

Randall Care Homes Limited

Jude House

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

This comprehensive inspection was unannounced and took place on 16 February 2016.

The previous inspection of the service took place on 13 June 2014 when it was found to meet all the required standards.

Jude House provides personal care and support to up to four people with mental health needs. The service is used as a step down facility from more secure mental health settings. There were four people living at the service on the day of our inspection. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they were very satisfied with the care they received. People said that they felt safe at the home and that they were involved in the development of their care plan and making decisions about how and when their support was delivered.

People said staff listened to their views and treated them with respect. Each person received support that met their specific needs. For example, people were supported to access local colleges to gain further education or were supported to find voluntary employment. People told us that this had helped them to integrate better in the community and provided them with additional skills to become more independent.

People cooked their own meals; however, we saw that the ingredients were purchased by the provider. People told us that they were happy with this arrangement and that food was always available.

People told us the manager of the service knew them and regularly met with them. They said they were asked how things were going in relation to their support and whether any changes needed to be made. People said staff were trustworthy and they received care which kept them safe.

People said they received a reliable service which met their needs and staff were friendly and treated them with dignity and respect.

People said they got the support they needed with their medicines and had easy access to health care professionals such as community psychiatric nurses (CPN), psychiatrists, GPs and psychologists if required.

People told us staff were well trained and had a good understanding of mental illness and how to positively support people.

The service had learnt from incidents and made changes to improve the service. People's views were sought

during resident meetings and suggested changes were listened to.

The provider had systems in place to assess and monitor the quality of care, which included formal quality assurance checks, surveys and questionnaires and regular staff and residents meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us the service enabled them to feel safe. They said risks to their health and personal safety were assessed and staff followed the plans put in place to keep them safe. Staff were trained to identify and report any concerns about abuse and neglect and knew how to respond to emergencies.

The provider had effective recruitment processes and ensured there were sufficient staff with skills and experience deployed to care and support people safely.

Some people received support from staff to manage their medicines. They received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective. People told us they received support from well trained staff who understood their needs and knew how to care for them in the way they wished. They said they received their support as planned.

People were able to leave the home independently whenever they wished.

Records confirmed staff received appropriate training and support. People told us they got the support they needed to eat and drink well. The support provided varied according to people's needs.

People said that it was easy for them to arrange to see a doctor or a nurse. People received support with their healthcare needs as required.

Is the service caring?

Good ●

The service was caring. People said staff were very caring and always showed an interest in them and how they were feeling. People said staff always respected their privacy and their views. Staff were trained to treat people with dignity and respect. The registered manager checked how staff communicated with people and ensured that positive relationships between staff and

people were promoted.

People who used the service had access to regular community meetings, which provided them with opportunities to express their view about the care provided.

Is the service responsive?

Good ●

The service was responsive. People told us they were involved in planning their support and they received individual support, which met their needs. People said they were asked what they could do for themselves and received support that allowed them to maintain as much independence as possible.

People were asked what they thought about the service at regular reviews of their support needs. Any complaints they made were followed up in order to improve their experience of the service.

Is the service well-led?

Good ●

The service was well-led. People told us they thought the service was well run. They said the manager of the service listened to their views and acted on them. Staff told us that they were encouraged to raise any concerns and good team work was promoted by open discussion.

The provider checked the quality of the service, identified areas for development and made changes when necessary.

Staff were clear about the standards expected of them and told us their managers were available for advice and support.

Jude House

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 16 February 2016 and was unannounced. The inspection was carried out by one inspector.

On the day of the inspection we asked three people to talk to us, however only one person chose to speak to us. We looked at four people's care records and medicine administration records and we checked how people's medicines were stored.

We spoke with two care workers and the registered manager. We asked them about how people's needs were assessed and how care was planned and delivered. We saw three staff records and notes of team meetings and meetings with people who used the service. We also looked at accident and incident records, complaints records, medicines administration records and quality assurance monitoring records.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments made by people who used the service included "I feel safe because during the night they lock the door" or "staff are here to make me safe and they have helped me a lot." We found from resident meeting minutes that personal safety was discussed. All people who used the service had mobile phones, which they used to contact the home if they experienced any problems in the community. Staff told us that they regularly contact people to find out if they had any concerns in regards to their safety. Health professionals informed us they had no concerns about the safety of people who used the service.

Safeguarding adults and whistleblowing policies were available to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew the types of abuse and how to recognise them. They were aware of their responsibility to report abuse to their manager. Where required, staff had followed appropriate local authority reporting protocols as well as notifying the Care Quality Commission. The registered manager told us that there had been no safeguarding concerns since our last inspection. A member of staff told us, "People living here are very vocal; they would tell us immediately if there was a problem and we would report it to the manager."

We looked at the support plans for all four people using the service. These were up to date and included areas in which support was needed such as mental and physical health, nutrition, personal care, accessing the local community and medicines. People's risk assessments were individualised and included the number of staff required to support them to meet their needs. We asked staff how often risk assessments were reviewed. Staff told us "Usually we review risk assessments every six months, but we do it sooner if risks to people changed."

There were emergency protocols in place, which staff were aware of. For example, staff were able to tell us how they would act in the event of fire or medical emergencies, including calling the fire brigade and ambulance services. The accident and incident records we saw showed that staff had followed appropriate guidance when an emergency arose. Support plans showed that some people using the service had been trained and were aware of actions to take in the event of an emergency.

People told us there was sufficient staff deployed to support their needs and that staff cover was provided when needed. Staffing arrangements were planned taking into consideration the number of people using the service. We looked at staff rosters and saw that the staffing arrangements in place were sufficient to meet people's needs. Staff told us that there was sufficient staff on duty to meet the needs of people who used the service. People who used the service confirmed that there was always sufficient staff on duty. One person told us "There is always enough staff around."

There was a robust recruitment and selection process. Staff records included documents such as copies of personal identification to demonstrate staff had the right to work in the United Kingdom, two references, and criminal record checks. Records we hold about the provider showed that people's credentials to work at the service were regularly monitored. Where staff were found to be unsuitable to work in social care,

appropriate actions were taken to ensure that people using the service were protected.

People's medicines were obtained, stored and administered appropriately and safely. None of the people was currently self-administering medicines. Staff had received medicines training provided by the dispensing pharmacy and their competency had been assessed by the provider. Medicines were stored in the staff office, which was kept locked. We viewed medicines administration records for all people who used the service, which were of good standard and were completed correctly and without errors.

Is the service effective?

Our findings

People told us they felt staff had the appropriate skills to support them. For example, one person told us "Staff are compassionate towards our needs, they understand what we are going through" and "Staff are very kind and have a good understanding of what problems mental illness brings to a person." Staff we spoke with informed us that they received an induction when they began working at the service. The induction programme included completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider's policies and procedures. The staff records we looked at confirmed this.

Staff training records showed mandatory training was up to date in areas such as food hygiene, first aid, health and safety, manual handling, safeguarding adults, dealing with challenging behaviour, breakaway and medicines administration. Staff had also received other training courses specific to people's needs such as supporting people with mental health and diabetes. Staff we spoke with were complimentary about the level and regularity at which they received training. Most staff confirmed they had qualifications in health and social care and some staff said their managers were supporting them to enrol on these courses. This showed that people were cared for by staff that had the appropriate skills, knowledge and support to meet their assessed needs.

Staff we spoke with informed us that they received regular supervision from their line manager. Records we looked at for various staff were mostly up to date and supervision was being undertaken in line with the provider's policy. Annual appraisals were carried out and staff spoke positively about how this had helped them to develop and work more positively with people who used the service. Systems were in place to cascade information to staff at various levels including the use of staff meetings. Minutes of monthly staff meetings we looked at showed that topics covered included staff rosters, records management, policies and procedures, support planning, risk management and health and safety protocols. However we noted that minutes of the monthly staff meetings were not available at the home and the manager had to obtain them from the head office. All staff we spoke with felt they were adequately supported to perform their role to the required standard.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the service was working in line with the requirements of the MCA and DoLS.

We saw that people were not deprived of their liberty. People were seen to come and go throughout our inspection. Care workers told us that people were required to inform staff when they left the home and when they returned. If people went missing for more than 24 hours the process was to contact the police and

report the person as missing. People told us that they were able to leave the home whenever they wanted.

People were supported to eat and drink sufficient amounts for their wellbeing. People told us they met with staff weekly to discuss and tell them the ingredients needed to cook for them. People cooked their meals independently, but told us that staff would provide support if they asked for it. Staff were aware of people's nutritional needs and how these should be met. There was a menu in place to provide guidance to people, but people told us "I can cook what I want." Overall people we spoke with were satisfied with the nutritional support that was in place for them.

All the people using the service had detailed physical and mental health information in place in their care plan. People managed their health appointments independently; however, they told us staff were always available if they needed their support. People received input from professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists. Regular physical health checks were carried out to ensure that appropriate care and treatment was in place for people using the service. People told us "I can see the doctor when I am sick" and "Staff take me to hospital appointments if I ask them."

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff, manager and provider. People said staff were "caring", "excellent" and "they do their best and that's all you need." One person told us, "The staff encouraged me to seek support for my problems, this is very helpful. However I decided to no longer take part in the counselling sessions."

People told us they were involved in their support planning and therefore were aware of the support staff should provide. The provider had a keyworker system in place. A key worker is an individual that monitors the support and progress needs of a person they have been assigned to support. We found that the key worker system was effective in ensuring people's needs were identified and met. We saw that people met with their keyworker monthly to review their goals and set new targets for the coming months.

People told us that both staff and the management team respected and acted on their views. People told us that they were involved in discussions about their care. One person said, "We have regular meetings, where we can make suggestions and discuss anything which is important to us." All the support plans we looked at had been signed to demonstrate people had been involved in making decisions about their support. A copy of people's care plans and Care Programme Approach (CPA) was given to people. The CPA is the way services are assessed, planned, co-ordinated and reviewed for someone with mental health needs. A comment made by one person "I can have a copy of my care plan." Care plans also included people's likes and dislikes and the things that mattered to them.

The provider had an 'active support' system in place which empowered people to be actively engaged in their daily living chores. For example, people accessed the local community independently to go to college, fitness studios, university or voluntary work. All staff we spoke with explained how they promoted people's independence. For example, they told us they encouraged people to do their own cooking, laundry or clean their bedroom.

People we spoke with told us that staff respected their privacy and dignity. They said staff knocked on their doors before entering their rooms. Staff we spoke with were aware of actions to take to promote privacy and dignity. They told us that they called people by their preferred name, asked for their permission before accessing their belongings and generally asking them if they felt ok.

People told us that staff encouraged them to maintain relationships with their friends and family. We found that people, their relatives and those that matter to them could visit them or take them out into the community. Arrangements were in place for people to visit their relatives where this was required.

Is the service responsive?

Our findings

People told us they were asked for their feedback during face-to-face meetings. People who used the service were supported and encouraged to express issues that mattered to them. Residents meetings were planned to be held once a month, however on occasions these had to be cancelled as people who used the service chose not to participate. Minutes of the meetings showed people were given opportunities to express their views on how they would like to be supported. For example we saw discussions had taken place to resolve conflicts and about any changes to care provided required. We asked people if they were able to complain. One person told us "I would complain to the manager, if I have a problem, but usually we resolve any issues between each other, we are responsible adults here."

People told us they had a care plan in place. They told us that their support needs were regularly reviewed. One person told us "This happens usually every six months, but if I want to discuss anything I can talk to my key worker anytime." People had signed their care plans to demonstrate they were in agreement with the support that was being provided. We saw an example of an assessment which had been carried out and information of this assessment had been included in the person's care plan.

People were offered a range of stimulating and therapeutic activities and also had access to the local community. We found that people accessed day centres, gyms, colleges, in-house counselling sessions and in-house therapy sessions. These included arts and crafts and cooking. People who used the service told us accessing local communities and participating in activities helped them to gain greater independence.

People who used the service told us that they knew how to complain if they were unhappy. The complaints procedure was displayed in the hallway for staff and people who used the service to refer to. A comment made by one person who used the service "I have no complaints, but I am happy to talk to staff if there was anything wrong." We asked people if there was room for improvement. One person told us "It's good living here, but there is always room for improvement." We asked people what they would like to improve and they told us "It would be nice to have my room redecorated." There were systems in place to ensure people's complaints were taken into consideration and acted upon. We saw that the provider's complaint policy was included in the service user guide. The complaints log we looked at showed that the service took into consideration people's views and made improvements to ensure people were satisfied with the service they received.

Is the service well-led?

Our findings

People who used the service told us that "Staff and the manager are approachable" and "the manager is here almost every day, she is easy to talk to."

Staff told us they were happy working at Jude House. They told us they found the registered manager and registered provider supportive and approachable. They said they could easily raise any concerns with the registered manager and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their roles. One staff said, "If I ask for something, it always gets looked at properly and usually goes through."

People who used the service knew who the registered manager and registered provider were. People told us they felt comfortable to contact them if they had any concerns. This shows that the registered manager was approachable and people were able to talk to the registered manager if they had any issues that they may wish to discuss with them.

People who used the service were involved in the development of the service. For example, we found people were encouraged to take part in meetings with other people using the organisation to discuss concerns or make improvements to the service provided.

Where incidents or accidents had occurred, detailed records had been completed and retained at the service. We saw records were maintained with regards to any safeguarding issues or complaints which had been brought to the registered manager's attention. Where appropriate these were reported to the CQC. These records demonstrated what action had been taken at the home to ensure people were kept safe.

We found during a recent inspection to another location managed by the provider, that quality assurance systems were in place, but had not been used. We found during our inspection to Jude House that the provider had started monthly quality assurance monitoring carried out by the registered manager or registered provider to assess areas, which would benefit improvements. We discussed with the provider that due to this only been carried out once it was difficult to assess the benefits of the monthly quality assurance assessments. The registered provider however reassured us that they would continue with regular monthly quality assurance checks. The monthly quality assurance audit document covered areas such as safeguarding people from abuse, complaints, finance, medication, accidents and incidents, health and safety and staff supervision.

We saw that the provider encouraged people to get actively involved in developing the service in a variety of ways. For example, community meetings were used to gather people's views on all aspects of the service, with different topics on the agenda.

Staff meetings were held regularly to discuss the running of the home and discuss how improvements could be made. Minutes of meetings were shown to us to confirm staff attended and participated in these discussions. One staff member said, "They are informative and it gives us a chance to raise any issues."

Another staff member said, "I do attend these meetings they are held quite often as a matter of fact a staff meeting is planned for this evening."