Job's Close Residential Home For The Elderly

Job's Close Residential Home for the Elderly Limited

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

This inspection took place on 19 October 2015 and was unannounced.

Job's close provides care and accommodation for up to 35 older people. There were 34 people living at the home at the time of our inspection.

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.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible, access the community and maintain their independence.

People were involved in decisions about their care and told us that they received support in the ways they preferred. People told us that staff encouraged them to remain as independent as possible and that they were supported to pursue their hobbies and interests. People were supported to maintain relationships with people important to them and visitors were welcomed at the home.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed, however improvements were needed to ensure that medicines and creams administered were accurately recorded.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people and staff, surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits. Arrangements were in place so that actions were taken following concerns raised, for the benefit of people who lived at the home.

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 was not consistently safe.

Staff were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed, however accurate records of medicines and creams administered were not always kept.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs. Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good

The service was caring.

People were supported by care workers who most people considered were kind and caring. Care workers mostly ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from care workers that understood their individual needs. Visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to pursue their hobbies and interests. People were given opportunities to share their views about the care and

support they received and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

Good

The service was well-led

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of service provided. Staff felt supported and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

Job's Close Residential Home for the Elderly Limited

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 19 October 2015 and was unannounced.

The inspection was undertaken by an inspection manager, an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with eight people who lived at the home, three relatives, a health professional, the registered manager and five staff members. We observed the care and support people received.

We reviewed three people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "Yes staff are great, very safe, I have been here 14 years, no concerns at all." Another person said, "Oh yes absolutely, I feel safe here." Visitors told us "People here are all very pleasant. [Relative] is very happy here and says she feels safe." A visiting professional told us, "What I see of it, it seems good here. I have no concerns. No-one has ever shared concerns with me about their safety."

Potential risks to people who lived at the home had been identified and steps taken to minimise them. For example, one person had been identified as being at risk of falls. To minimise the risk of this person falling, a pressure mat was placed by the person's bed so when the person put their feet on it staff were aware they had got out of bed. They also wore a 'call buzzer' to alert staff if they required assistance and should they experience a fall.

Staff had a good understanding of the risks associated with people's care. A staff member told us, "Half hour checks are in place for people who are at high risk." We saw these were undertaken. A staff member told us that other people who had not been assessed as being at risk were asked whether they wanted to be checked each hour throughout the night or not. Assessments of other risks related to people's care had been undertaken. For example, the risks related to nutrition,skin damage and moving and handling. A staff member told us, "I know people really well, for example one person can tend to choke. I know to chop up their food." We saw that these were regularly reviewed to ensure that they reflected people's current care and support needs. Where, for example a person had been identified as being at risk of skin damage, equipment was provided such as pressure relieving cushions and mattresses to reduce the risk of skin damage.

Accidents and incidents had been recorded and analysed to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team. Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again. For example, the registered manager told us that she had made referrals to the community 'Falls team'.

Staff understood the importance of safeguarding people and their responsibilities to report this. Staff we spoke with had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised . A staff member told us, "I would go straight to the manager."

People told us, and we observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. We asked staff whether there were enough of them to meet people's needs. A staff member told us, " Staffing levels are fine, there are enough staff to take people out. We have time to talk to people." And "There has been low staff levels lately, things have improved now." Another staff member said "Yes generally enough staff." However went on to say "If people

have an appointment often the activity person will take them, this means activities can suffer." We asked the registered manager how they ensured that there were sufficient numbers of staff available. They told us that they were confident there were enough staff to meet the care and support needs of the people who currently lived at the home. This was based on people's care dependency levels. They explained a number of staff members had worked at the home for a long time and that 'staff turnover' was low. This ensured continuity of care for the people who lived there. On-going staff recruitment was in place with a prospective care worker to commence employment shortly. They told us that no further admissions would be made until this person started working at the home.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who lived at the home. A recently recruited care worker confirmed they had to wait for their police checks and references to be completed before they could start working at the service. They told us, "I had to wait for my references and DBS [police check] clearance before I started work here."

We looked at how people's medicines were managed. People told us that, overall they were happy with how they received this. One person raised a concern with us that staff often brought them their medicines during their lunch time meal. They told us this interrupted their meal and they would prefer medicines administered at a slightly different time. We discussed this with the registered manager who told us they would speak with the person and resolve this issue on their behalf. A number of people chose to self administer their own medicines. We saw staff had assessed people's capability, to ensure they were safe to take their own medicines. Weekly checks of medicines held by people were undertaken in order to assess whether they continued to be safe to self administer. People were provided with a lockable storage facility for their medicines in order to keep them safe.

Creams prescribed for people were within their bedrooms so that care workers had access to these. However, we noted that these had not always been signed for following administration, which meant that we could not be sure that creams were applied as prescribed. We discussed this with the registered manager who acknowledged that action was needed so that an accurate record of creams administered was kept.

A number of people were prescribed medicines 'as required' (PRN). Individual medicine plans were written in relation to each of these so that staff had guidance to follow about when to administer the medicine and the amount to give. In most instances the actual amount of medicine admininstered each time had been recorded. This meant, for example staff were able to monitor whether pain relief prescribed for a person was effective.

Overall, medication administration records (MAR) were well maintained. However we noted that one person's MAR chart reflected that one of their medcines had not been administered for 16 days. We discussed this with the registered manager who immediately looked into this. She confirmed that the person had received this medicine however staff had not signed for this. The registered manager told us that she would address this straight away.

Whilst we saw some errors in the recording of medicines, we were satisfied that staff continued to manage people's medicines safely. Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage people's medicines safely.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment we saw that all checks were up to date and no issues had been identified.

Good

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. A person told us "They appear to be trained, yes I am sure they are trained."

Care workers at the home, completed an induction when they first started to work, that prepared them for their role before they worked unsupervised. A care worker who had most recently started working at the home told us, "In my first week I shadowed staff then I started doing a few things on my own. The manager discussed people's needs with me and then I read people's care plans. Staff have always been helpful, there's good team work." New care workers told us the registered manager supported them and helped them understand their roles and responsibilities. Staff were given a handbook containing key policies so they worked consistently and in line with the provider's procedures. The registered manager told us that they checked staff's ongoing knowledge of these during staff supervison sessions and staff team meetings. The registered manager told us that new staff would undertake induction training in line with the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff received on-going training the provider considered essential to meet people's care and support needs. We saw that staff had put their training into practice. For example, in relation to moving and handling training, were saw that staff supported people to move in a safe and encouraging way. The registered manager regularly checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged.

Staff told us they felt supported with regular one to one meetings with their line manager. One care worker told us, " I feel supported, the staff mother me." Another staff member said, "I have supervisions once a month. I enjoy working at the home, lovely atmosphere." Staff received individual supervision each month, and had regular team meetings with agendas they contributed to. We looked at staff meeting notes. We saw the meeting agenda focused both on staff issues, and how best the staff could support people who lived at the home. This gave staff the opportunity to discuss and put forward their suggestions about the service provided to people who lived at the home.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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.

The registered manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. We saw that mental capacity assessments had been undertaken as required and these were decision specific to

determine whether people could make informed decisions about various aspects of their lives. Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with or should be made on their behalf in their 'best interest'.

Care workers had an understanding of the principles of the Act and how this affected their practice. A staff member told us "Everyone has capacity until proven otherwise." Care workers understood the importance of obtaining people's consent to their care and support. A staff member told us that they would always ask people for their consent prior to undertaking care tasks. They told us they would say, for example, "Do you want me to wash your face?", before providing personal care. Another staff member said "I always ask people, it's their choice."
Discussions with the staff team provided us with many examples where people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time, where they preferred their meals to be served and the times they chose to get up in the morning and go to bed at night.

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). No one living at the home had a deprivation of liberty safeguard (DoLS) authorised, however the registered manager was aware of when this may be applicable for people.

We checked whether people received enough to eat and drink in order to meet their nutrition and hydration needs. People had a choice of meals, and alternatives to the main meal options were offered. The menu choices of the day were displayed on the notice board for people to see and people were actively involved in menu planning. Staff had a good understanding of people's specific dietary needs and we saw that they supported the small number of people who required additional encouragement during meal times, at their own pace. Adapted crockery and cutlery was provided as required so that people could eat their meals independently.

We spoke with the cook who told us she was provided with information about people's individual dietary needs and preferences. We saw that people were weighed regularly and where people had been assessed as requiring extra calories, fortified food was provided and regular snacks were given.

Appropriate and timely referrals had been made to health professionals, for example when people were unwell or when staff had identified that people were losing weight. From care records we saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, district nurses and community dieticians.

Good

Is the service caring?

Our findings

Most people and relatives we spoke with were positive about the staff and told us they were caring. People told us, "They are always willing to do anything for you. One of our residents is 102 years old, they look after her so well. Very patient endless patience," and "Very patient, yes full marks." A relative told us "She is very well looked after here. I wouldn't mind coming in here." A staff member described the atmosphere within the home as "It's like a family home."

We observed good communication between people who lived at the home and the staff team. It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. We overheard friendly banter between people and saw staff spending time talking with people about topics of interest to them. However, one person told us that a staff member was not always kind. We reported this to the registered manager who assured us that she would look into this.

People we spoke with confirmed they were involved in making decisions about their care and had been involved in planning their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. People told us, "I am very independent I don't need help but I have witnessed others having their care needs met well," and "I look after myself but they would help me if I asked them to."

People were encouraged to maintain relationships important to them. A relative told us, "There are no restrictions on when we can visit. I feel at ease coming into the home to see [person who lives at the home], it is very relaxed here." A number of people chose to go out on their own or with family and friends and staff fully respected this.

People told us their dignity and privacy was respected by staff. We saw that overall, this was the case, staff greeted people by their preferred names and personal care was provided in private areas of the home. However, we overheard a care worker within one of the communal lounges, in the presence of others asking a person if they wanted to use the toilet, this would not uphold this person's privacy and dignity. We discussed this with the registered manager who told us the person had poor hearing and eyesight. They said they would look at ways to promote communication with this person which would uphold the person's dignity. We asked staff how they ensured people's dignity was maintained. One staff member told us to ensure their privacy and dignity when assisting a person with personal hygiene they would, "Cover a person with a towel, leave the room and tell them to buzz when ready."

Good

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. They said their support needs had been discussed and agreed with them, and as such, care workers knew about their likes and dislikes. One person told us they were happy with the support they received and said, "There is nothing I would change at all. If I can't get some of my clothes on, someone is always there to help. I can't lift my arms up to do my hair anymore, so the night staff come to me at 6.30am and do my hair for me. I like it put up you see."

The registered manager and staff team had a good understanding of people's preferences and current care needs. A 'key worker' system was in place. This meant designated staff members had responsibility for overseeing people's care and support needs were met. We spoke with a staff member who told us about the support they provided to the people for whom they were the key worker. They told us "I have a chat with them once a week and report any concerns." People told us that they were happy with how their personal care needs were being met and support was provided with regular baths and showers as they preferred. A person told us that she enjoyed having her hair done at the home and said "There are two hairdressers, one on Monday and one on a Tuesday."

People were encouraged to visit the home to see if they would like to live there. Pre-admission assessments had been undertaken to assess whether people's care and support needs could be met at the home. A pre admission assessment of a person who had recently come to live at the home included information about the person's care and support needs along with their likes and dislikes. Individual care plans had been written from this information, mostly with the involvement of the person, although not all people we spoke with or relatives could recall being involved in this process. These outlined how people wanted to receive their care and support and instructions for staff to follow. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide.

We saw that people were actively involved in care reviews and family and friends were also invited. Staff told us they were kept informed about people's changing care needs and we saw that care plans were regularly updated to reflect this. This ensured that people's changing needs were met at the home. Staff 'handover ' meetings (meetings held when one staff shift finishes and another starts) and communication books were in place to keep staff updated about the care and support people required. A staff member told us "I always have handover."

People were supported to pursue their religious needs, either outside of the home or by a visiting church and priest who came into the home.

People were encouraged to pursue their hobbies and interests. The registered manager gave us a recent example of a person who enjoyed embroidery who had been ensured a quiet area of the home to pursue this activity in during afternoons. The provider employed an activity worker who was at the home three days a week. In addition a group of volunteers called 'Friends of Job's Close' were actively involved in arranging

both group and one to one activities for people.

Recent and forthcoming planned activities included a trip to a garden centre, progressive mobility, a tea party, firework display, pantomime, fish and chip supper and a Christmas fayre. From the notes of a recent 'residents' meeting we saw that people who lived at the home were involved in making suggestions for activities and these were acted on.

Most people told us that they knew how to raise any concerns and make complaints if needed. People told us, "I would tell the carer, but they are all very good. The girls are very good," and, "I would tell my sister." However one person told us that they were not sure who they would speak to. The provider's complaints procedure was on display on the notice board in a prominent area of the home, but this was in small print. We discussed this with the registered manager who told us they would produce this in a larger print format, so that more people could access the information if needed.

Information in the complaints record showed that no formal complaints had been received this year. We discussed complaints and concerns with the registered manager. She told us that arrangements were in place to record and resolve concerns. Issues were shared with the staff team using the staff communication book, staff meetings and supervisions so that improvements could be made if needed.

The minutes of a recent group meeting involving people who lived at the home identified the registered manager had reinforced to people that they must let her know if they had any concerns, no matter how small.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home and thought it was well-run.
A visiting health professional told us, "I can't find any fault. I don't have any concerns." A staff member told us, "The home has a good reputation, we treat everyone as an individual."

The registered manager had been in post for the past eight years. It was clear she had a good understanding of people's needs and drove improvement within the service for the benefit of the people who lived there. People and their relatives told us that the registered manager was approachable and they felt they could raise any concerns with her. We asked the registered manager what she felt proud of and what was her biggest achievement at the home. She told us "Letting residents be as independent as can be. Letting them take risks. There is a homely atmosphere here, no rigid rules."

The registered manager gave clear direction to the staff team and they were complimentary about her management style. Staff told us that they felt supported in their job roles and said, "The manager is really good," "There is good communication, I am quite happy here," and, "The manager is very approachable." The registered manager was supported by a deputy manager which meant that staff had management support for the majority of the time.

Staff told us they had a good understanding of their role and responsibilities. Staff told us and we observed that they enjoyed their work and valued the service they provided. They told us that they were happy and motivated to provide high quality care. Staff told us they had opportunities to put forward their suggestions and be involved in the running of the home, for example they had put forward suggestions for activities provided and these had been acted on.

Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to should the need arise. Staff told us "I feel confident to report," and "If I had concerns I would go to the manager or CQC if I had concerns about the manager." Another staff member told us that they had previously raised concerns and that they felt confident to do this again as they knew that the registered manager would deal with it.

People were encouraged to put forward their suggestions and views about the service they received. Group meetings involving people who lived at the home were held regularly. The registered manager told us that these were well attended. The minutes of the most recent meeting showed that people were encouraged to put their suggestions forward and this included agenda items for the forthcoming staff meeting. This gave people the opportunity to be involved in issues they wished to be discussed with the staff team. During this meeting the minutes identified that the registered manager had reminded people about their care plans and encouraged people to write their own personal profiles, with or without the help of their families and friends.

Service satisfaction surveys were distributed to people who lived at the home every six months, in order to obtain their feedback on the quality of service they received. In addition, specific themed surveys were also

sent out, on topics such as food quality and activities provided. The results had been analysed and overall people's feedback from the most recent surveys dated April 2015 was positive with comments including 'All staff show me adequate respect', 'The home's manager is very capable', 'Breakfast is superb' and 'Good ambience'. When asked within the surveys 'what could be better?' people had stated 'new faster boiling kettles and 'some people always get their food first at mealtimes.' In response to this new kettles had been purchased and a system for alternating who was served their meal first at mealtimes was now in place. The results of the surveys and actions taken in response to these was on display in the home for all to see.

The registered manager played an active role in quality assurance and to ensure the service continuously improved . They used a range of audits to check the quality and safety of service people received. This included checks on staff training and the safety of the premises. People's care records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The registered manager undertook unannounced 'spot checks' at the home to check the quality of service people received throughout the 24 hour period.

The provider had arrangements in place to monitor the quality and safety of service people received. This included regular 'Trustee Director's' meetings held at the home. The registered manager completed a 'manager's report' identifying issues affecting the home, such as staff vacancies and any improvements required. This was discussed during the Director's meetings and we saw that actions were taken for the benefit of people who lived at the home.

In addition the Board of Trustees regularly visited the home, on occasions more than once a week and one member was based at the home. The registered manager told us during their visits, the board of trustees spoke with people who lived at the home, visitors and the staff team in order to get their views about the quality of service provided. She told us they also checked the premises to ensure it was safe and met the needs of the people who lived there. Information about these visits was also discussed during the regular Director's meetings, however a system to record the individual visits was not in place. The registered manager told us she would notify the Board of this without delay. This would ensure that a robust audit of the arrangements in place to check the quality and safety of the service was in place. She told us that the Board of Trustees were very supportive and open to suggestions of ways to improve the service people received. The registered manager told us "I have no problems getting things done, they are supportive, without a shadow of doubt."

The provider and registered manager drove improvement for the benefit of people living at the home. For example, when we asked a staff member whether there was anything they felt that needed to be improved, they told us, "The layout and the environment space let the home down." We saw their views had been taken into account, and plans for refurbishment of the premises were in place and these had been shown to the staff for their feedback. Plans included widening corridors to make it easier for people who used wheelchairs to move around, creating 'wet rooms' and a new hair salon were being built. There was on going refurbishment of bedrooms and ensuites and the nurse call system had recently been upgraded to a 'pager' system to reduce noise from the nurse call panel.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.