

Nirosh Care Homes Limited

James Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 7 February 2017. At our last inspection visit in January 2016 we asked the provider to make improvements to areas relating to, staffing in areas of the home, peoples capacity and aspects of auditing to drive improvements. The provider was asked to complete an action plan to explain the actions they would take to make improvements, however they didn't complete the plan. At this inspection, we found improvements had not been made. The service was registered to provide accommodation and personal care for up to 12 people. At the time of our inspection, there were 10 adults with learning disabilities living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had not completed assessments to reflect people's capacity relating to specific decisions. We could not be assured that when people lacked capacity their needs had been considered in line with the guidance available. . Peoples care plans had been reviewed, however the information was not easily accessible to ensure the person was receiving the correct level of care and support.

Staff had not received training to develop their knowledge and skill when supporting people with behaviours that challenged. Competency checks had not been completed to ensure training had been understood and was put into practice.

People had been allocated specific staffing hours to meet their needs. However we saw that these people did not receive this agreed level of support and the staffing hours had been combined to provide support to all the people living at the home.

The provider had not completed audits to support the development of improvements or to consider any trends in areas of concern. People's views had been considered however they had not been correctly analysed or shared with people so they could see that their views had been considered.

We saw that the previous rating was displayed in the reception of the home as required, however in the incorrect format. The manager had not understood their responsibility of registration with us and we had not received all the notifications relating to incidents at the home.

People told us they felt safe and that staff knew how to recognise signs of abuse and what they needed do to protect people from abuse. Risks to individuals and the environment were identified and managed. People enjoyed the food and felt they had choices of the meals they received. Staff sought people's consent before providing any care and support. People received their medicine in accordance with their needs and staff had

a good understanding when additional medicine was required to maintain people's health. Health care professionals were involved in people's on-going health needs and the staff knew how to make referrals to access additional support then required. People were able to engage in social activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
There were staff available to support people within the home. Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. The recruitment practices in place checked staff's suitability to work with people. People received their medication as prescribed and medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective
People had not received assessments that reflected their capacity, to support their decision making. Staff had not received the training they required to enable them to feel confident in their role. People enjoyed the food and had a choice. When required support and advice around health and nutrition had been considered. Support from health professionals was requested and available when needed.

Is the service caring?

Good ●

The service was caring
People had established relationships with staff and felt cared for. Staff treated them with dignity and respect. Relationships and friendship that were important to people were maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive
The staffing was not always allocated in accordance with the level commissioned, to provide the personalised care people needed. Not all the activities were reflective of people's age, however other activities were available to enable people to socialise. People had been included in the development of their care needs. People had been informed about how to raise a concern.

Is the service well-led?

Inadequate ●

The service was not well led
Effective systems were not in place to assess, monitor and improve quality of care. People were engaged in sharing their opinions however the provider had not analysed these or shared the results. There was mixed feeling about the support the staff received. Areas of concern identified in our previous inspection had not been addressed. We had not been informed about safeguarding notifications.

James Court Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included statutory notifications that the provider had sent to us about incidents at the service and information that we had received from the public. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners. These are people who work to find appropriate care and support services which are paid for by the local authority. We used this information to formulate our inspection plan.

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 used this information to formulate our inspection plan.

We spoke with five people who used the service. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We also spoke with four members of care staff and the registered manager. We looked at the care records for three people to see if they were accurate and up to date. We reviewed the staff records to see how staff were trained and supported to deliver care to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. After the inspection we spoke with three social care and health professionals who worked closely with the service.

Is the service safe?

Our findings

At previous inspection we raised concerns relating to staff being accessible in the lounge areas to meet people's needs and asked the provider to make improvements.. During this inspection we found that there was a staff member present in the lounge areas throughout the day. A staff member said, "We aim to have one person in the main room lounge, dining and quiet room that way people have someone they can call on if needed."

People told us there was enough staff to support them. One person said, "There is generally a staff member around when I need someone." Another person said, "We have a good bunch of staff." We saw that the provider had allocated three staff throughout the day, with the addition of an activities person and the manager in the office. A staff member told us, "There is always enough staff and we don't need to use agency." They added, "We keep it in house, it's important the staff know the people." The manager told us they covered some shifts on a weekly basis, they said, "It's important to know people which enables me to write the care plans."

People told us they felt safe when they received care. One person said, "All the staff look after us properly." Staff had received training in safeguarding and understood the different possible signs of abuse and how to raise a concern. One staff member said, "I would make a referral, I know it has to go to the local authority." We saw that referrals had been made and recorded by the manager. Actions following the investigations were noted in the care plans or the record book.

We saw that fire risk assessments had been completed on an individual basis. People told us they had regular fire drills. One person said, "I know the fire exits and we have practices." Several people then went on to explain where the fire exits were. We saw during a meeting with the people who used the service, they had completed a quiz on fire and evacuation. There were individual plans in place detailing the support people needed in case of evacuation. This meant the provider ensured people understood how to evacuate in an emergency.

We saw that risks to people's safety had been assessed. For example, we saw that risks relating to people's personal care had been considered including the use of toiletries. There were other risk assessments relating to the support required when people went out. For example, the use of escalators and public transport. A staff member said, "The assessments ensure that risks are managed. It allows people to live their lives to the full and reduce the risk."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references, confirmation of staff's identity and checks through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People told us they were supported to take their medicine. One person said, "I am happy with the staff doing them. I would not know where to start." We observed people receiving their medicine. People were given a drink and time to take their medicines. We saw some people had medicine on an as required basis. There was separate guidance to inform staff when these should be given. For example, one person required medicine when they became anxious. A staff member told us, "We try other distraction techniques first, as the medicine can make them sleepy and unsteady." We saw the guidance stated the distraction techniques should be used and a specific time frame was given if these were not effective. The staff had received training in medicine administration. One staff member told us, "Only the people trained do the medicines." We saw the records were up to date and recorded in line with the medicine policy.

Is the service effective?

Our findings

At our previous inspection in January 2016, we found that the provider was in breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured when people lacked capacity that they received an assessments and that any decision was made in the person best interest. At this inspection we found that further improvements were still required.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, we saw that an assessment had been completed relating to one person's capacity. This did not relate to specific activities or decisions. For example, the home used monitors when people spent time in their room alone. An assessment had not been completed to identify if the person had capacity to accept the equipment and understand the reason for its use. The manager had not considered if this was the least restrictive approach to manage that person's safety or how it impacted on that person's privacy. Some assessments identified some people required the information in a different format to aid their decision making. However they did not say what format that was or if it had been used to support the decision making process. Other assessments identified some people did not have capacity to make a decision. An assessment had not taken place to ensure care was provided in the person's best interest. Therefore there was a risk that people were not supported with their decision making.

Staff we spoke with were not always able to explain to us how people were supported to make decisions or their understanding about the Act. When we discussed some people's care with the staff they told us that the arrangements were what the family wanted. They were unable to say if the family had the legal responsibility to make that decision. This demonstrated that staff were not always knowledgeable about the MCA to support people within the legal framework.

This demonstrates a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We checked to see whether any authorisations had been given to deprive people of their liberty and if any conditions to these were being met. Applications relating to DoLS had been completed to the relevant authority for all the people living in the home. These applications had been made without referencing people's level of capacity. Some people had received their assessment. For one person the DoLS had not been authorised. This person's capacity assessment reflected that they had not got capacity in some areas

and it was contradictory to the DoLS assessment. This meant the information available was confusing and the persons support in relation to their decision making could be impacted. Some staff we spoke with were not able to tell us who was protected under a DoLS or any considerations required to support people if these had not been authorised. This meant we could not be sure that the provider understood their responsibility associated with DoLS and there was a risk that people were being deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

This demonstrates a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We saw that staff had received the mandatory training to support their role. Even though staff had received training to support their role, some staff were not able to explain what they had learnt and how they put this into practice. We spoke with the manager about how they checked staff competency following any training. They told us, "We have not completed competencies to ensure staff understood the training they had received".

Staff told us they had received some first aid training the day before our visit. One staff member told us, "[Person who used the service] came into the training and joined us." Although first aid training may have been of use to this person, they were unable to describe any aspect of the training they had been involved in. We were aware that this person liked being with the staff, however their presence in the session could have distracted staff from focussing on their training and impacted on their understanding of the subject. Consideration needed to be given to support this person so they could be engaged in an activity that was of interest to them.

The local authority had reviewed the auditing of the training. They noted that this had not been fully updated following some recent training. The manager advised the local authority that they found it difficult to put dates against the training session as they covered a variety of topics.

Some people at the home had behaviours that challenged. Staff told us they had not received any training to enable them to manage this. One staff member said, "I have not had any training in this area since I have been in post." Another staff member said, "It would really benefit us to have some in-depth training in managing the behaviours." A health care professional said, "Staff have not received any formal training, this would certainly help them in establishing understanding of the behaviour plan." This meant we could not be sure staff received the level of training required to support them in their role.

This demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they enjoyed the meals. One person said, "It's nice I like the food." Another person said, "Its nice food and we have takeaways and salads, plenty of choice." They added, "I get enough to fill me up." We saw people had a choice of meals and these were recorded to support future menu planning. Where people had dietary requirements we saw these had been documented and the person had been included in discussions about their meal options in relation to their health needs. One person told us, "I have to be careful what I eat, I have the special yogurts, and I prefer those to the drink." Throughout the day we saw people were offered drink and if they requested one, this was provided or they were supported to make it themselves. This showed the provider supported people to maintain their nutritional needs

We saw that referrals had been made to health care professionals in a timely manner and when people had attended their appointments, the outcome was recorded. A health care professional said, "Appointments

are always met and they aim to send the key staff for that person." They added, "Staff are happy to take on recommendations." We saw a person had been to the dentist. Staff discussed the outcome to ensure the person understood the information they had received and what that meant to their routine. This demonstrated people were supported to maintain good health.

Is the service caring?

Our findings

People told us staff supported them. One person said, "I enjoy it here, it's like family." Another person said, "They are friendly and cheeky, we can have a bit of fun." Many staff had worked at the home for a number of years. One staff member said, "They are like my extended family." The atmosphere in the home felt homely and people knew each other really well.

People were encouraged to keep in touch with people who mattered to them. Some people had set events planned into their week. For example, one person had a weekly telephone call to family. Guidance was provided around this, including times and the best approach to support the person with the conversation.

We saw people were offered choices and their independence was promoted. For example, where people wanted to sit, how to spend their time and what they wished to eat. One staff member said, "It's mainly day to day decisions that people can make." Another staff member said "It's important we encourage people to make their own decisions and answer their own questions." We saw this was encouraged.

People told us they felt their privacy and dignity was respected. One person told us they were able to have things in their room they wished, they said, "I have all the things around me in my room that I want, my stereo, TV and lots of activities." Another person said, "The staff knock before entering." One staff member said, "You need to respect everyone, they are entitled to good care." Another staff member said, "Treat people how we would want to be treated." This meant people were supported to maintain their dignity and respect.

Is the service responsive?

Our findings

Some people who used the service had been allocated specific staffing hours to meet their needs. We saw that these people did not receive this agreed level of support. For example, one person had been allocated specific one to one staffing. However, this staff member was available to all the people living at the home, and their time was viewed as part of the overall staffing levels. Another person should have received specific hours of individual support, and these had not been allocated to them to meet their needs. We saw that staffing was planned as a combined approach; the manager told us, "We have three staff, they work across the people's needs." During our visit we did not observe the support being provided on an individualised basis in line with this staffing requirement. A staff member said, "We make sure there is someone in each of the communal areas, the person who has a one to one will be in one of those." A health care professional told us, "People are not receiving the level of support they require and this can have an impact on how their day is managed." This level of support was a requirement of the commissioners based on the needs of the person, these people didn't receive an established programme to meet their identified needs. This meant people did not receive the appropriate level of care to meet their needs.

This demonstrates a breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The pictures on display and the activities available for people were linked to things associated with children. For example, one person sat playing with a toy car and other people had puzzles suitable for nursery aged children. Alternative options had not been sought which could provide the same stimulation, however reflect the person's age.

People told us they enjoyed activities available. One person said, "I go to the church, I have friends and I am learning about all sorts including Jesus." We saw that people attended social groups and that for one person the day had been changed as the activities suited them better on a different day. There was a programme of events, run by an activities coordinator. They told us, "It can be flexible depending on how people feel or what's in the diary. It is their home, they are able to do what they want."

People had been involved in the planning of their care. One person said, "They talk to me about the plan and I have had a look." We saw the care plans provided guidance on all aspects of peoples care and some plans had been updated to reflect when changes occurred. For example, one person had an injury which meant they had to receive care in a different way. Staff told us they had access to the care plans. One staff member said, "I look at the care plans regularly, and they get updated. New areas are brought to our attention." We saw in each plan a 'goal setting' document had been added to consider each person's areas of interest and achievements. We saw these were individual and had been reviewed to show any progress or achievement.

People told us they knew how to complain. One person said, "I would go to the staff. " We saw there was a complaints procedure which was displayed on the notice board in the home. Staff understood about the policy and we saw this had been discussed with people who used the service at their last meeting. There was a policy on the notice board in the office. The manager had not received any complaints to the service.

Is the service well-led?

Our findings

At the previous inspection we asked the provider to make improvements to the audits used to monitor the quality of the service. We also asked the provider to ensure the relevant support was available to staff. We told the manager to ensure they sent us notifications about incidents which occurred in the home. We reported on these in our last report. During this inspection we found that the required improvements had not been made.

We asked the provider to complete an action plan to tell us how they would address the concerns from the last inspection. The provider had not completed an action plan, and this meant we could not be assured the provider acknowledged what was required to be done to meet the regulations. At this inspection we found the areas identified as requiring improvement had not been addressed.

At the last inspection, the manager told us they were in process of introducing audits and quality assurance tools. We saw these had not been implemented. We discussed the audits with the manager; they told us they planned to implement audits. This was the same response we received at our last inspection. The manager had still not completed audits to monitor the quality of the service. For example, we saw incidents had been documented however there was no action recorded. No analysis had been completed to consider any trends or areas where action was required to reduce future risks. Other areas of concern related to safeguarding incidents. These had not been audited and any possible links to people's behaviours had not been considered. The only area that had been audited was medicines and this had resulted in positive changes in practice. The manager did not meet with the provider to discuss the home. There was no documentation to reflect ongoing quality checks for the home. For example, maintenance requirements, audits relating to the service and aspects of the running of the home. Overall we could not be sure audits would be implemented across the service to consider improvements.

The care plans and risk assessments had not been audited. People living in the home had been there for many years and some areas of risk may not have changed. However, we saw no reviews had been completed to consider any changes which may have related to the persons increase in age or mobility. For example, one person's risk assessment had been completed in January 2014, the last entry was three years later and stated 'no change'. For example, a care plan related to concerns when a person was out in the community however did not identify any guidelines. The review provided this guidance and updated information, but this was in a different part of the care folder. We saw all the reviews were in a separate documentation in a different part of the care plan. This meant we could not be sure current information was easy to obtain, to support the person.

We could not be sure the provider followed the latest regulations in line with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We identified that within the safeguarding policy, the provider was still making reference to policies and good practice guidance that has since been superseded. The Care Act expects providers to work within a very definite set of mandatory requirements around adult safeguarding. Other concerns relating to the understanding of the Care Act and our new regulations were

seen in the documents the manager told us they were going to use for their audits. We saw these related to the old standards of care and not the current model being used by us that reflect the regulations.

It was unclear about the support network available for the manager or the staff if the manager was not available. Staff had differing levels of understanding about the role of the person referred to as the deputy, consultant or trainer. The manager told us, they received their supervision from this person. We met this person who told us they were a consultant to the service. We discussed the level of support the manager received, they said, "I have asked for additional support and they plan to provide it." The manager confirmed they currently had no links with other professionals to support their development. Staff told us they had received supervision in relation to their roles, however not all the staff felt supported. One staff member said, "We discuss my work and I get feedback, I feel supported." Another staff member said, "I don't feel supported and feel if I raised something it would not be acted on." This meant we could not be sure there was a consistent approach to supporting staff.

The home had several areas requiring repair and decoration. In the meeting for the people who used the service last summer, this was mentioned. We saw the hall way had been painted and re-carpeted. It is an old property and the carpet had been laid on top of the uneven flooring. One person said, "I lost my footing on the hallway, I think the floor is uneven." Several people in the home were unsteady when they walked and some people use walking aids. Safety aspects had not been considered to ensure the change in carpet was an improvement. Other areas of the home required redecoration, the manager told us, "The provider had been round and considered redecoration, however they have not shared the information with me." The local authority had also raised this as a concerns as part of their monitoring visit, reflecting 'It would be advised that the decoration at the home is refreshed and any cosmetic damage is repaired' This meant we could not be sure the provider considered the views of people living in the home and aspects of improvement which would make the home safer.

People and relatives had been asked their views about the service. We saw the analysis of the questionnaires was not consistent with the responses. For example, the questions had not given the options of poor, fair, good or excellent, they had the choice to answer yes or no. However the person who had completed the analysis, worked on the assumption that if the residents had answered yes it would be excellent and if they answered no it would be poor. The provider had not offered people other options of how they could give their feedback, for example, pictures or signs. The feedback had not been shared with people to give them the assurance that their views had been considered and used to drive improvements. Therefore we could not be sure this provided a true reflection of how people felt about the home or that it had been used to make improvements identified by the people who use the service. .

This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There is a legal requirement for providers to inform us when specific events happen. We call these notifications. At the last inspection we found we had not been notified about some events. We asked the provider to make improvements in this area. We found that since our last inspection safeguarding referrals had been made to the local authority, however none of these had been reported to us. We spoke with the registered manager about this. They told us they did not realise they needed to send us this information. This meant the registered manager had failed to report incidents relating to any possible impact on people's needs.

This demonstrates a breach of Regulation 18 of the Care Quality Commission (Registration)

Regulations 2009.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service when a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed the report and not the ratings certificate. We spoke with the manager about this and they agreed to correct this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not report significant events that occur in the home. We had not received notifications from them for important information affecting people and the management of the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service had not designed care with a view to the meeting the person's preferences and choices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured a clear understanding relating to Deprivation of Liberty Safeguards applications and the relevant

support people required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure the quality and safety of the services provided was assessed, monitored and improvements made. Feedback from people and ongoing communication with them had not been developed for continually evaluating and making improvements. .</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>the staff had not received the required level of training to support people needs and provide their role with confidence</p>