed at the centre of the care provided. For example, care plans detailed the personal care tasks people could complete independently or with encouragement, to prevent staff taking away people's independence. Care records contained details of how to support people that found it difficult to cope with meeting new staff.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or experiencing changes in their mental health presentation. The guidance emphasised the need to support people to maintain their independence and level of involvement in decision making.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans contained information about personal preferences and choices, including areas of strength, hobbies and interests, with weekly activity timetables.
- There were one to one sessions on site and staff encouraged people to access the community. Some people attended day services, swimming or music sessions. Some people had visits to their families or met with their families to have meals out. The registered manager was encouraging families to eat at Heathers as another way of people spending meaningful time with families in their home.
- On the day of the inspection, people were involved in making cards and decorating paper plates. One person gave a thank you card they had made to the registered manager. This was to say thank you for the monthly communal meals.
- Where people experienced changes in their level of understanding, care records contained clear guidance for staff on how to engage and communicate with the person to ensure they continued to be involved in the care and support provided.
- Staff gave us examples of ways they encouraged people to go out where they lacked confidence, for example working with local shops to enable people to visit, choose items for their apartment, and be involved in the payment transactions.

End of life care and support

- There was no one receiving end of live care at the time of the inspection.
- The registered manager had written to people's families to encourage discussions around end of life care planning. This was to establish wishes and preferences and these could be incorporated into people's plans. Not all families felt comfortable or able to discuss this topic, but the registered manager was continuing to encourage discussions at a pace comfortable for people and families to cope with.
- Where people had experienced bereavement in their life, staff supported them to commemorate dates and life events. Details were included in people's care records so staff were aware of times of the year people may need additional emotional support.

Improving care quality in response to complaints or concerns

- Between November 2018 and March 2019 there had been no complaints received by the service. Complaints information was available for people in communal areas.
- We saw examples of thank you cards, and gifts given to the management team by families and people living at the service recognising work or positive outcomes from events.
- People were actively encouraged to give feedback and raise concerns as required. The registered manager was based in the main staff office, and we observed people to feel comfortable to come to the office, to speak with them throughout our visit.
- Complaints leaflets were available for people, with information written in pictorial formats. People were

encouraged to make complaints and raise concerns during one to one time with staff, and during resident meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a rolling quality audit programme. This included infection, prevention and control, environmental checks and medicines. The outcomes from the audits completed were shared with the provider, and the provider completed their own audits and site visits.
- Staff completed regular checks of the condition of water safety, but this was due to change to being completed by an external company.
- There was a registered manager in post, who worked closely with the care team. They were well respected and had a lot of valuable experience. Since the last inspection, the management team had grown in confidence and skills and were more familiar with people's support needs.
- The registered manager completed regular site walk arounds, talking with people and monitoring the condition of the environment and completing spot checks to ensure that the quality and standards of person-centred care were maintained during the day and overnight.
- Staff recognised their own accountability, and who to escalate any concerns to. We observed that the senior staff held leadership roles, allocation of tasks and the running of each shift.
- There was clear oversight of staff performance and competency, and where concerns were identified, we could see that competency checks and further training had been put in place. We also reviewed disciplinary action taken by the registered manager in consultation with their HR department.
- Morale within the service was observed to be good. Staff gave positive feedback about working within the team, and the support and encouragement provided by the management team.
- Staff and the management team were clear that if they made a mistake or got something wrong that they needed to learn from this and implement change in line with the provider's values and the service's duty of candour policies.
- The service kept a log of accidents, incidents, safeguarding referrals and CQC notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People could provide feedback on the running of the service through resident meetings and the complaints process in place.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend the meeting, the minutes were shared to ensure everyone had access to the information discussed. Staff told us they felt listened to by the management team and encouraged to make

suggestions about ways of improving the service.

- The service had made improved links with other services within the wider organisation. The registered manager told us they felt better supported, and used meetings with other managers as an opportunity for networking, learning and sourcing useful information from other services.
- Where issues arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively tried to get families on board to work collaboratively to support people to be able to maintain living safely at the service.