

Jameson's Residential Home Limited

Jamesons Residential Care Home Limited - 140 Mill Road

Inspection report

140 Mill Road
Colchester
Essex
CO4 5LP

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 April 2016 and was unannounced. We had previously visited this service on 29 August 2013 and found it compliant with the legislation at that time.

140 Mill Road supports two people with a learning disability to live within their community. On the day of our inspection there were two people using the service. This service is one of six in the same group, located close together under 'Jameson's Residential Care' umbrella.

There was a registered manager in post at the time of the inspection and they were present at this inspection. 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.

People told us that they liked living at the service and got on together well. The building was an ordinary domestic dwelling in the heart of the community and in a good state of repair. There were systems in place to reduce the risks to people and there were clear plans in place for emergencies. Staffing levels were flexible and were adjusted to take account of the needs of the individuals who used the service and their access to day time activities and the wider community.

Medicines were safely managed. Staff understood people's health needs well people were supported to access health professionals. Relatives and advocates were involved when appropriate. Staff were trained in a range of areas including medication, safeguarding and first aid.

Individuality and diversity was respected by staff. Privacy and choices were promoted and people were involved with planning their aspirations and future. People were encouraged to be independent and to exercise choice in how they were supported. People had good access to a day service, transport and community facilities. Complaints were investigated and responded to.

The manager was easily accessible for staff and they were motivated and felt well supported. Staff understood the aims and objectives of the service and worked towards and in line with these. They were clear about what was expected of them and there were effective systems in place to review the care provided.

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.

People were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

People's likelihood of harm was reduced because risks to people's health, and safety had been assessed and risk assessments produced to guide staff in how to reduce these risks and keep people safe from harm. This included managing anxious behaviour.

Staffing was flexible to meet people's needs. Checks were undertaken on staff to reduce the risk of the provider recruiting staff who were unsuitable for the role.

There were systems in place to ensure that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received an induction and training which provided them with the skills and knowledge that they needed to fulfil their role. Staff felt supported.

There were systems in place to support people to maintain their health and people had balanced nutritious food provided.

Staff had a good understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and were kind.

People were listened to and enabled to exercise preferences

about how they were supported. People's privacy, dignity, diversity and individuality were maintained.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post. Management was visible and open and available to staff and people at the service.

Staff were clear about their roles and responsibilities and were well supported.

There were systems in place to review the service and the quality of care.

Jamesons Residential Care Home Limited - 140 Mill Road

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 the 6 April 2016 and was unannounced.

The inspection team consisted of one inspector who was experienced in working with people with a learning disability and the service was small.

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 information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with the two people who used the service. We interviewed two staff and spoke to the registered manager and provider.

We reviewed two support plans, daily records and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe in the service. Both people told us that they were happy in their own home and felt that they all got on very well together.

There were systems in place to protect people from abuse and potential harm. We had been notified about an event that had required the police to attend. We were told of actions that had been taken to make the premises and people as safe as could be. People at the service had been kept fully informed as had staff. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority, they told us that they were encouraged to raise concerns and expressed confidence that they felt they would be addressed. The safeguarding procedure was available to staff in the office. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. There were clear arrangements in place for the management and oversight of people's money. Money was booked in and receipts obtained for any expenses. A log was maintained of all purchases made. This was then independently audited by administration staff and people had their monies overseen by 'Essex Guardians' a body that handles people's financial affairs, and which is separate from the care home.

Risks were identified and clear plans were in place to minimise the impact on individuals. We saw risk assessments were in place to cover a range of situations including accessing the community, making hot drinks and cooking. There was clear information for staff on people's anxieties which included information on how to support the individual and avoid stressful situations. The risk assessments were balanced with what the risk was, and the promotion of independence and development of the individual in line with that risk. They were detailed and had been reviewed and updated to take account of changes in people's needs. They outlined how staff would support individuals to keep them and others safe from harm, but enabling positive risks to be taken.

The building was in a good state of repair and staff told us that maintenance issues were addressed promptly. We saw that weekly fire alarm tests were undertaken and there was a range of fire safety equipment in place such as fire extinguishers and fire blankets. We saw that these were checked regularly. We noted that personal protective equipment was available for staff use. A number of health and safety checks were undertaken on areas such as fridge temperatures. Hot water temperatures were regularly checked to manage the potential risk of scalding and thermostatic valves were also installed at the point of hot water delivery. Staff were given information on safe working practices with regards to gas, electrical items and water. This also set out any accident reporting required. Staff told us that there were clear arrangements in place for emergencies and a senior carer or the manager were on call to provide support for them if this was required. The roster for who was on call was always available for staff to see.

Staff were available when needed to enable people to access activities in the community. On the day of our visit there was one member of staff supporting two individuals who were going to a cookery session to make jam. They also had a driver available to take them in their vehicle. Staff told us that staffing levels were adjusted according to the needs of the people who used the service and the activities being undertaken.

Rosters seen corroborated this. The roster showed other staffing available in the sister homes, whom they could contact for advice and support if needed. Staff told us that any shortfalls in levels of staffing were covered from within the group and one of the staff from the nearby service would support. Staff said there was little staff sickness and that, "Vacancies are always filled. People tend to like working here and don't leave. " The provider told us there were minimal staff vacancies. We examined the recruitment records for the last three staff to be recruited in the organisation. We found a robust recruitment system was in operation with staff not starting work until they had completed an application form, any gaps in employment had been verified, a formal interview completed, two references received and a completed Disclosure and Barring check returned. In addition we saw that staff were checked to see that they were eligible to work in this country and that they were physically and mentally fit for the role they were employed for.

There were clear arrangements in place for the management of medicines. Staff who handled medicines told us that they had been provided with training before administering medication. This included training in the administration of Buccal Midazolam, a medication that is used for specific health conditions such as epilepsy where individuals were at risk from seizures. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within the recommended temperature levels. Staff had access to their own medicines policy and procedure. A pharmacist had audited the medicines in August 2015. Medicines were found to be safe and some suggestions for improvements were made. The manager had not implemented all of these suggestions as they did not fit with the small scale homely type service they wished to achieve. We examined the medicine administration records and looked at medicines stored. We found that these records matched the medicines in stock and therefore people had received their medicines as prescribed. Some people had PRN [as required] medicines prescribed. There were clear protocols for staff to follow that informed them how to manage a given situation to, where possible, diffuse, distract and avoid administering a mood altering medicine. The protocol was clear about the amount to be administered in any 24 hour period. Staff told us that they were confident and competent following their training to administer medicines. One person required a regular injection and this was done by the local surgery.

Is the service effective?

Our findings

People received their care from staff who had been appropriately trained and supported. One staff member told us, "We have a lot of training. I have just redone my Mental Capacity Act [MCA] training, safeguarding and fire safety". Other training included; moving and handling, food hygiene, epilepsy awareness and the Mental Capacity Act including deprivation of liberty safeguards [DoLS]. We spoke with a clinical adviser who was appropriately qualified and they delivered training to staff. The clinical adviser was employed as a healthcare professional in a local Trust, but worked part time with this provider. They spoke about how they incorporated the core values of care whilst delivering training such as understanding learning disabilities and mental health. The clinical adviser also ran workshops for staff to develop their understanding of The Mental Capacity Act 2005, on capacity issues and determining the meaning of least restrictive options when supporting people but also keeping them safe. This enabled staff to apply the theory they learnt to their everyday practice when supporting people.

New staff received an induction which was a combination of training and shadowing other substantive and senior colleagues. Staff were supported to work towards formal qualifications such as National Vocational Qualifications.

Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us, "Yes we have a monthly team meeting, I have monthly one to one with the manager or senior carer. I feel very well supported in my job". The clinical adviser also held group supervisions for staff from time to time. Staff meetings were held on a monthly basis and provided an opportunity to review people's needs and reflect on changes. We saw minutes of recent meetings that were signed by staff to say they had read these updates if not present.

People were able to make choices and decisions about how they were supported. People told us that they were involved and made decisions about a holiday. One person was going to Bognor Regis and another person was going to Centre Parks. We could see from interactions with staff that people's choices were respected and gentle guidance was offered. One person had a large shoe collection [many looking very similar]. Another person had a large mirror ball collection. However these decisions on how to spend their money was accepted and respected.. Staff were clear about their responsibilities and aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions. For example on areas such as medication, locking the front door and money management. We observed staff asking people for consent and offering choices as part of providing support. Appropriate applications for DoLS had been made and the service was awaiting an outcome from the local authority on the matter.

People told us they were involved in deciding what they ate and drank. We joined people for morning coffee and saw that this was served with whipped cream. One person told us this was just how they liked it. We were shown the weekly menu and record of what people ate. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food. A record of what was then eaten was kept as this sometimes varied from the set menu as people changed

their minds on the day. People at the service had recently finished a college course on healthy eating. People, where able, were encouraged and supported to be involved in meal preparation and tidying up afterwards.

People were supported with their healthcare needs. People were registered with and used healthcare professionals as needed, such as GP, optician, dentist and chiropodist. Recently a person was referred appropriately to a physiotherapist and people were supported to access information on sexual health. People regularly saw a learning disability health specialist and the record of these visits were well documented in care plans for staff to follow. Changes in people's health, weight and well-being were monitored and recorded. This informed any health or social care practitioner of people's current health in their assessments of people.

Is the service caring?

Our findings

People told us that all the staff were kind. We were able to observe the genuine warmth between staff and people living at the service. There was a mutual respect and liking for one another. People smiled and were comfortable and were happy to share their home with us. They were keen to show us their rooms that truly reflected their personalities, likes and interests. One person had 12 mirror balls in their room that were wired into the electrics so that they could spin with a light reflecting of a main ball at the touch of one switch. This was happily demonstrated for us. This showed us that this person's delight and interests were known, safely and suitably enabled and respected.

The member of staff on duty told us, "I have been here for seven lovely years. I take them and show them the world. We ride a bus together. I am very happy here". We observed people to be at ease and comfortable when staff were present. The service had a family feel and the interactions we observed reflected this.

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. The staff member on duty knew how people communicated, what the indicators were of anxiety and how to avoid this. They truly knew people's likes and dislikes. People were involved in their own reviews and their views were regularly sought. Staff were clear that relatives were involved with the consent of the person concerned. Therefore they were clear in upholding people's rights to self-determination and respecting them as individual adults. We saw that relatives were regularly consulted and involved where appropriate.

Staff were aware of privacy and dignity. Diversity and individual life choices were respected and formed part of staff induction. Daily recordings of care and support were personalised, respectful and detailed. They showed that people were supported daily with appropriate personal care in the privacy of their own rooms and en-suites. We observed staff supporting people's independence such as getting ready to go out and getting a drink. People were well dressed and had smart comfortable clothes that were personal to them.

People were encouraged to make their own decisions and make choices for themselves. This was evident from the open questions and choices offered by staff. People could attend the regular resident's meetings held at another location. We saw the minutes of these and saw that they were held every two to three months with minutes kept. Matters talked about included holiday choices, celebrations and parties planned and arrangements to see families. People were also kept informed of changes such as the change made in the supplying pharmacy. People when required also had access to independent advocacy services.

Is the service responsive?

Our findings

People were supported to follow their own interests and hobbies and they told us about places they had visited and activities they had participated in. Staff supported people to access a wide variety of community based activities and day services including the local college. Transport was provided. Each person had a pictorial activity roster in place. There were different activities in a morning than in an afternoon and these covered meaningful pursuits for them. We were told that the new college course was pottery, people liked going to Aqua Springs and especially looked forward to a set day in the local pub for lunch. People also attended a local weekly social club in an evening.

Assessments were undertaken when people first started to use the service and these identified people's needs and preferences. A member of staff described these as, "Peoples passions and interests in life." There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and mobility. Plans also focused on support and encouraging independence and enabling people to develop where possible. This linked to the overall ethos and values of the service. Care plans were all regularly reviewed and were up to date. One plan was being retyped on the day of our visit as it had just been updated.

Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs and information about the daily running of the service.

People were given regular opportunities to raise concerns as they had access to and knew their own keyworkers. They could attend regular resident meetings and had access to advocacy services. The staff member on duty told us, "The service users trust the staff and speak with them". There was a formal complaints procedure in place. It set out the legal rights of people at the service as well as a charter of rights. It was clear that people were not to be discriminated against due to difference. It set out the responsibilities of the provider of the service and their desire to provide a safe home environment. The registered manager and owner stated that the service had not received any complaints in the last 12 months and we at the care Quality Commission [CQC] had not received any concerns about this service.

Is the service well-led?

Our findings

People told us that they liked this service. Staff were positive and motivated to work here and knew and practiced the ethos and values that the service strived for around respect, individuality and promotion of independence. A member of staff told us, "We want to achieve supported living. They are not different from other people. We want them to feel important. We have a good team and a good manager".

The manager is registered for this service and four other separate supported living services which were nearby. In addition the manager was registered for a larger service which also runs a day service that people could access. Staff told us, "The manager wants everything done well. The ambience is light. We are a family. The managers door is always open." We found that both the manager and the provider were open and approachable. They were experienced, qualified and knowledgeable about care and support for people with a learning disability. They were keen to keep up to date with developments and had employed a clinical adviser who was well qualified and up to date with current thinking and practice.

Staff morale was good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed.

They spoke positively about the manager and told us that they and senior staff were approachable and would sort out any problems that arose. There was a clear staff structure in place and staff were aware of their responsibilities and roles within this. They told us that there were clear arrangements in place in the event of an emergency. There were regular staff meetings as well as yearly appraisals. The manager and provider at the service knew the quality of their staff as they personally completed observations of staff practice or saw observations completed by others who were competent to do so.

There were a range of systems in place to ascertain people's views about their experience and identify areas of improvement. An annual review was conducted with questionnaires sent to people using the service, their relatives, staff and professionals in contact with the service. We examined the results of the 2015 survey and found these to be positive. People using the service gave very high scores in relation to the staff that support them and the food. Relatives gave very high scores and positive comments made on the care and wellbeing of people. Professional feedback was positive. Feedback from staff was also positive with a suggestion that they would like to be more involved in decisions and kept informed of changes relating to staffing and rosters.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. Where issues were identified these were actioned. The service had a five star food hygiene rating. The manager kept us updated with regards statutory notifications and was aware of their responsibilities in this area. In addition social workers and relatives were kept informed as appropriate. Records were well kept, up to date and secure and kept confidential.