

Jeasal Residential Care Services Limited







Casarita

Inspection report

270 Fakenham Road
Taverham
Norwich
Norfolk
NR8 6AD
Tel: 01603 866755
Website: www.jeasal.org

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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	

Overall summary

This inspection was undertaken by one inspector on 19 February and was unannounced.

Casarita provides accommodation, care and support for up to seven people with a learning disability. At the time of our inspection there were six people living in the home.

The home had a registered manager in post. 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 and associated Regulations about how the service is run.

People felt safe living in the home and the support staff showed good knowledge and understanding of the procedures for protecting people from harm. Where risks to people's health had been identified, these were effectively and safely managed. People were safely supported with their medicines.

Summary of findings

There were sufficient numbers of staff working in the home and staff were only recruited and employed in the home after satisfactory checks had been completed to ensure that they were of good character. Staff received appropriate support, supervision and appraisals from senior staff or management.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the manager and staff were knowledgeable about when a request for a DoLS would be required.

Staff had a thorough knowledge of the people they supported and clearly understood how to meet their care and support needs. Staff communications were also frequent and effective and regular team meetings took place.

People always had enough to eat and drink and individual dietary requirements were catered for as needed. People also received input, advice and support from relevant health professionals such as the dietician, district nurse, GP, physiotherapist and occupational therapist.

People told us the home was caring and staff interacted with people in a natural, warm and friendly manner. People's privacy, dignity, individuality and independence was also consistently respected.

People chose what they wanted to do each day and where they wanted to be. Activities within the home were flexible and varied and took people's differing needs and wishes into account.

People were involved in planning their own care and care records reflected people's personal histories and preferences so that staff could support them with their preferred lifestyle. People were also supported to enhance and maintain their independence.

The home had an appropriate complaints procedure, which contained detailed information about the steps to be taken in the event of a complaint being received. People were given a copy of the complaints procedure, which was also available in an 'easy read' picture format, and people said they knew how to make a complaint if they needed to.

The manager and staff team welcomed and encouraged comments, suggestions and feedback from the people living in the home and their friends and family, as well as from relevant professionals.

People regularly made their views known during weekly house meetings and one-to-one time with staff. The provider also hosted monthly coffee mornings for people's relatives. People using the provider's services could also attend regular forums to discuss the services in general, as well as raise and discuss any concerns or issues. Annual quality assurance surveys gave people living in the home and their relatives, further opportunities to provide their feedback regarding the care and support they received.

Systems were in place to ensure the service provided was regularly monitored and the provider's senior management team carried out regular in-depth internal audits. The registered manager had reported notifiable events to the CQC as required. (A notification is information about important events the provider must inform us about by law).

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.

People felt safe living in the home and the support staff showed good knowledge and understanding of the procedures for protecting people from harm.

Where risks to people's health had been identified, these were effectively and safely managed.

People were safely supported with their medicines.

There were sufficient numbers of staff working in the home and who had been recruited satisfactory criminal record checks had been completed.

Good



Is the service effective?

The service was effective.

Staff received appropriate support, supervision and appraisals. New staff completed an induction and staff training, relevant to their roles, was up to date.

Staff had a thorough knowledge of the people they supported and clearly understood how to meet their care and support needs.

People always had enough to eat and drink and individual dietary requirements were catered for as needed. People received input, advice and support from relevant health professionals.

Good



Is the service caring?

The service was caring.

People's privacy, dignity and individuality was consistently respected.

People were involved in planning their own care and care records reflected people's personal histories and preferences. People were also supported to enhance and maintain their independence.

Good



Is the service responsive?

The service was responsive.

Activities within the home were flexible and varied and took people's differing needs and wishes into account.

The home had an appropriate complaints procedure and people knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

Systems were in place to ensure the service was regularly monitored. The provider's senior management team carried out regular in-depth internal audits.

Comments, suggestions and feedback were encouraged from the people living in the home, their friends and family and relevant professionals.

Good



Summary of findings

The registered manager reported notifiable events to the CQC as required.

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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 unannounced inspection took place on 19 February 2015 and was undertaken by one inspector.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During this inspection we met and spoke with five of the six people living in the home, the deputy manager and three members of support staff.

We looked at care records for three people and the medication records for two people who were living in the home. We also received feedback from two relatives.

We also looked at a selection of records that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said: "I definitely feel safe living here, no question about it!" One person's relative told us, "[name] has told us that [name] is happy to live at Casarita. We are extremely pleased with how the management and staff work with us to ensure [name]'s safety".

Another person we spoke with told us about the fire drills that were carried out and said, "We go outside when the alarms go off – we go downstairs and to the car park. The staff tell us if we don't need to go outside. There's a test every Thursday. We had to get the man out last week because the buzzer wouldn't stop."

During one tenants' meeting, we noted that there was a 'Topic of the Day' discussion regarding safety. This discussion covered safety in the home, safety of money, keeping each other safe and looking out for each other, telling staff if something is wrong with another person and keeping safe in the community. We also noted that people had taken part in 'role play', regarding what to do if they became separated from their support staff whilst out in the community. People were asked who was there to help them stay safe and their responses were, "Staff at Casarita" and, "The police".

All staff showed good knowledge and understanding of the procedures for protecting people from harm. Staff we spoke with gave us clear examples to show they knew who to report any abuse to and told us what action they would take to ensure people were always kept safe.

We saw that where risks to people's health had been identified, these were effectively and safely managed, with measures in place to help minimise the risk. For example, we noted that one person wore protective headwear, to help keep them safe in the event that they experienced a seizure and fell. We saw that this person was able to remove this headwear if they wished, which we observed them doing when they sat down at lunchtime.

One person we spoke with told us, "I'm doing my own shopping with staff this week. I usually go to [shop 1] but sometimes I go to [shop 2]. I'm hoping to go to the shops on my own again in the summer. Staff are going to assess me for going to [shop 1] on my own".

We saw records that confirmed regular and up-to-date checks had been completed on things such as the home's electrical systems, equipment, environmental health and fire safety. Safety and servicing certificates were all noted to be in date. This helped ensure that the home was a safe place to live and work in. In addition, we noted that a new wet room had been completed in the main house, after issues were identified regarding health and safety, particularly for two people with increasing mobility difficulties.

Staff told us that during the last year, due to some staff 'moving on', staffing levels had been 'a bit of an issue'. However, they went on to explain that shortages had been covered where needed by the home's permanent staff as well as regular agency staff, to ensure people's needs continued to be met consistently. We saw from the home's Annual Development Plan that the provider and manager had an ongoing recruitment drive and we saw from the rotas that the provider's required staffing levels were consistently maintained.

All the people we spoke with told us that there were always enough staff working in the home. One person said, "The staff are always around when you need them".

Staff we spoke with told us about the recruitment, interview and induction processes, prior to new staff completing their probationary period. The deputy manager told us that although the provider's head office applied for staff's police checks references, a record of the DBS (Disclosure and Barring Service) number was kept on the staff file. This assured us that staff were only recruited and employed in the home after satisfactory checks had been completed to ensure that they were of good character. This assured us that the provider only employed staff who were deemed suitable to work with people living in the home.

We looked at the records for some people's medicines and saw that they included clear instructions and guidance to ensure people were safely supported with their prescribed medicines including topical creams and those that were PRN (as required). We saw that people's records also included their photograph and information regarding any allergies and health conditions.

We saw that people were supported to take their medicines in the way they had chosen and two people told us that they 'popped' their own tablets, with the staff and then signed to confirm they had taken them. Staff told us that

Is the service safe?

medicines were always administered by two members of staff and we saw that staff training in this area was up to date. We saw that all medicines were stored appropriately in lockable facilities. This showed us that people were safely supported with their medicines.

Is the service effective?

Our findings

Staff we spoke with told us that they received appropriate support, supervision and appraisals from senior staff or management. We noted that all existing staff had completed an induction, with new staff currently undertaking theirs.

We saw in the provider's training records that 13 out of 15 permanent staff had achieved a diploma in Health and Social Care to level two or above. All training that was relevant to staff's roles was seen to have been completed and up to date. Staff told us that full medication refresher training was completed by staff every other year. They also explained that the manager checked staff competency in between, so there was one form of medication training/supervision every year.

Discussions with staff, and our observations, confirmed that staff had a thorough knowledge of the people they supported and clearly understood how to meet their care and support needs. One person said, "They [the staff] know everything they need to about me, they're really good and I know I can trust them".

The deputy manager told us how one person currently had an independent advocate helping them with some of their personal affairs. A second person, without any family, had a social worker who was also their Power of Attorney (POA).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

The deputy manager told us that nobody living in the home was currently subject to DoLS, although they explained that applications had been submitted for people where this was a potential issue. We also saw that where people had limited capacity to make decisions, they were being supported in their best interests with their care and support needs.

People we met and spoke with told us that they always had enough to eat and drink and we noted that small weekly house or one-to-one meetings were held to choose meals and arrange shopping. We saw a menu board in the main house, with pictures, which were updated each evening, to show the following day's meal choices.

One person we met with was preparing their own lunch independently in their flat. Another person we met chose beans on toast for their lunch and helped staff to prepare it in the kitchen.

People were also supported with any individual dietary requirements or preferences. For example, one person was being monitored for their cholesterol and another person needed to avoid spicy foods due to a medical condition. Staff told us how a previous tenant had swallowing problems and that staff followed the detailed input and guidance from the Speech and Language Team (SALT).

People's care records showed how some people were supported to manage their weight by understanding and following healthy lifestyles and 'healthy eating' options. One person told us, "I do two days a week walking – I've lost a bit now. I don't like being overweight and getting out of breath."

We saw that, where needed, people received input, advice and support from relevant health professionals such as the dietician, district nurse, GP, physiotherapist and occupational therapist.

For example, we noted that, due to health problems, one person's mobility had recently deteriorated and they had started having falls. As a result, appropriate assessments had been completed with the physiotherapist and occupational therapist and a standing aid was obtained to support the person with their mobilising.

Another person told us, "I take my 'health book' when I see the nurse..." This person also told us, "I go to the doctor every month, the dentist every 6 months and the optician every two years. I sometimes get new glasses."

Is the service caring?

Our findings

People we spoke with told us the home was caring. One person living in the home told us, "I've been here a long time. I used to live downstairs when I first lived here. The staff are good, [deputy manager] is nice. Everyone's alright. We have our moments but, there, we all do don't we?"

Another person said, "It's all good here."

One relative told us, "Since 2002 I have had no issues with [relative name]'s care at the house. They are a lovely team always willing to go that extra mile. I would recommend this care home to anyone; they have my full support on all matters. [Relative] is moving but I still see the Casarita team as my friends. 10/10 all the time".

Staff interacted with people in a natural, warm and friendly manner and people were comfortable in the presence of all members of staff. We observed that staff listened to people properly and gave their full attention, when being spoken to. They also supported and encouraged people in a respectful manner and always allowed people time to make their own decisions without being rushed.

One person was offered a cup of tea and asked if they would like it at the table, they replied: "No thank you, I'm going to have it over there." We saw that staff acknowledged the person's wishes accordingly.

We observed one person, who was not able to communicate verbally, choosing to sit on the sofa and interact with a member of staff after lunch. The person's body language and facial expressions indicated their comfort and pleasure with this interaction, by way of smiles and laughter.

We noted that activities within the home were flexible and varied and had taken into account people's differing needs and wishes. We saw that everyone who was able, had at least one holiday in the last year. For those people who were unable to have a full holiday due to health reasons, we saw that they had been supported to enjoy a variety of days out.

Shortly after this inspection the home was due to have two vacancies in the main house, which accommodated three people. We noted that the staff and manager had placed great emphasis on effectively and carefully assessing and managing any new admission, in order to ensure the continued comfort and safety of the existing tenant, and minimise their vulnerability.

We saw that the information and guidance in people's care plans was clear and detailed. This helped staff to understand what people's care needs were and support people in a way that promoted their independence. We saw that people were supported to be able to do the things that were important to them, in the least restrictive way. This included one to one support, as well as enabling people to do things on their own whenever possible. Everyone we spoke with told us that they were fully involved in planning their own care and all the care records we looked at reflected people's personal histories and preferences so that staff could support them with their preferred lifestyle.

We saw numerous examples of how people living in Casarita were constantly supported to enhance and maintain their independence. For example, people took responsibility for cleaning their own rooms, with individual levels of staff support, according to their needs.

We observed staff supporting one person to transfer from their wheelchair to a stand aid. We saw that the person was comfortable and confident with the staff and did as much for themselves as possible. For example, counting to three with staff before standing up and undoing the Velcro fasteners on the sling, when ready. We also noted that staff explained everything they were doing and ensured they had the person's agreement before taking any action.

Through discussions with people living in the home and observations, we saw that people's privacy, dignity, individuality and independence was highly respected. For example, we noted that when it was time for one person to be assisted with some aspects of personal care, staff discreetly asked the person if they could take them to their room. The person replied, "Course we can!"

Is the service responsive?

Our findings

Our observations and discussions with people living in the home confirmed that that people were recognised and treated as individuals and that the care and support provided was person centred. The care records we looked at for the people we met were also individual and person centred. The records we saw contained detailed pen pictures, personal histories, likes, dislikes and aims/goals for the future.

One person's relative told us: "We feel that the encouragement [name] is given for a personal hygiene routine is very good. Since being at Casarita [name] has been encouraged and helped to keep busy with a good range of activities through the week. If [name] is not kept busy, or is left to try and organise themselves [name] will slip into being very low and not do anything. Not changing their clothes, sleeping in them and not being personally clean. [Name] is given help and guidance with money. If left to deal with money, [name] wouldn't cope and would worry about it or give it away. Also, [name] is helped with social interaction. [Name] finds this difficult at times and does not always act appropriately."

We saw that people were able to choose what they wanted to do each day and where they wanted to be. One person said, "I like shopping and letter writing. I go shopping with staff and I do letter writing on Mondays. I sometimes have a foot spa – I like that. I go to a knitting group once a fortnight. I like knitting. I can walk there."

Another person told us, "I'm always out and about. I do lots of things and I really like badminton and football". Another person said to us, "I like to go and see the [other tenants] for a chat. We have a good laugh. The best things I like living here are we have tenants meetings every month when we talk about things together. I like listening to the radio, playing games and helping [another tenant] do jigsaws".

The people we met and spoke with confirmed that they were involved in planning their care and that they had regular meetings individually with staff to make sure that their care arrangements were still appropriate. We asked one person if it would be alright to look at their support plan. The person replied, "Yes, if you bring it in here; it's in my room, [staff] knows where it is".

Another person showed us their care plan and told us how they had helped put it together and reviewed it regularly with staff. We saw that the personal pen picture, summary and information regarding communication had mostly been written in the person's own words.

We saw a number of examples that showed how people were supported to be as independent as possible. For example, one person told us that the staff were helpful in supporting them to do things for themselves. They said, "Staff help me; they say, 'at least you tried, let's show you and try again' then I try again to do it right". This person also told us, "I can use the buses now, which is really good. I go with staff to do that".

For one person, who received intensive one-to-one support from staff, a daily picture diary was completed. This helped the person to know what was planned for the day and also provide a record of what they had done. We noted that the pictures for this diary were usually completed on the computer but this had recently broken. Using their initiative and experience from training in sign language and symbols, staff had been hand drawing the appropriate pictures, whilst waiting for the computer to be repaired. The person we met with showed us that they recognised and understood these pictures, which meant that they continued to have stability and consistency with regard to their support and communication.

We also saw evidence of a well-structured support programme for this person. There was good communication between the care team and the person's family and there were clear guidelines for staff to work with the person and effectively manage behaviours that may upset others. We noted that potential triggers had been identified and consistency between staff was seen to be paramount. Guidance was also seen for the person to be encouraged to do as much as possible for themselves, particularly with regard to completing household chores in their flat.

Everyone we spoke with told us that they knew how to make a complaint if they needed to and that they felt they were listened to and any concerns taken seriously. We asked one person what they would do if they were not happy about anything or wanted to make a complaint. They replied, "I talk to staff or I can talk to [manager] or my social worker. Sometimes I just need to go upstairs to calm down."

Is the service responsive?

Although no formal complaints had been received during the last 12 months, we saw that the home had an appropriate complaints procedure, which contained

detailed information about the steps to be taken in the event of a complaint being made. We also saw that people were given a copy of the complaints procedure, which was also available in an 'easy read' picture format.

Is the service well-led?

Our findings

Staff told us that the whole ethos of the service was about putting people first and making sure their safety was paramount. They told us that the manager very much led by example and told us about a time when the manager received an allegation about themselves, whilst on duty. The manager arranged for appropriate cover, reported themselves to the safeguarding team and the provider. The manager then removed themselves from the premises whilst a full investigation was undertaken by the safeguarding team and the provider. The allegation was found to be unsubstantiated and the manager resumed their position two weeks later.

At the time of our inspection there was a registered manager in post. This person had been the registered manager since 2006, which provided stability with the running of the home as well as for the people who lived there, their relatives and the staff team. The registered manager had reported notifiable events to the CQC as required. (A notification is information about important events the provider must inform us about by law).

We noted that the manager and staff team welcomed and encouraged comments, suggestions and feedback from the people living in the home and their friends and family, as well as from relevant professionals. Everyone we spoke with told us that the registered manager was supportive and approachable and had an 'open door policy'.

We saw that people regularly made their views known during the weekly house meetings and their one-to-one time with staff. The provider also hosted monthly coffee mornings for people's relatives. People using the provider's services could also attend regular forums to discuss the services in general, as well as raise and discuss any concerns or issues. Annual quality assurance surveys also gave people living in the home and their relatives, further opportunities to provide their feedback regarding the care and support they received.

The minutes we looked at for some of the 'tenants' meetings showed that people living in the home were fully included and involved in the running of the home and

encouraged to discuss aspects such as relationships with staff, meals and menus, activities, outings and any items or improvements required for people's own rooms or the home in general.

We saw that the minutes from the tenants meetings had been completed in two formats. One set was in a written and pictorial format and another was completed by using Widgit symbols. (Widgit symbols aid understanding and communication for people who find reading text difficult by adding visual support to the printed word.)

We saw that there were a number of systems in place in order to ensure the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly.

We saw that staff communications were frequent and effective. Regular team meetings took place, that had clear agendas, and detailed minutes were taken each time. These meetings covered all aspects of the service, including health and safety issues, staffing levels, staff training, tenant updates, obtaining tenants' consent and people's involvement with their support plans.

The provider's senior management team carried out regular in-depth internal audits, which checked areas such as safeguarding, medication, health and safety, care plans and the overall environment. The home's Annual Development Plan for 2014-2015 showed that most of the home's objectives from the previous year had been achieved. This included the fact that internal audits were being done more regularly now and that things were continuing to 'move forward in this area'. We saw that accidents and incidents were regularly audited and a list was sent to the provider's compliance manager on a weekly basis. Staff told us that these audits were completed to help identify any trends and reduce recurrences. We also noted that where issues had been identified, appropriate action was taken promptly. For example, where a person's mobility had deteriorated, professional input was sought and equipment was acquired, which reduced the number of falls the person was having.

This assured us that the service was being well run and that people's needs were being met appropriately.