Jemini Response Limited

Jemini Response Limited - 41 Jerome Close

Inspection report

41 Jerome Close
Eastbourne
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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?	**Requires improvement**

Overall summary

Jemini Response Limited - 41 Jerome Close provides accommodation for up to four younger adults who have a learning disability within the autistic spectrum. There were four living at the home at the time of our inspection. People had a range of complex care needs associated with living with autism. Jemini Response Limited - 41 Jerome Close is owned by Jemini Response Limited and has two other homes in the South East.

There is a registered manager at the home who was also the registered manager for another home owned by the provider in the same Close. 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.

Summary of findings

We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be in. The inspection took place on 9 and 12 October 2015.

The quality monitoring and assessing system used was not always effective. It had not identified the issues found during this inspection, including the lack of mental capacity information about people. Where areas for improvement had been identified this were not always acted on in a timely way. There was no mental capacity policy in place and other policies did not contain enough information to guide staff. Maintenance issues were not always addressed in a timely way.

Staff knew people well and treated them with kindness and patience. People were supported to keep in contact with their family and were given opportunities to take part in activities and hobbies that were meaningful to them. There was a positive and open culture at the home. We observed a caring and relaxed atmosphere.

Staff knew how to safeguard people from the risk of abuse. Staff told us and records evidenced they received regular training. Staff said they felt supported by the manager.

The manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Medicines were stored, administered and disposed of safely by staff who had been trained to do so. People had access to healthcare professionals when they needed it. This included GP's, dentists, opticians and psychiatrists

Risk assessments were in place and staff had a good understanding of the risks associated with the people they supported. The plans protected people's freedom and maintained their independence.

There were enough staff who had been appropriately recruited, to meet the needs of people.

People were given choice about what they wanted to eat and drink, and supported to make their own meals. Meals were nutritious and freshly cooked each day.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines were stored, administered and disposed of safely.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Staff had a good understanding of abuse and how to protect people from the risks.

Risk to people had been assessed and managed as part of the support planning process. There was guidance for staff to follow.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and supported to deliver care effectively.

Staff ensured people had access to external healthcare professionals when they needed it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and were involved with the planning of menus.

Good

Is the service caring?
The service was caring.

Staff knew people well and treated them with kindness and respect.

People were involved in making decisions about what they did during the day.

Staff understood people's needs and preferences.

Good

Is the service responsive?
The service was responsive.

Staff knew people really well and had a good knowledge of their needs. Person centred plans contained guidance to ensure staff knew how to support people.

People were supported to maintain contact with their family and friends and take part in activities of their choice. They were involved in developing their own support plans.

Good

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

The systems in place for monitoring the management and quality of the home were not always effective. Action was not always taken when areas for improvement had been identified.

There was a positive and open culture at the home. Staff told us the registered manager was supportive and approachable. They were readily available and responded to what people told them.

Jemini Response Limited - 41 Jerome Close

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.

We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the home supporting people who use the service. We needed to be sure that they would be in. The inspection took place on 9 and 12 October 2015.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by an inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

Before our inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment, training and supervision records, medicine records complaint records , accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at four support plans and risk assessments along with other relevant documentation to support our findings.

During the inspection, we spoke with one person who lived at the home, seven staff members including the registered manager and deputy manager. Following the inspection we contacted and obtained feedback from relatives and visiting health and social care professionals.

We met with people who lived at Jemini Response Limited - 41 Jerome Close; we observed the support which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. As some people had difficulties in verbal communication we spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Although people could not tell us if they felt safe we observed when they were feeling anxious they would approach staff for reassurance and support.

Regular health and safety checks were in place and these included regular infection control and cleaning checks, gas and electrical servicing and portable appliance testing. There were regular fire safety checks in place including fire drills. We saw all staff had received fire safety training.

As far as possible, people were protected from the risks of abuse and harm. Staff understood different types of abuse and told us what actions they would take if they believed people were at risk. When an incident occurred staff reported it to the registered manager and were also responsible for referring to the local safeguarding authority. This meant staff knew how to report safeguarding concerns appropriately both within the company and to outside professionals.

People required either one to one or two to one support throughout the day and there were enough staff on duty to ensure this was maintained. We were told the home had been through a period of time when there had not been enough staff employed and there had been a reliance on the use of agency staff. The registered manager told us whilst they had been actively recruiting staff it was essential they employed the right staff. We were told, "I could employ staff tomorrow but we need staff who will be right for our residents, it's worth waiting for." To ensure people received care from staff who knew them regular agency staff were used. Some staff told us they had worked extra shifts and this had been tiring. However, they confirmed they did not have to work extra hours if they chose not to. Staff told us looking after people was a priority.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (police) check, in addition to other required documentation. The provider required two references for staff commencing work, where only one had been received prior to staff commencing induction we saw reminder letters had been sent out.

During the inspection we saw medicines were stored, administered, recorded and disposed of safely. We observed medicines being given at times people required them. People were supported, by their staff member for the shift to take their medicines. Where possible people were encouraged to be involved with their medicines. For example, one person was able to identify which medicines they needed and another person relied on staff to ensure they received what they had been prescribed. One person required some medicines to be crushed and there was information in their file from the GP to advise this was acceptable. Crushing medicines may alter the way they work and make them ineffective. Staff should always ask for a pharmacist's or doctor's advice before they crush any medicines. Some people were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. A recent pharmacy audit had identified there were no PRN protocols in place. There was work in place to address this. When PRN medicine was given staff recorded why it had been given. Staff knew people well, they understood why these medicines were required and what actions to take if they were not effective.

Risks to people were identified and plans put in place to manage them whilst protecting people's freedom and maintaining their independence. Person centred plans and risk assessments contained specific guidance about how staff should support people to keep them safe. These included information about how people may react to specific situations, for example a noisy environment, and what staff needed to do to support people to prevent them becoming anxious or distressed. There was guidance in place for staff to support people when they went into the community. These did not prevent people from going out or participating in their chosen activities as staff were able to support them safely. Risk assessments had not been regularly reviewed however staff were able to tell us about risks to people and how they supported them to minimise the risks.

When an incident or accident occurred staff completed a form which described the incident and any other information, which included the person's mood prior to the incident or any trigger and how the incident was resolved, whether the person sustained any injury or if medical attention was required. The information was also recorded on the daily notes and the handover sheet and shared with staff at handover. Within the incident form there was a

Good

Is the service safe?

section for a review of the incident and the actions taken to identify if alternative interventions should be considered. This was not always completed but staff told us, if there were triggers that had not previously been identified or interventions were not effective this would be completed. It was also used when an incident required further discussion with the individual or for staff support and learning. Incidents were also reviewed at the person's monthly review meeting.

Personal emergency evacuation plans were in place. These were detailed and contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in event of an emergency evacuation.

Good

Is the service effective?

Our findings

Staff knew people well, they had the knowledge and skills to look after them. People approached staff when they needed support or assistance and staff responded to them appropriately. One

person approached a staff member and expressed some anxiety. Staff used their knowledge and skills to support and reassure this person. People were supported to choose a variety of food and drink to meet their individual needs and choices.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had received training and had an understanding of its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff had a clear understanding of people's capacity although this had not been recorded in their person centred plans.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. There were DoLS authorisations or applications in place for everybody. Although there were no support plans to show this staff were able to tell us about what restrictions were placed on people and how this may constitute a deprivation of their liberty. For example, everybody required support from at least one staff member at all times during the day.

Staff asked people's consent before providing support. We saw within the care plans consent had been discussed with people. For example, staff had explained the doors to the home may be locked to make sure people were safe. We saw this had been discussed twice and the information had also been presented in pictures to help aid people's understanding.

Staff received ongoing training and support. There was a training programme in place and staff received regular updates. We saw training was ongoing with further training and updates booked. Staff told us they received training which included safeguarding, infection control and food hygiene. In addition they received training specific to understanding autism and how to support people and meet their individual needs. Where people had specific health needs staff received training to support them. One staff member told us they had received epilepsy training which had been really useful. They said all staff had been shown how to support the person and the procedure was regularly repeated to inform staff. Some staff had received Makaton training. Makaton is a language programme using signs and symbols to help people to communicate and is designed to support spoken speech. To support staff who had not yet received training there was a Makaton word of the week which was displayed on the wall and discussed at handover. This enabled staff to build their own vocabulary to support people.

There was an in-depth induction programme in place when staff started work at the home. This included four orientation days where they were introduced to the policies and procedures and essential training. Staff would then spend time at the home getting to know people, reading their person centred plans, risk assessments and shadowing other staff. In addition the deputy manager had introduced the care certificate to support the induction process. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This had been adapted to reflect the needs of the service and people's individual needs. In addition to induction training staff were required to complete further training modules some were online and others were taught. They were observed in practice and discussions held to check their knowledge and understanding. Staff told us the induction programme provided them with a good understanding of the support people needed.

Staff received regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. Prior to supervision they were provided with the opportunity to think about areas they may wish to discuss. They were also reminded supervision was an important method of identifying staff training and development needs. Staff said, supervision was useful and they were able to ask for support whenever they needed it.

Good

Is the service effective?

People were involved in choosing and making their own meals and drinks. They took it in turns, through a daily rota system to choose, buy, prepare and cook the main meal for everybody. There were photographic menus from which people could choose a meal to prepare. These menus had been designed to meet the individual dietary likes and dislikes of people. Staff understood people's individual skills and abilities and were able to support them with their choices. For example, one person liked to be involved in the whole meal preparation process and may otherwise lose interest. There was a system in place where staff supported this person with their choices to ensure they were able to participate and this promoted their independence. There was detailed guidance for staff to follow on how to support people. This included how the kitchen should be laid out for each person to ensure they could participate to their maximum ability. All the meals were prepared with fresh ingredients with staff supporting each person to ensure they were able to participate to maintain their own independence.

Where a need had been identified staff monitored people's weight, fluid or food intake. This was done to ensure people were drinking enough or not eating too much. People were involved in making their own hot and cold drinks throughout the day. People enjoyed their food and staff had identified some people had gained more weight than was healthy for them. When people wanted a snack they were encouraged to make 'healthy' choices. We heard one person talking to staff and telling them about a healthy food choice they had made. We saw a variety of snacks were available for people including fresh fruit and crisps.

Everybody had a health action plan in place. These identified the health professionals involved in their care for example the GP and dentist. They contained important information about the person should there be a need to go to hospital. For example, "When I am well I am…" "When I am ill I am…..." "How I communicate" and "Things I need help with." These were clearly written and provided health care staff with a straightforward understanding about supporting each person.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. They were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. One relative said, "Staff are patient and consistent, they have worked wonders."

Some people were supported to communicate using a picture communication system and this was adapted to meet individual needs. One person had a detailed pictorial timetable in their bedroom. This enabled them to know what they were doing throughout the day. If for example there was something different the person wanted to do they could add the picture to the timetable. People also had a smaller version of the timetable to follow when they went out. Staff gave us an example of how this may work. When the person arrived at their venue they or staff could use the appropriate picture to show what they wanted to do next. Staff explained they may arrive and the person appeared reluctant to continue so they would prompt the person to use their pictures to show what they needed. Staff said, for example the person may need to use the toilet and could then continue with their activity.

Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff spoken with were genuinely fond of the people they supported. Staff told us meeting people's individual needs was the most important thing they did each day. They told us they put people first to improve their lives and enable them to have more choices. We observed people enjoying themselves in the company of staff. Relatives told us their loved ones were well looked after and happy living at the home. One relative said, "It's his home, he feels he belongs there."

People had timetables for each day, however they were supported and encouraged to make choices within the timetables. For example when they got up or when they went out. Staff knew how people liked to spend their time at the home. Some liked to stay in their bedrooms and others preferred to remain in the communal areas and staff supported them in their choices.

People's privacy and dignity was respected. Staff knocked on people's doors and waited for a response before they entered the room. To help people maintain their privacy staff had introduced simple signs for the bathroom and toilet doors and people were supported to use these. For example a stop sign meant the bathroom was in use and a tick meant it was vacant and people could use. Staff told us they maintained people's dignity by promoting their independence and involving them in decisions. We observed a staff member gently suggest to a person they may like to change their clothing as they were stained. The person did this cheerfully and the staff member acknowledged this when they returned with clean clothes.

People's bedrooms were individually decorated and furnished with people's own memorabilia, pictures and collections. We saw records of how staff had supported people to choose how they would like their bedrooms decorated. Relatives told us people were supported to make choices.

Staff treated people with compassion when they became distressed, talking to them privately and supporting them to identify why they were upset and helping them to resolve their concerns.

People had an allocated key worker. A key worker is a person who has and co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers had monthly one to one meetings with people to discuss any individual issues. One key worker told us it was essential there was a natural bond and mutual respect between the person and their key worker to ensure people received the best possible care.

Good

Is the service responsive?

Our findings

One person told us about a course they were doing at college and how this had helped them to increase their understanding of what was required to become more independent in their daily life, for example they had increased their knowledge of budgeting. From our observations we saw people were involved in developing their own person centred plans. Relatives told us people were supported to become as independent as possible. One said, "Staff have taught him to be independent through perseverance and patience." A visiting professional told us the service provided good person centred care and, "do what they propose to do."

Staff had a good understanding of the support people needed and this and important information about people's lives had been recorded in their person centred plans. The registered manager told us the format for these plans was currently being changed to make them more accessible. The person centred care plans contained detailed information and guidance about their likes and dislikes, what was important to them including family members, and for example what made them happy. There was guidance to ensure staff knew how to support people if they displayed behaviour that may challenge others. This included how to support the person following any incident. This information ensured staff supported people appropriately and consistently.

There was detailed information about the support people needed to communicate. One person used their picture communication system for most communication. We observed this person preparing to go shopping. Staff produced a picture shopping list of what they needed to buy plus picture reminders of using the checkout at the supermarket and paying for their purchases. Staff told us this remained in the shopping basket to prompt and remind the person.

Routines were an important part of people's day and person centred plans informed staff that routines were important to ensure consistency. There were picture timetables in place to show what people were doing each day. People were responsible for cleaning and tidying the home. This was included in their individual timetables and in addition there was a pictorial cleaning rota on display to ensure people were aware of their and other people's responsibility each day. Person centred plans included people's daily routines which contained detailed information to ensure people's support was consistent. For example one person's activity included a trip out in the car and the activity plan included the exact route staff were to drive to ensure consistency.

Although routines were important to people they were supported to make choices within and about their routines. There was no time constraints, people were able to get up when they chose and complete their activities when they wished at their own pace. There was guidance about how people communicated their choices and expressed concern. One person was observed to approach the registered manager to discuss what they were worried about. We observed staff using objects of reference to remind one person of their routine. Following breakfast staff showed them a toothpaste box. Staff told us the person then knew the next thing they needed to do was brush their teeth and following that they would go out for their activity. Staff said there was no timescale for the person to do this it was to remind them of their daily routine. Another person knew through the use of the picture communication system what their next activity would be. However, they were not able to determine when this would be. As a prompt staff would show the person an amber coloured card, this would tell them the activity was imminent. Staff would then set a timer which alerted the person the activity was about to start and they needed to get ready for example to go out. This gave the person time to decide if this is what they wanted to do. Staff knew how this person would communicate if they did not wish to participate for example they may change their routine on their picture timetable.

Changes in people's support needs were discussed at handover when staff came on duty. A handover was used to update staff about how people were or if there were any changes to their health or support needs. Staff also talked about what people had been doing and what was planned for the rest of the day. They included any observations on people's mood or behaviours and what medicines people had received. Staff on each shift were given good guidance on what support people needed for the rest of the day. Staff were also reminded to read memos related to people and the service which were stored in the handover folder.

In addition to their daily activities and routines people had individual objectives. One person's objective was to put away their own clean laundry with prompts from staff. The

Good

Is the service responsive?

objectives were reviewed at monthly key worker review meetings and evaluated each day in the daily report. This meant all staff were aware of individual's objectives and how to support them. It also meant if people were having difficulties this would be identified and objectives could be adapted if necessary.

Where people had particular interests or hobbies staff supported them to continue with these. One person enjoyed spending time on the internet. Staff supported them to do this in a way that promoted their independence and enabled them to continue to enjoy their interest. We saw people were supported to keep up contact with their families and maintain relationships.

There was a complaints policy in place. People were regularly asked in there were happy or if there was anything they would like to do differently. Whilst not complaints, we saw staff responded to people's concerns as they arose. There was a complaints log in place; there had been no recent complaints and we saw previous complaints had been responded to appropriately.

Requires improvement

Is the service well-led?

Our findings

From our discussions with a relative, staff, the registered manager and our observations, we found the culture at the home was open, relaxed and inclusive. Support was person centred and focused on enabling people to live their lives to the maximum of their ability and encouraging them to develop skills and abilities at their own pace. People were involved in and supported to make choices and decide how they spent their time. Staff said the registered manager was available and they could talk to them at any time.

There were systems in place for monitoring the management and quality of the home but these did not include all aspects of the service provided. For example there were no care plan audits. Therefore the provider had not identified the shortfalls we found in relation to the lack of guidance for staff to ensure consistency. They had not identified there was no information in care plans about people's mental capacity or whether DoLS applications had been made or if authorisations were in place.

Medicine audits had not identified that PRN protocols were required and where gaps had been noted on the MAR charts there was no evidence of what actions had been taken to address this.

The systems in place for monitoring the management and quality of the home were not always effective. Provider audits of person centred plans had identified that risk assessments had not been regularly reviewed however this had not been addressed as we identified these issues during the inspection.

Areas which required maintenance had been identified but actions had not always been taken. For example we saw a list of maintenance that was required at the home. It had been identified in April 2015 that work was required to repair and upgrade fire doors throughout the home. This had again been identified in June 2015 and the work was still required at the time of the inspection. There were further areas of maintenance which had not been addressed in a timely way. For example it was identified in June 2015 the wall in one person's bedroom required painting and this was still required at the time of our inspection.

There were a range of policies in place however there was no policy in relation to mental capacity of DoLS. The whistleblowing policy had recently been updated and referred to the duty of candour policy however there was no duty of candour policy in place. Other policies had not been reviewed and did not reflect the current regulations. The medicine policy was limited and did not include all necessary guidance for example there was no policy in relation to PRN, homely, covert or crushing medicines. We identified these as areas that need to be improved.

There were a series of quality assurance checks completed each shift and these were recorded on the handover form. This included environmental, infection control, medicine and food hygiene checks. If checks had not been completed this was also recorded on the handover form to ensure staff on the following shift were aware.

People were continually asked for their feedback and involved in changes that happened at the home. People were asked and supported to make decisions about the décor and be involved in what they done each day.

Staff told us they were asked for their feedback and ideas they had were listened to and taken seriously. There were regular staff meetings where staff were updated about new ideas and changes that were taking place. For example at a recent meeting staff had been informed the person centred plans were being reviewed. There had been no recent staff survey and this had been identified in the PIR as an area the provider was planning to develop.

All staff spoken with said they were well supported by the registered manager. One staff member said the registered manager was a, "Good leader with good leadership skills." This staff member went on to say these skills enabled staff to deliver good care and support to people because they were supported to do so not told to.

Staff had a clear vision about the service they provided. They told us they were there for the people who lived at the home. Comments included, "Clients take priority," and "Residents come first." Staff told us there was a consistent drive to improve people's lives and give them more choices.

The registered manager worked at the home on a daily basis. He was aware of what was happening within the service and was available for advice and support. Interactions between staff, people and the registered manager were supportive, friendly and open.