

Fulfilled Living Limited

Jabulani

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 21 December 2017 and 4 January 2018. The inspection was unannounced on the first day. The inspection was prompted in part by notification of an incident following which a person who used the service was injured. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

Jubalani is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Jubalani accommodates up to 11 people in one building. On the day of our inspection 10 people were using the service, one person was in hospital.

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.

At the last inspection in April 2015, we rated the service 'Good'. The service remains 'Good'.

The service is required to have a registered manager and one was in post. 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 service had a registered manager.

During this inspection we found the service was mostly safe during the day. However, medicines were not always stored effectively and the number of staff working at night left people at risk.

People were protected from risks associated with their care and support. Action had been taken to protect people from the behaviour of others living at the home, this included increasing the staffing levels. Systems to review and learn from accidents and incidents were in place. The manager worked closely with mental health professionals and social care professionals and risk assessments were on going. Staff were trained in systems to keep people safe and prevent them from harming themselves and others.

Staff understood infection control and there were systems in place to keep people safe and the home clean and fresh.

Where people lacked capacity to make choices and decisions, their rights under the Mental Capacity Act (2005) were respected. DoLS were used legally and effectively to protect people who did not have the mental capacity to consent to their care.

Staff felt supported and received sufficient training to enable them to effectively meet people's individual needs. People's mental and physical health was promoted and they were supported to attend health care

appointments. People were supported to have enough to eat and drink.

People received person centred support which met their needs. Staff had an understanding of how to support people with mental health needs and all staff had read and understood people's care plans. Policies and practices were person centred. Staff respected people's privacy and their dignity was promoted.

People had care plans that provided an accurate and up to date description of their needs. People's independence was promoted in a proactive manner, and some people were being assisted to move to more independent living.

People knew how raise issues and concerns. People had opportunities to partake in social activities in the community during the day. This was curtailed at night due to the timings of staffing rotas and shift changes.

The service was well led. The systems in place to monitor and improve the quality and safety of the service were effective. These included systems to record, analyse and investigate incidents which posed a risk to the health and wellbeing of people who used the service. Staff on duty when an incident happened, had a meeting to look at the events and lessons to be learned and actions to put in place to mitigate risk. Swift action was taken in response to known issues. Staff felt supported and were able to express their views in relation to how the service was run. People's human rights were respected and people were supported to explore their sexuality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service had deteriorated to Requires Improvement.

People's welfare was not always promoted as there was not enough staff on duty at night to keep people safe. Medicines were not always stored according to guidelines.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jabulani

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, to look at concerns we received about the service and to provide.

We inspected the service on 21 December 2017 and 4 January 2018. The first day of the inspection was unannounced. The inspection team consisted of one inspector on the 21 December and one inspector and an expert by experience in the care of people with a learning disability on 4 January 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, such as, such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with three people who lived at the service. We also spoke with three members of care staff, the registered manager and the provider. We also spoke with a visiting mental health care professional.

To help us assess how people's care needs were being met we reviewed all or part of three people's care records and other information, for example their risk assessments. We also looked the medicines records of two people, three staff recruitment files, training records and a range of records relating to the running of the service, for example, audits and complaints. We carried out general observations of care and support looked at the interactions between staff and people who used the service.

Is the service safe?

Our findings

People and their representatives told us that they were kept safe. One person said, "Yes I feel safe here and I am happy here most of the time. I don't get on with some of the others but staff help me to keep away from them." A relative said, "Yes it's the best place in the area."

There were two staff on duty at night. This was not enough to ensure the safety and welfare of people. This meant that if a person needed two staff to assist them, the remaining people would be at risk of poor care or at risk of having to wait for their needs to be met. We fed this back to the provider who said they would address this issue.

Also at the time of the inspection two people who were reliant of wheelchairs for their mobility had their bedrooms upstairs. This was a risk should there be a fire where the lift could not be used. The manager was aware of this and had taken advice from the fire department. This risk was also increased at night due to the reduced staffing levels. The provider assured us they would review this.

People's medicines were generally safely managed. Most of the people we spoke with said they were taking regular medicines. Few people were able to tell us precisely what medicines they were taking, however some people were able to ask for their medicines that were prescribed as required.

We saw staff administer medicines with care and gentle persuasion when needed. We saw staff explained which medicines people were offered. This showed staff were aware of people needs and habits.

Staff responsible for medicines administration had completed training in safe handling and administration. Staff also told us they had been observed giving people their medicines by a member of the management team, to ensure they followed best practice guidance. We observed staff giving people their medicines safely and in a way that met with recognised practice.

Records showed medicines subject to special controls were managed in accordance with good practice recommendations. Checks on a sample of medicines held in stock were found to correspond with the records held for them. However, some medicines were not stored in line with regulations. We were told this would be addresses as soon as possible. Other records showed the temperature for the safe storage of refrigerated medicines was met. This showed medicines management was taken seriously and staff ensured people received their medicines safely and as prescribed.

People were kept safe from the risk of abuse. Staff knew how to recognise and act on signs of or allegations of abuse. They were aware of the process of reporting safeguarding should they need to. All staff spoken with said they would go to the manager should they have any concerns. However, they knew who to approach in the unlikely event of the manager or provider ignoring them. The service had a whistleblowing policy in place and staff were aware of this and told us they would use it should they ever need to.

There were systems in place to record, review and investigate events relating to safety and safeguarding

incidents. This meant action had been taken to ensure people were protected from the risk of abuse or improper treatment. This included a meeting of staff who were on duty if an event happened where staff had to use physical intervention to keep people safe from harming themselves or others. These interventions were recorded and reviewed and an action plan put in place or professional intervention requested. A visiting mental health care professional confirmed they were consulted about people's behaviours appropriately and in a timely manner. They also said any directions they left for staff to follow were acted on. Staff were offered support and if necessary further training or refresher training in keeping people safe.

Adequate steps had been taken to ensure people were protected from staff that may not be fit and safe to support them, as a safe recruitment processes was in place. Each of the three staff files we viewed had the necessary information on the staffs identity, work history and security checks.

The home was clean and fresh and there were systems in place to ensure infection control systems were followed. Staff had access to protective clothing and this was used appropriately. The service had successfully contained a very infectious outbreak of diarrhoea and vomiting.

Soiled clothing was cleaned effectively and safely and within infection control guidelines, this ensured staff and people were protected from the risk of cross contamination. Hot water was delivered from the taps within the required safe temperature. This had been a problem in the past, but has now been rectified.

Is the service effective?

Our findings

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing this included protected characteristics under the Equality Act. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met. This helped to ensure people did not experience any discrimination. For example, staff were aware of people's sexuality and ensured this was respected in the delivery of care and how they person were supported to live.

Staff were trained to meet people's diverse needs. The registered manager told us that staff received a week's induction training this included training in key areas appropriate to the needs of people. In addition to this staff were given the opportunity to shadow a more experienced member of staff, depending on their level of experience and competence, until they and the registered manager felt they were competent on delivering care and supporting people with complex needs.

As part of induction training staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Suitable arrangements were in place to ensure that staff received effective updated training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date. Additional training included managing behaviours and keeping people safe and staff safe. This was confirmed by staff as accurate by the staff we spoke with.

Staff told us they felt supported. Supervisions had been completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development.

People told us they were happy with the meals provided. One person's relative told us, "The food is fine." Another person told us, "I like the food." People received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their needs. However, more care could be taken at mealtime to make it a more pleasurable and communal experience rather than a basic and task led experience.

None of the people had cultural dietary needs. The registered manager and provider did not consider people's diversity an issue and said they had systems in place to recognise and meet any needs or wishes should the need arise.

Staff worked well with other organisations to ensure that they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other

organisations to ensure the person received effective up to date person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies. The services consulted with community health care provisions such as learning disability professionals and used The National Institute for Health and Care Excellence, (NICE) guidelines and recommendations to keep up to date with new developments in care.

People told us their healthcare needs were well managed. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. This was confirmed by a visiting health care professional. Each person had a healthcare 'grab sheet', including a communication profile and hospital passport. The latter provides hospital staff with important information about the person.

People using the service lived in a safe, well maintained environment. People's diverse needs were respected and their bedrooms were personalised to reflect their own interests and preferences. This included people's bedrooms decorated in a colour of their choice and with their personal possessions around them. People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.

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 the 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge and understanding of MCA DoLS. Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

People's human rights were understood and respected. People's sexuality was understood and people were assisted to dress in a manner that supported their sexuality. The service was for mainly young people who may not yet be comfortable in their sexuality. Staff were aware of the need to assist people to explore their sexuality and their sexual wishes.

Is the service caring?

Our findings

People and those acting on their behalf told us they and their member of family were treated with care and kindness by staff. One person told us, "The staff are fine. They look after me." Another person told us, "I like the staff, they are very nice." Relatives confirmed that they were very happy with the care and support their member of family received at Jubalani. One relative told us, "I am more than happy with the care and support here for [name of person using the service]. The staff really know [name of person using the service] needs very well. We have used other services so I know what I'm talking about."

Our observations showed that people received good person-centred care. People and their relatives valued their relationships with the staff and spoke highly of individual staff members. We saw people had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them. We saw the registered manager and staff react with kindness and care when people popped into the office or unknowingly interrupted a staff meeting.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. Some staff used Makaton and the registered manager had plans to extend this form of communications by providing training for staff and where possible people. Makaton is a way of communicating using signs and language.

People and their relatives had been given the opportunity to provide feedback about the service through regular annual reviews and care planning updates. This is a small service and people's relatives told us they could talk to the registered manager or the provider at any time. We saw this throughout the inspection visits.

Information about local advocacy services was held within the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager was able to provide examples of how they had worked effectively with local advocacy services to ensure people were supported to understand and be involved in making decisions about their care and support.

People and their relatives told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths.

People's independence was promoted and the manager had recognised that some people who lived at Jubalani would benefit from living in a more independent manner in the community. With their agreement

they were being prepared for more independent way of life in the local community. One person told us they were really looking forward to having their own place.

Is the service responsive?

Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. Recommendations and referrals to the service were made through the local authority. An initial assessment was completed by the local authority and together with the registered provider's assessment, this was used to inform the person's care plan.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to the person and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed. For example if a person's physical or mental health deteriorated or improved the care plan was updated. We saw where people's physical health improved they were offered opportunities to have a better social life. This included outings to places such as the 'Harry Potter' museum in London.

People were able to maintain relationships that mattered to them. This included family members and friends. One relative told us they saw their family member every week and spent the day with them. This was confirmed by the person using the service and on the day of inspection they were observed to be picked up to go to visit a family member. People living at the service and their relatives confirmed that restrictions on visitors and visiting times were not imposed.

Staff used a variety of ways to communicate with people. For example, Makaton was used by some staff and where appropriate, pictures were used to assist people's understanding. By doing this the service met the Accessible Information Standard. Each person had a weekly activity planner detailing activities to be undertaken in line with their personal preferences and preferred routines, such as to attend access the community for personal shopping and to participate in local activities such as swimming or a visit to a coffee shop. However, activities in the evening were curtailed and had to fit in with staffs' rotas. The night shift started at eight pm. There were some organised activities that involved extra staff, however routine activities were restricted. The registered manager and the provider said they would review this.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. This was provided in an appropriate format, for example, pictorial and 'easy read'.

Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. People told us they would either speak to a family member or staff if they had any worries or concerns. Relatives told us they were confident that any complaints raised would be listened to, taken seriously and acted upon by the registered provider.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Relatives told us that in their opinion the service was well-led and the service well managed.

Staff were complimentary about the registered manager and told us they liked working at Jubalani. People and staff and our evidence showed the registered manager knew the people and ensured they were well cared for and were at the centre of the service. Staff had good relationship with people and their relatives. We saw that people using the service, relatives and staff were very comfortable with the registered manager and spoke freely with them throughout our visit.

The registered manager and staff were able to demonstrate a good understanding of the registered provider's vision and values. The provider visited the service on a regular basis and it was clear they knew all the people and their relatives. They listened to our feedback particularly in relation to the staffing levels at night. They resolved to address this.

The registered manager told us that information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals, data was gathered and analysed to help identify and manage risks to the quality of the service and to help drive improvement.

In addition, an internal review by a representative (area manager) of the organisation was completed each month and this involved a review of the service in line with the Care Quality Commission's fundamental standards. The registered manager confirmed they kept up to date on best practice by liaising with health care professionals and they kept up to date with NICE guidelines by liaising with specialist advisors.

When asked if they would recommend the service to others, relatives confirmed they would not hesitate. Staffs' comments were also positive. Staff confirmed there were meetings whereby they could express their views and opinions. Records of these were available and included the topics discussed and the actions to be taken. People using the service were allocated a member of staff as a 'key-worker' and individual 'key-worker' meetings were held to discuss anything they wished to talk about and to ensure there was 'open' communication.