J C Care Limited

Daisy Vale House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 5 January 2016 and was unannounced. At the last inspection in November 2013 we found the provider was meeting the regulations we looked at.

Daisy Vale House provides care for up to 16 people who have a learning disability. The service had a registered manager. 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.

During the inspection there was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. People who used the service and staff told us they were happy living and working in the home. People were involved in menu planning and enjoyed the meals.

Summary of findings

People's care and support needs were generally assessed and there was lots of information about how support should be provided, however, there were gaps in support plans, and some health action plans required updating and capacity assessments were sometimes generalised which could result in people's needs being overlooked. A range of professionals were involved to help make sure people stayed healthy although they did not always access community health services so choice and opportunity were limited.

People were well cared for. Staff knew people well and understood their likes and dislikes. There were enough staff to keep people safe although an additional member of staff was being employed to make sure everyone benefitted from person centred activities.

Staff were skilled and experienced to meet people's needs because they received appropriate training and support. Staff dealt with situations calmly, discreetly and confidently. Situations were diffused and passed without incident.

People told us they felt safe. The provider had systems in place to protect people from the risk of harm and staff understood how to keep people safe. We identified potential risks with how medicines were being managed and the provider responded swiftly and took action to make sure appropriate arrangements were put in place.

The service had good management and leadership. People who used the service and staff were encouraged to put forward suggestions and ideas. The registered manager was working with everyone to develop the service and ensure high quality standards. People were made aware of how to make a complaint but had no concerns about their care. They said they would talk to staff or management if they had any problems and felt they would be listened to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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 not always safe.

People felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to keep people safe; an additional member of staff was being employed to ensure everyone was stimulated throughout the day.

Systems for managing medicines safely were not always effective. New arrangements were being introduced to help ensure people received a more personalised service when medicines were administered.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

The quality of food and choice of meals was good.

A range of other professionals were involved to help make sure people stayed healthy.

Good

Is the service caring?
The service was caring.

People who used the service were happy living at the home.

We observed people enjoying the company of staff and others they lived with, and when staff supported people they were caring.

Staff knew the people they were supporting well.

Good

Is the service responsive?
The service was not always responsive.

There was lots of information about what staff should do to make sure care was individualised. However there were some gaps in the support planning process which could result in people's needs being overlooked.

People enjoyed varied activities within the home and the community; activity programmes were being reviewed to make sure everyone was stimulated and received person centred activities.

Systems were in place to respond to concerns and complaints.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well led.

People told us the registered manager provided good leadership; plans were being developed to improve service delivery

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

Daisy Vale 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 5 January 2016 and was unannounced. An adult social care inspector, a specialist advisor in governance and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 16 people living at the home. During our visit we spoke with 15 people who used the service, three members of staff and the registered manager. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care records.

Requires improvement

Is the service safe?

Our findings

People told us they enjoyed living at Daisy Vale House and felt safe. One person had recently moved into the home on a short term basis; everyone else had lived at the home for at least three years. People told us everyone got on well and the others they lived with were important to them. One person said, "I like having my friends."

Staff told us they had received training to help safeguard people from abuse and training records confirmed this. Supervision records and staff meeting minutes showed staff discussed safeguarding on a regular basis. Staff could describe the different types of abuse people may experience and they could tell us how to respond to any allegations of abuse. Everyone told us they were confident any concerns would be treated seriously and dealt with appropriately and promptly. Staff were familiar with the provider's 'whistleblowing' policy, which was displayed in the home. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. The registered manager said there were no open safeguarding cases at the time of the inspection.

Staff talked about discussion groups that were held with people who used the service. These covered topics that helped people understand how to stay safe, which included reporting any concerns about the behaviour of others. We saw people were encouraged to use individual strategies to help manage anxiety and their behaviours. During the inspection, one person was supported to have a short walk in the garden. Another person chose to go to their room because they were getting upset with others. One person told us, "I use a stress ball now and it helps me." The person showed us they had information in their room to help them to stay calm.

We saw information displayed in the home that raised awareness about abuse and keeping people safe. One person showed us the fire exits and they were familiar with what should happen in the event of a fire. Another person told us they wore protective gloves when in the kitchen.

We looked around the home and saw people lived in a comfortable and generally clean environment. Several people had keys to their room and could choose whether to lock their door. Checks were carried out to make sure it was safe. However, we did note some areas needed minor works such as the laundry floor was not sealed which increases the risk of infection, a food storage unit had peeling paint and a shower room had mould in tile cracks. We also noted that PPE (personal protective equipment) such as gloves were not readily available and paper towels in one toilet were placed on a shelf instead of a holder on the wall. The home had colour coded mops and buckets with disposable heads but they did not have colour coded cloths for different areas of use. We discussed the environment and infection control with the registered manager who agreed to make sure the areas raised during the inspection were addressed.

We reviewed health and safety records and found regular checks were carried out. There was evidence of weekly water temperature and fire testing, and fire evacuations which included staff and people who used the service. Maintenance certificates were available to show servicing and testing was completed by external agencies within the recommended timescales.

Staff told us they knew what to do in emergency situations, such as a fire. They told us they had received relevant training and also practice drills. People who used the service had Personal Emergency Evacuation Plans (PEEPs). The registered manager said they had identified these needed updating and was in the process of adding more detail.

Everyone we spoke with told us the staffing arrangements kept people safe. People told us three staff were usually on duty during the day and two on an evening and staffing rotas confirmed this. One the day of the inspection, two members of staff from another of the provider's homes were working at Daisy Vale House; one covered the early shift and another covered the late shift. They had been asked to cover at short notice to cover sickness. We spoke with one of the members of staff who told us they had been provided with enough information to carry out the duties they were expected to perform; this included reading 'one page profiles' that provided basic information about people who used the service. The registered manager and a senior member of staff said it was unusual to request staffing support from a 'sister' home because they usually had sufficient staff to cover.

People who lived at Daisy Vale House required different levels of staffing support. Some people required minimal support with personal care and accessed the local community independently whereas others needed higher levels of support. At the inspection we noted that people

Requires improvement

Is the service safe?

who required lower levels of staff support were active and frequently accessed the community, however, people who required higher levels of support had limited involvement with activities during the day. The registered manager and staff told us a member of staff was being recruited to provide additional support with activities.

Daisy Vale had a low turnover of staff and everyone who was employed to work at the home had been in post for at least a year. We looked at three staff records and saw these contained appropriate documentation relating to each worker, which included a contract of employment, proof of identity, references, agreements relating to their employment and DBS checks although some of these were not recent. The DBS is a national agency that holds information about criminal records.

The registered manager said the provider had a policy which stated all staff must complete an annual self-disclosure DBS but these were not available at the time of the inspection. Following the inspection, the registered manager confirmed these had now been completed by all staff.

We looked at how people's medicines were managed and found although some aspects of medicine management were effective other were not. One person received their medicines covertly (hidden in food without the person's knowledge). Best practice guidance states that covert administration only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. We found this was not happening. We looked at the person's care plan and this made no reference to covert medicines. The person's medicine administration record (MAR) stated one tablet could be administered with yoghurt but this was not the method followed because the tablet was given with milk and cereal. There was no reference to other medicines being administered with food. There was no evidence the GP or relatives with knowledge of the person had been involved in the decision making process. During the inspection we raised concerns about covert administration of medicines with the registered manager and a senior member of staff. A GP was visiting the person the same day and agreed that covert administration was appropriate and would formally write to confirm this. The registered manager said they would consult relevant others and update the care plan accordingly. No one else received their medicines covertly.

Staff we spoke with who administered medication told us they had completed medicines training and records were reviewed confirmed this. Staff files contained confirmation a competency assessment had been completed.

People's medicines were usually administered from a monitored dosage system (MDS) which was prepared by a pharmacist. We saw MARs were generally completed correctly and any omissions were clearly recorded. For example, some people had been to stay with family members over the Christmas period and the MAR reflected their medicines were not administered by staff at Daisy Vale House. People's care records sometimes provided information about how to support people with their medicines although this was not consistent. One person had medicines prescribed 'as required' for anxiety and they had a 'protocol' to guide staff on the administration of medicine to ensure this met their needs and preferences. However, other people were prescribed 'as required' medicines but did not have protocols.

One person was prescribed a liquid medicine and could receive doses between 5ml and 10ml. It was not possible to find out how much the person had received because staff had not recorded the actual amount administered. The MDS had days of the week printed next to the medicines but these were not always followed correctly, which can be confusing. Some people had started their MDS at different times but their MAR did not indicate this, which again can be confusing for staff when they are administering medicines to several people at the same time. We could not establish that everyone had received their medicines as prescribed. Medicine audits were being completed regularly and picked up some anomalies, however, they did not pick up the issues identified at the inspection.

Medicines were stored in a locked wardrobe in a room used by staff. The registered manager had ordered a new medicine cabinet so medicine could be stored more securely and had also ordered individual medicine cabinets that would be kept in people's rooms. The registered manager said the new system would help ensure people received a more personalised service when medicines were administered. They agreed to ensure the issues raised at the inspection would be addressed

Requires improvement

Is the service safe?

promptly. We concluded there was not proper and safe management of medicines. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received good support from the registered manager and colleagues. They said they had received sufficient training that had equipped them with the skills and knowledge to do their job well. Staff said they had opportunity to discuss any issues as soon as they arose and received regular supervision where they could sit and talk to their supervisor. Supervision is structured support to help staff develop their understanding and improve their practice. One member of staff said, "If ever I'm unsure I ask and there is always support and someone available to provide advice." Another member of staff said, "It's works really well. Everyone supports each other."

We looked at staff files which showed staff received supervision on a monthly basis The registered manager had recently introduced a new format to ensure key points were covered such as The Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and safeguarding. The registered manager told us they wanted to "raise staff awareness so that staff had a good understanding of these subjects". A schedule for planned supervision dates was displayed in the office. In the PIR the provider told us staff who had been employed for more than two years had an annual appraisal in the last 12 months. Staff we spoke with confirmed this.

In the PIR the provider told us staff had completed training around dignity, respect, person centred care, equality, diversity and human rights, fire safety, first aid, food hygiene, MCA, DoLS, and prevention and control of infection. Training records we reviewed showed staff had completed a range of training and refresher sessions. Each member of staff accessed online training and were made aware when they needed to complete sessions. The registered manager said they monitored on-line training to make sure staff training requirements were met and also arranged relevant face to face training. They gave examples of epilepsy and manual handling training sessions that had recently been booked.

The 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).)

People who used the service told us they could make decisions about their care and support. They said they had meetings with their keyworker and talked about their support. A keyworker helps coordinate care and support to make sure people's needs and preferences are met. One person said, "[Name of member of staff] is my keyworker and we talk about things. She writes it down then we go through it and I sign it."

Staff talked about considering people's capacity to take particular decisions and legal requirements when they supported people who did not have the mental capacity to make decisions for themselves. They were aware that any decisions had to be in the person's best interests. Mental capacity assessments had been carried out for aspects of care and support such as medication and personal care. The assessments were general and did not always cover specifics that were relevant to the person, for example, one person had their medicines administered covertly but there was no reference to this in their mental capacity assessment. The registered manager agreed to review the assessments and add more detail where required.

The service had documentation to show DoLS applications had been submitted to the relevant authority where restrictions were in place, and other professionals had been involved in this process, which included a doctor and a best interest assessor.

People told us they met every two weeks to talk about meals and decide what they were including on the next two week's menus. People said they had plenty to eat and drink and enjoyed the meals. One person said, "The food is absolutely lovely, it's beautiful. We sit down and talk about what we want to eat. [Name of member of staff] writes it down. I chose gammon this week." Another person told us they had suggested summer and winter menus which had been introduced.

Menus for the week were displayed on a notice board outside the kitchen; these were in a written and pictorial format to help people understand the menus. The

Good

Is the service effective?

registered manager and staff explained that from the menus, a shopping list was drawn up and then people who used the service and staff went shopping to the supermarket for provisions.

We observed lunch preparation and lunch. People were encouraged to make their own soup and sandwiches, and staff provided support as and when required. It was evident this was something people engaged in daily, as they were confident and selected items from the relevant cupboards. People told us they also made snacks, drinks and their breakfast, which included; toast, cereal, microwave porridge and drinks. They said fresh fruit was available at any time. Staff prepared meals for people who were unable to make their own. One person required support to eat their meal and received uninterrupted support from staff. Lunch was well organised and people had a good experience.

People told us they received good support with their health needs, which included visiting their doctor and a local dentist. One person told staff they felt unwell and a GP appointment was arranged. Care records showed people had attended regular health appointments. People had a 'health action plan' to help make sure their health needs were monitored and met. Some were up to date whereas others were not. For example, one person's health action plan was reviewed in November 2015. Another person's referred to appointments in 2014 but it was clear from other records the person had seen health professionals in 2015. People also had 'hospital passports' which in the event of a hospital admission provided hospital staff with important information about the person. Some did not contain all the relevant information. The registered manager said they were aware some records were not up to date and were addressing this with key workers.

Good

Is the service caring?

Our findings

Throughout the inspection there was a happy, friendly and relaxed atmosphere. People who used the service enjoyed the company of others they lived with. People told us they were happy and enjoyed living at Daisy Vale House. Comments included, "I enjoy it", "I like living here", "It's quiet", "I really love it here. I've been here ten years. I love all the staff; they are brilliant", "It's cosy and warm. You get up and go to bed when you want", "I'm happy here". One person who was staying at the home for a short period said, "It's like home. I will miss it here."

People also enjoyed the company of staff. We saw staff listened to people and were kind, patient and supportive. People told us they liked the staff. One person told a member of staff, "I miss you on Thursdays and Fridays when you aren't in." A member of staff was not on duty on the day of the inspection and several people spoke affectionately of them and clearly missed their presence.

Staff knew people well and were able to tell us about people's likes and dislikes, and helped them understand the person and how to respond when offering support. Staff understood how to maintain people's dignity and privacy, and gave examples of how they did this. We saw staff deal with situations that could potentially have escalated but staff were reassuring, calm, discreet and confident. Situations were diffused and passed without incident.

Several people talked to us about contact with family and friends and said they were encouraged and supported to do this. Some discussed recent visits over the Christmas and New Year period. In the PIR the provider said, 'Family and friends are encouraged to partake as much as they wish in a relationship, they are able to visit when they wish, generally they come to the service whenever they wish, they do not need to be invited.'

During the inspection we observed people being encouraged to be independent. Several people went out independently. Some people were involved in household tasks such as preparing meals and cleaning in communal areas. Everyone was encouraged to get involved with cleaning their room and had an allocated day. The registered manager said they were looking at how they could further increase involvement around the home to help maintain people's independence and daily living skills. They were introducing designated laundry days and had recently purchased individual laundry baskets for people.

At the last inspection, in 2013, we noted people used some community health services but chiropody and optician services were provided at the home. We reported that although the arrangements ensured people's healthcare needs were met, service provision for people with learning disabilities should give people the opportunity to access community health services. At this inspection we found people still received some services at the home. The registered manager said they would review the arrangements with each person and ensure access to community services was considered.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. It was evident from discussion and reviewing care records people had regular baths or showers as they wished. Several people showed us their room. These were personalised, and reflected their preferences and interests. People had posters and pictures on their walls.

Staff we spoke with were confident people received good care. One member of staff said, "It's a good service. Everyone knows everyone and we really do care." Another member of staff said, "It's a good atmosphere, it's lively. People are happy and are encouraged to be independent but get help when they need it."

Requires improvement

Is the service responsive?

Our findings

People told us they made decisions about their care and support such as choosing when to get up and go to bed and when to have a bath or a shower. They told us they met with their keyworker and talked about what they wanted to do. People said they enjoyed different activities such as going to the cinema, pub nights, arts, craft and drama nights. Several people talked to us about the Christmas and New Year celebrations which included a New Year's Eve party where people "did dancing". Comments included, "I like shopping and going to town", "We go to the pub for steak and shandy", "We do a quiz and Bingo at [name of local group]", "I go to Wakefield on the bus". People also talked to us about holidays and told us they had a good time. One person talked about the next holiday and said, "We are going to a log cabin in the Dales and will be doing lots of walking."

On the day of the inspection we saw people engaged in baking and a 'zumba' session. Some people went out shopping and others went to work experience/voluntary placements. People showed us photographs and certificates for activities and events they had taken part in which included a show, swimming and talent competition. We looked at one person's activity plan which identified their preferred activity programme and included football, crafts, karaoke nights, music, shopping and cleaning tasks. The person's daily notes showed they had engaged in their chosen activities.

We saw that some people who required higher levels of support were not always stimulated during the day and sometimes sat for long periods. The registered manager said they were recruiting an additional support worker and reviewing everyone's activity planners to make sure they received person centred activities.

We looked at three people's care records and saw there was lots of information about what staff should do to make sure care was individualised. People had a 'one page profile' which contained information about 'what people like and admire about me', 'what's important to me' and 'how best to support me'. People had communication dictionaries, and personal and development support plans which identified areas of specific need such as capacity and consent, health, medication and nutrition. One person's communication dictionary showed 'how I indicate I'm happy' and ''how I indicate I want to go out'. Another person's personal and development support plan had good information to guide staff when the person was anxious.

Although we saw there was some good information in care records, we also found some gaps in the support planning process. For example, one person was at risk of losing weight but their weight was not being monitored. We also saw that a sensor was being used to help keep one person safe when they were in their bedroom but there was no reference to this in the person's care plan, which could result in the person care needs being overlooked. The registered manager said they had identified some people's assessments and support plans were not thorough so were reviewing these.

One person had moved into the home over two weeks before the inspection and was staying short term; they did not have a care plan. The registered manager said they had visited the person before they moved into the home and involved others who knew the person. A pre-admission assessment form was completed, however we saw this was only partially completed. Some information was provided from another service but again this did not cover all key areas. The provider's policy which covered admissions stated 'develop support/care plans that identify the particular needs of the service user and how you will manage them. The registered manager agreed to ensure assessments and support plans were completed for everyone including people who were only staying at the home on a short term basis.

People told us they did not have any concerns about the home and would talk to staff if they were unhappy. They also said they would talk to the registered manager if they had a problem. One person said, "I'd tell [name of keyworker] and she would sort things out." People attended 'Your Voice' monthly meetings where they had opportunity to talk about any issues. In the PIR the provider told us, 'Easy read service user guides are in place, which also give information on how to contact people should they wish to make a complaint.'

The registered manager said no complaints had been received in the last 12 months. Staff we spoke with were confident any concerns were dealt with promptly and addressed before they became a formal complaint. They knew how to respond to complaints and understood the complaints procedure, which was displayed in the home.

Good

Is the service well-led?

Our findings

The service had a registered manager who was registered with CQC in October 2015. We received positive feedback from people who used the service and staff about the registered manager; they told us the service was well led. People who used the service told us they liked the register manager. One member of staff said, "She involves everyone, asks everyone. She's well matched to Daisy Vale."

People who used the service told us they could express their views, which included attending monthly meetings which they called 'Your Voice'. We looked at some of the meeting minutes which were recorded using an easy read format and showed people's feedback influenced what happened at the service. For example, people had purchased a real Christmas tree and enjoyed a meal out at the end of November; both ideas were put forward as suggestions at 'Your Voice' meetings. Dates for future "Your voice" meetings were displayed. People had also discussed the possibility of having a dog. We were told management were waiting for one that was suited to living in a busy environment and sharing it with the home's resident cat.

Staff told us they were happy working at the home and the low turnover of staff evidenced a happy workforce. They said communication within the home was good. They said the team worked well together and ideas and suggestions for developing the service were encouraged. We reviewed staff meetings minutes, which were held monthly. The registered manager had recently introduced a new agenda format for staff meetings to help ensure important topics were discussed. These included Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act and 'safeguarding incident reporting'.

Staff told us allocated tasks were clearly designated so everyone understood their roles and responsibilities. We saw staff responsibilities were displayed on the office wall and included, shopping, medication, vehicle checks, COSHH (Control of Substances Hazardous to Health) and meal planning. Information has been collated to increase staff awareness of what should be provided in a 'good' service and what is covered during a CQC inspection. They had explained the five domains, safe, effective, caring, responsive and well led.

We looked at how the service was monitored and found, in the main, effective systems were in place. The provider had different audits and checks that were carried out by staff and management at the home, and senior managers who visited the home. We looked at 'quarterly safety quality and compliance' visits where a senior manager visited the service and checked they were meeting the required standards and adhering to company policies and procedures. In the PIR the provider said, 'Internal audits are carried out for infection control, medication, health and safety, safeguarding, financial audits, Regional manager carries out monthly provider visits and supports with actions that need addressing. Internal inspections are carried out this includes health and safety, finance, and quality this is then recorded on e-compliance and these can be evidenced by action plans that are created after the visit has taken place.'

The registered manager discussed plans for improving the service, which they were starting to implement. This included, reviewing activity planners, improving care planning and medicine management systems, and encouraging people to further develop their daily living skills and take more responsibility around the home. Two people who used the service said, "We are going to do our own laundry soon." They said they were looking forward to this idea which they knew was being introduced by the registered manager.

At the time of the inspection they were rearranging offices and paperwork. Some information was difficult to locate, such as previous daily records and medicine records. The registered manager and staff said they were confident once they had arranged offices systems would be better organised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not have systems for the proper and safe management of medicines.**