

Nirosh Care Homes Limited

James Court Residential Care Home

Inspection report

6 St Pauls Square
Burton On Trent
Staffordshire
DE14 2EF

Tel: 01283740411
Website: www.niroshcarehomes.co.uk

Date of inspection visit:
28 September 2017

Date of publication:
07 December 2017

Ratings

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 28 September 2017. The service is registered to provide accommodation and personal care support for up to 12 people. At the time of our inspection, nine people who had learning disabilities were using the service.

Our last inspection visit took place on 7 February 2017, and the overall rating for the service was 'requires improvement.' The key question 'is the service well led?' was rated as 'inadequate.' We found the provider was in breach of six Regulations, and we arranged a meeting with the provider and registered manager on 20 March 2017. They told us how they would ensure that the improvements needed would happen, and sent us an action plan on 16 May 2017, with the details of how they would do this. As one key question was rated as 'inadequate,' this meant we would visit the service to complete another inspection within six months of the report being published.

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.

At this inspection, we found that improvements had been made, but further were needed to ensure the service was consistently well led. This was because some people's care records still had to be reviewed to ensure they were up to date. Certain relevant assessments still needed to be completed. The provider did not have a systematic approach to determine the levels of staffing that were required.

People continued to be safe living at the home. Staff understood how to protect people from harm and abuse. Risks to individuals were assessed, monitored and reviewed, and people were involved in these decisions when able. There were enough staff to meet people's needs, and the provider followed safe recruitment practices. People's medicines were managed safely, and they were protected from any harm associated with them.

When people were not able to make certain decisions for themselves, the provider followed the guidance available to ensure support was in their best interests. Staff gained people's consent before they assisted them, and were aware of how to support people to make decisions. Staff received training to ensure they could carry out their roles effectively. People were supported to maintain a balanced diet and access healthcare services when needed.

People were supported by staff who had developed positive, caring relationships with them. People were listened to, and they were involved in making day to day decisions about their care. Their independence was promoted, and people were supported to have control in their lives. Staff understood how to ensure people's privacy and dignity were respected.

People were able to participate in various activities they enjoyed, and were protected from the risk of social isolation. People were involved in the planning of their support, and received care that was individual to them. Their views were taken into account when improvements were made in the service and they knew how to raise concerns.

There were now systems in place to monitor and assess the quality of care people received. Actions were taken to make improvements and staff felt supported in their roles. The registered manager and provider showed a clearer understanding about their responsibilities as registered persons.

We will continue to review this service to ensure these improvements continue and are embedded and sustained in the future.

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 ●

People continued to be safe living at the home. Staff understood how to protect people from harm and abuse. Risks to individuals were assessed, monitored and reviewed, and people were involved in these decisions when able. There were enough staff to meet people's needs, and the provider followed safe recruitment practices. People's medicines were managed safely, and they were protected from any harm associated with them.

Is the service effective?

Good ●

The service was effective.

When people were not able to make certain decisions for themselves, the provider followed the guidance available to ensure support was in their best interests. Staff gained people's consent before they assisted them, and were aware of how to support people to make decisions. Staff received training to ensure they could carry out their roles effectively. People were supported to maintain a balanced diet and access healthcare services when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who had developed positive, caring relationships with them. People were listened to, and they were involved in making day to day decisions about their care. Their independence was promoted, and people were supported to have control in their lives. Staff understood how to ensure people's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were able to participate in various activities they enjoyed, and were protected from the risk of social isolation. People were involved in the planning of their support, and received care that was individual to them. Their views were taken into account when improvements were made in the service and they knew

how to raise concerns.

Is the service well-led?

The service was not always well led.

We saw that various improvements had been made, however further were required to ensure information about people was up to date and reviewed. There was no effective system in place to determine the levels of staffing required to meet people's needs. However, there were now systems in place to monitor and assess the quality of care people received. Actions were taken to make improvements and staff felt supported in their roles. The registered manager and provider showed a clearer understanding about their responsibilities as registered persons.

Requires Improvement ●

James Court Residential Care Home

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 visit took place on 28 September 2017 and was unannounced. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with five people who used the service and three members of care staff, the deputy manager, the registered manager and the provider. 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 looked at the care plans of three people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

People were safe living at James Court Residential Care Home. One person told us, "I don't get scared. If I felt frightened, I would talk to the staff. I feel safe." Staff understood how to protect people from harm and abuse. They were knowledgeable about the different types of abuse that could occur and the signs they would look out for. One staff member said, "If there were changes in people's attitude or how they took care of themselves that could indicate that something was not right. We would also look for any unexplained injuries." They added, "If I saw anything I would report it to the manager and know they would ring the concern through to the safeguarding team." We saw the registered manager followed the safeguarding policy in place and had referred concerns to the relevant team. Staff told us about the whistle blowing policy in place, and one staff member said "If I saw staff doing something in the wrong way, or had overstepped boundaries, I would be confident to report this." This demonstrated that staff were encouraged to raise concerns.

Risks to individuals had been assessed, monitored and reviewed. We saw that people were involved in making decisions about potential risks. One person told us, "We always have staff with us when we go into the kitchen; there are some things that could be dangerous in there, so the staff keep us safe when we help out." Another person commented, "The staff are always reminding me to be careful." The provider had considered how to deal with emergencies within the home. One person said, "We have to practice if there is a fire, and make sure we know what to do." We saw that people had individual plans in place to give staff guidance as to how people needed to be supported. One staff member commented, "Fire safety was one of the first things I was told about; what to do and what not to do." We saw that people had a variety of risk assessments in place that showed staff how to manage risks effectively both at home and in the community.

We saw that some people could become quite anxious. For example, one person found it difficult to understand why some of the other people were going to a particular activity and they were not. Staff took their time and were patient with the person, explaining and reassuring them. They found an alternative activity that the person could take part in, and this resolved the situation. We saw the staff followed the guidance that was available in the person's care plan. The registered manager had sought guidance from external professionals in relation to these positive behavioural support plans.

There were enough staff to keep people safe and meet their needs. One person said, "There are enough staff. They are always here if I need them." One staff member commented, "The shifts are always covered, and we also have someone who focuses on community activities with people. If someone is ill, then another member of the team will step in. That means people know who is supporting them; we don't have strangers coming in which is good." We saw that when people were assessed as requiring additional support, a staff member was allocated at different times during the day. We checked to see how staff were recruited, and one staff member told us, "After my interview, I had to have a new disclosure and barring service (DBS) check done before I could even start my induction." The DBS is a national agency that helps employer's make safer recruitment decisions and prevent unsuitable people working in services. The staff record we looked at confirmed the necessary checks had been completed. This also included employment histories, references and people's identity. This demonstrated the provider had safe recruitment systems in place.

People received their medicines as prescribed. One person told us, "I have my tablets in the morning; the staff get them for me. I need to have them or I'd get poorly." Another person commented, "All the tablets are kept safe in the office. The staff give them out; I couldn't do it myself as I might do it wrong. If I took someone else's tablets that would make me ill. The staff make sure I get the right dosage." Staff received training before they could administer people's medicines. One staff member said, "I had to observe [the registered manager] and shadowed them for a long time. After that, I did the actual training course so I could learn about the different medicines; what to do and what not to do. Then I was observed to make sure I was doing it right. I was given time to learn which was important." We saw there was guidance in place for staff to follow if people had medicines 'as required' rather than every day. We saw that medicines were stored safely; stock counts were monitored; and the records were up to date.

Is the service effective?

Our findings

At our previous inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured they followed the guidance available when people were not able to make certain decisions for themselves. We also found that staff did not have a working understanding of the Mental Capacity Act 2005 (MCA). We told the provider to make improvements, and at this inspection, we found the required improvements had been made. The 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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We saw that when people were not able to make certain decisions for themselves, the registered manager or deputy had completed assessments in line with the guidance available. One staff member told us, "We have done a lot more than before, and it is now making a lot more sense. We still have to make sure we have covered all the areas needed, but we are getting there." The assessments we looked at gave information about the decision that was being made, and evidenced how people's capacity had been determined. We spoke with staff about how they ensured the MCA guidance was followed. One staff member told us, "I know we should assume that people have capacity unless it's proven otherwise. We can't judge that people aren't able to make decisions and we have to help them understand the information. Sometimes we may use pictures to help people, or we may see how they react to things. If people still can't make a decision, then we have to look at what the best thing for them is." We observed staff gain people's consent before they assisted them, and when able to, people had signed their care plans showing they agreed to their care and support.

At our previous inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a risk that people were being deprived of their liberty without the lawful authority in place. 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 told the provider to make improvements, and at this inspection, we found the required improvements had been made. We saw that some people had a DoLS authorisation in place and the registered manager had systems in place to ensure that further referrals were made when authorisations had finished. Staff had received training about the MCA and DoLS and were aware of the people who had authorisations in place and what this meant.

At our previous inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always received the training they needed to support them in their roles. We also found the registered manager did not have a system in place to check staffs learning and assess their competencies. We told the provider to make improvements, and at this inspection, we found the required improvements had been made. One staff member told us, "We have had a change in the training provider, and now have various sessions booked in until December. The

training we have had so far has been good and it has been more relevant as it is about the people we are supporting. The training we have had around managing behaviours has been really helpful, and as a staff team we have got better at dealing with things." Another staff member explained how they had received training to understand how people communicated, and was able to say how they used this learning and put it into practice. They added, "This was really positive and has helped us all communicate better with people who live here." Staff also told us they had an effective induction when they started working at the home, and that the registered manager assessed their learning and development through their appraisals.

People were supported to have enough to eat and drink, and told us they enjoyed the food. One person said, "The food is good. Sometimes we have a take out, other times we can help in the kitchen." People were involved in making decisions about the menu and food options that were available. We saw this was discussed as part of the meetings for people who used the service. We saw that people were able to help themselves to fruit and snacks when they wanted to and staff would respond to people's requests in a timely manner. Some people needed to follow specific diets due to risks when they ate. We saw that staff followed the recommendations that healthcare professionals had made. The provider had put actions in place when people were at risk of not having enough to eat. We saw these actions considered the individuals preferences and choices, and staff were aware of what they needed to do. We observed people being supported to have drinks throughout the day, at times that suited them. This demonstrated that people were able to maintain a balanced diet.

People were supported to access healthcare services. One person told us, "I've been for my flu jab; I needed to have it because of the tablets I am on. Having the jab keeps me well." We saw the person had been supported to attend the doctors for this injection. Another person commented, "The staff will sort out my appointments when I need them. They come with me to make sure I understand what's been said." The registered manager had ensured that referrals were made to a variety of healthcare professionals when this was required. The outcome of these appointments was recorded so staff knew about any actions they needed to take. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People were supported by staff who knew them well. One person told us, "All the staff know me. They understand what needs to happen." Another person said, "The staff are always here to listen to me." The interactions we observed between the staff and people who used the service were kind and patient. We saw people laughing with the staff and sharing jokes with each other. Staff had time to spend with people and the care was not just focused on tasks. The provider was at the home on the day of our visit. They knew people's names and spent time talking with people. One staff member told us, "There is a good relationship between the people who live here, the staff, the manager and [the provider]. It's really good to see how they are building relationships with people, as well as trust." People were happy with the support they received, and one person commented, "Everything is good; I like my key worker and can talk to them whenever I need to. I'm important and so are they."

People were involved in making decisions about their care. We observed staff offer various options for people throughout the day. For example, they were able to choose if they wanted to help in the kitchen or join in with table top activities that were taking place. One staff member told us, "One person wanted to have a lie in in the morning. So, we spoke with them and they decided they wanted their shower in the evening to give them more time in bed in the morning. So that's what happened." This demonstrated that people were supported to be in control of their lives.

People were encouraged to be actively involved in their support. One person told us, "I've got my own cookery book, and the staff help me with baking. I like to make cakes and biscuits." They added, "The book has got easy to read text, and I've also got other books that are easy to read. Then I can read them myself." This demonstrated that people had information in a format that helped them to understand. We observed staff explain things to people in a way that made sense to people, and staff took time when speaking with people. There was a poster displayed that showed people how they could engage the support of an advocate if they needed this. An advocate assists people in making their viewpoint heard if they find it difficult to do this themselves.

Staff promoted people's independence. One person told us, "If the staff know I can do something on my own, they leave it to me to do it on my own. If I need some help, they will help me." Another person commented, "I make my own bed in the morning. I like to help in the kitchen and can get my own drinks." Staff understood that it was important to ensure people's dignity was upheld. One staff member told us, "We have to treat each person as an individual, and respect each one of them. They are all different, and it's important that we see them as such." Another staff member commented, "If people need to have time on their own, then that is fine. We are here for them when they need it." We saw that in one of the meetings held for people who used the service, there was a discussion about promoting rights, choice, control and equality. Staff were able to explain how they ensured people's privacy was respected, and that the principles of dignity in care were upheld.

People were able to maintain relationships that were important to them. One person told us, "I see my family either when I'm out or they come here." Another person said, "We go to the club and can see our

other friends." We saw that various events had taken place in the home, and that people's families and friends were encouraged to attend.

Is the service responsive?

Our findings

At our previous inspection, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some people who used the service did not receive the agreed level of support to meet their care needs. We told the provider to make improvements, and at this inspection, we found the required improvements had been made. We saw the provider had been in contact with the local authority to gain clarification about the support that was commissioned for people. Even though this work was ongoing, they had ensured that people received care that met their individual needs.

At our previous inspection, we also found that some of the activities people participated in did not reflect their age. At this inspection, we found that improvements had been made. We observed people playing word games and being supported to write letters to their families. Various craft activities took place that people could choose to participate in. We saw that people went out into the community to participate in different things. One person told us, "I'm going out to the hub tomorrow; I like going there. We play football and pool." We saw that people were able to help themselves to different books and games, and had the choice of either being in the main lounge area to watch the television, or the smaller lounge to listen to their music. One person commented, "There is lots to do; I don't get bored." One staff member told us, "Before I actually started here, I went out with people for an evening activity to get to know them and that helped me to get a feel for things. There is always something going on."

People were involved in the planning of their care. We looked at one person's care file with them. They told us, "This is my book. I was asked what I liked and what was important [to me]." They added, "I talk to my key worker about what I'd like to do; I know they listen and write it down." We saw that people who were important to them had been included within the care planning process. People's care records gave staff information about individual's histories, relationships that were important to them, their likes and dislikes, as well as their support needs. The staff team were ensuring that people's care records were being reviewed and updated. We saw that people had identified goals they wanted to achieve, and people we spoke with confirmed that these were correct. One person told us, "There is still the one thing I want to do, but the staff are helping to arrange that." This meant that information was available to support staff in ensuring people received care that was individual to them.

The provider had considered people's needs and preferences when making improvements to the environment. One person told us how the downstairs bathroom had been made into a wet room, and said, "It's easier for me to use now; the floor has been levelled and it's much better." We saw that the people who used the service had the opportunity to attend meetings where they could share their views about the home. One person commented, "We talked about the decorating; I like the new pictures and chairs in the dining room. They are a good colour." People had been involved in making decisions about the colour schemes that were used, and had agreed to the choices that were made. This demonstrated that people's views and needs were listened to.

People knew how to raise any concerns or issue they had. One person told us, "I can talk to the manager or

the staff if I need to. But I'm happy." We saw the provider kept records about any complaints that had been made. They had responded to these in a timely manner.

Is the service well-led?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of a number of reasons. The provider had not completed an action plan telling us how they would address the concerns found at the inspection we carried out in January 2016. They did not have effective audits to drive improvements at the home, and did not follow up to date guidance available. There were inconsistencies in relation to the support available for all the staff, and the home required overall improvements to the repair and decoration of the building.

Due to our concerns and our rating of inadequate within this question, we met with the provider on 20 March 2017, to gain assurances that the necessary improvements would be put in place. On this inspection, we found that improvements to the home were now being carried out. Further improvements were still identified to ensure that people's care records were reviewed so that the information for staff was up to date and relevant. For example, we saw that areas of one person's care plan were dated August 2015, and there was no evidence to show how this had been reviewed. Staff confirmed that work was in progress to ensure that all the relevant assessments were completed for people. However, people were receiving the support they needed, as staff knew people well. We also discussed the systems used to determine the levels of staffing that were required with the provider. They told us that they did not have a systematic approach for determining the staffing levels that were required in the service. We discussed how a tool such as this would assist them in evidencing that people were receiving the support they needed, as well as identifying when people's needs had changed. They agreed that they would look at this and implement a system.

The registered manager now had systems in place to assess, monitor and improve the quality of care people received. They told us, "Having these audits has helped. We can now be clear as to what we need to do and the actions we need to take." We saw that the audit and analysis of incidents and accidents had resulted in hand rails being fitted to certain areas, and further equipment had been delivered to enable people to maintain their independence and safety. We saw the registered manager and provider had a development plan in place that stated when certain environmental improvements would be made. The registered manager told us, "We have sought guidance from other professionals to ensure we were getting suitable fabrics, and so that has delayed some of the improvements. But we want to get it right." We saw that the registered manager now had regular meetings with the provider. They used these to discuss the training that staff required, competency assessments, environmental improvements, and the audits they had completed. They told us, "I get a lot more support now, and it has made a huge difference. We are working well together and getting to achieve the things that were needed." The provider and registered manager had also made changes to ensure they were following up to date policies and guidance.

People spoke positively about the culture within the home. One person said, "I can speak to [the registered manager] if I need to. I know I can talk to her." One staff member told us, "There have been a lot of changes in the past few months. Roles are a lot clearer, and there is more back up available. It's all a lot more positive." Staff were supported within their roles. One staff member told us, "We have regular staff meetings and these are used to share information and update us all about things. They are good meetings as

everyone is open to talking and can share their views." Another staff member commented, "I have just had a supervision session; we spoke about my training and development. And I know I can speak with the manager at any time."

At our previous inspection, we found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because they had not notified us about specific events that happened when they should have done. At this inspection, we found the required improvements had been made. The registered manager had implemented a system that ensured they would send CQC notifications as required, and we had received them.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where 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 conspicuously displayed their rating at the home.

We will continue to review this service to ensure these improvements continue and are sustained.