

## The Disabilities Trust

# Jane Percy House

## Inspection report

Brockwell Centre, Northumbrian Road, Cramlington,  
Northumberland, NE23 1XX  
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Date of inspection visit: 26 March 2015  
Date of publication: 15/06/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced visit on 26 March 2015. The previous inspection was carried out on 4 June 2013 and the service was found to be meeting the standards of the five outcomes that were inspected.

The Jane Percy House provides accommodation and personal care for up to 26 adults with physical disabilities. The home is situated in near the centre of Cramlington, Northumberland. There were 24 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff on duty confirmed they were aware of the policies and procedures the registered provider had in place to help ensure people were protected from harm and they had received training related to these. A system was in place to ensure people received their medicines when they needed them and all medicines were securely stored.

People said there were sufficient staff on duty to respond to their needs and the staff confirmed they had enough time to complete their duties each day.

# Summary of findings

Accidents and incidents were recorded and risk assessments were in place if any concerns were apparent. Health and safety checks were carried out on the equipment within the home and the premises were well maintained.

Records showed that checks were carried out prior to staff being employed in the home to ensure they were suitable to work with vulnerable people.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us there was one DoLS authorisation in place where it had been necessary to restrict a person's liberty in their best interests and to safeguard them from harm.

People said the food was good, they were given sufficient to eat and drink and they were always offered choice. Staff supported and encouraged people who required help to eat and drink.

Staff told us they had undergone appropriate training to meet people's needs and the records confirmed this. The staff felt very well supported by the registered manager and received regular supervision sessions and annual appraisals.

We saw staff respected people's privacy and dignity and this was confirmed by the people who lived in the home.

The records showed the staff made prompt referrals to health care professionals if required. A health care professional who visited the home regularly told us the registered manager was proactive and requested their input and advice when appropriate. New activities had recently been introduced to the home and the staff confirmed they were able to spend time with people on an individual basis.

People told us they knew about the complaints procedures and would not hesitate to use it if they had a problem or issue.

We looked at four care records and found people's individual needs had been assessed prior to them using the service. Care plans had been developed to provide staff with information and guidelines about how needs should be met.

Surveys were sent to people who used the service to gain their opinion and meetings were held to discuss day to day issues in the home and to ask people if they had any suggestions to improve the service provided. The minutes showed that these were well attended.

The registered manager had carried out audits and checks to help ensure standards were met and maintained. A quality manager from the Trust visited the home each month and produced a written report of their findings and which included any actions required to ensure standards were being met and any improvements which were necessary.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The registered provider had systems in place to ensure medicines were stored securely and people received them in a safe and timely manner.

Staff had been provided with training related to the protection of vulnerable adults and they were aware of the procedures that should be followed if they had any concerns.

There was sufficient staff on duty to meet people's individual needs. The registered provider carried out appropriate checks before staff were employed to help ensure they were suitable to work with vulnerable people.

Good



### Is the service effective?

The service was effective.

The staff were aware of the need to consider people's best interests when making decisions regarding their care. Assessments had been carried out in relation to potential restrictions under the DoLS legislation.

People said the food was good and they were always offered choice. Staff provided assistance to people who required it to ensure their nutritional needs were met.

Staff involved health care professionals when people required support with regard to their health care needs. Staff were provided with training to carry out their roles effectively and to meet people's individual needs. Staff felt supported by the management and received regular supervision.

Good



### Is the service caring?

The service was caring.

People felt they were well cared for and staff were supportive and they had good relationships with them.

A health care professional told us staff always ensured people's health care needs were addressed.

People said their privacy and dignity was respected and they were encouraged to be as independent as possible.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed prior to them using the service and care plans were drawn up so staff had information about how people preferred their care to be provided.

An activities organiser was employed and a range of activities were provided in the home. People were supported to access facilities and activities in the community.

People were aware of the complaints procedure and a record was maintained of any complaints received and the outcome of the investigation.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

A registered manager was in post.

People said the atmosphere in the home was friendly and pleasant. The staff felt they received good support from the management and the registered manager was very approachable. Health care professionals were positive and the management were visible and always prepared to listen.

The registered provider had systems in place to check the quality of the service provided and were proactive in looking at ways to develop and improve the service.

Good



# Jane Percy House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we

held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. We did not receive any concerning information about the home.

During the inspection we carried out general observations in communal areas and during the lunch time. We spoke with eight people who used the service, the registered manager, a team leader, four support workers, the activities co-ordinator, the administrative assistant and the cook.

After our inspection we contacted health and care professionals to ask their opinion of the service provided.

We looked at four care records, four medicines administration records, six care workers' personnel files, accident records and other records related to the management of the home.

# Is the service safe?

## Our findings

We spoke with eight people who lived at the home and they told us they felt safe. Their comments included, “Yes, I feel safe” and “I do feel safe now I’m here.” Another person said, “I get my medication on time. I’ve been much better since I came here.”

Cabinets had been installed in each bedroom to store people’s individual medicines. The staff who administered medicines had received up to date training and the registered manager carried out an assessment of their competency every six months. Policies and procedures were in place and an audit trail was available as all medicines were signed into the home and if any were returned the pharmacist signed to say they had been received. We checked the system for dealing with controlled drugs and found this was correct.

The registered provider had policies and procedures in place to help prevent abuse from happening. Staff told us they had received training with regard to safeguarding vulnerable people and this was updated each year. There were policies and procedures in place to prevent abuse from happening. The staff we spoke with said they knew the procedure to follow if they had any concerns. Comments included, “I would report it to a team leader or the manager” and “I’ve never seen anything bad but I would say something if I did.” A care professional said they had never witnessed any bad practice when they visited the home.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. Five safeguarding alerts had been reported to the local authority by the home since the last inspection in July 2013. The registered provider been asked to carry out the investigation and all issues had been addressed. A log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the local authority safeguarding adults team in line with their procedures so they could determine whether appropriate action had been taken.

Accidents and incidents were recorded and audited each month by the manager to make sure risk assessments and care plans were in place where necessary. These records

were also monitored by head office to ensure appropriate action had been taken. Accidents and incidents were well recorded and included a description, action taken and the root cause analysis.

The administrative assistant showed us the system in place to deal with people’s personal allowances and any money held on their behalf for safe keeping. We saw receipts were kept for each transaction. If people could not sign for themselves two staff signed the records on their behalf.

The registered provider had arrangements in place for the on-going maintenance of the home and a maintenance person was employed. Building and routine safety checks were carried out, such as the fire-fighting equipment, fire alarm and emergency lights. Checks were also carried out on the moving equipment in the home, such as hoists and wheelchairs. External contractors carried out regular inspections and servicing, for example, on gas and electrical appliances.

Risk assessments were in place to protect people’s health and well-being and all bedrooms were fitted with overhead tracking so people could be transferred safely. Risk assessments were also drawn up for activities, such as gardening, arts, crafts and accessing the community and were updated every six months or when required.

A critical incident plan had been drawn up and contained information about procedures to follow in an emergency. Arrangements were in place if people needed to move out of the home due to an emergency, such as fire or flood.

We looked at six staff files and they were well organised. The files contained personal details of the staff member, an application form, evidence of the interview process and evidence that references had been obtained, including one from the person’s most recent employer. The files also contained confirmation that a Disclosure and Barring Service (DBS) check had been undertaken and people’s identity had been verified. This helped to ensure people were suitable to work with vulnerable adults.

The application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

## Is the service safe?

People said there were always enough staff on duty to meet their needs. Comments included, “There are always people around” and “I just buzz if I need anything.” The staff on duty told us they felt there was sufficient staff to meet people’s needs.

At the time of our inspection 24 people lived at the home and they were cared for by the registered manager, an

assistant manager, a team leader, six support workers, a support worker on induction but not counted in the staffing levels, two housekeepers, an administrative assistant and the cook. Staff were spending time with people and supporting them to take part in activities and to access the community.

# Is the service effective?

## Our findings

People told us they felt the staff were well trained to meet their needs. One person said, "I love the staff, they are all fantastic and can't do enough for me." Staff said they received appropriate training to carry out their roles.

Comments included, "Training is ongoing" and "We get lots of training, I'm doing moving and handling next week."

Staff training files contained a list of training completed and we saw this was updated on a regular basis. Recent training included areas such as, fire safety, Mental Capacity Act 2005, moving and handling, catheter care, safeguarding vulnerable adults and safe handling of medications. The files also contained copies of a probationary record which detailed the areas of work an individual must complete before being signed off as competent in that area. We spoke to a member of staff who had recently commenced work at the home. They told us they were in the process of completing an induction process and training had already been planned for next year.

Staff received supervision sessions on a regular basis. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. Copies of supervision records were personalised and looked at a range of aspects including workload and future training needs. The records showed that if staff had management responsibilities these were discussed at their supervision sessions. Staff also received an annual appraisal when their past year's work was reviewed, looking at what had gone well and identifying future needs or goals. Staff we spoke with confirmed they received supervision every six to eight weeks and an annual appraisal. They felt able to raise any issues or problems and these would be addressed. One person said, "If I've had a problem it has been constructive."

People told us that staff asked their permission before they assisted them. We saw a member of staff ask a person's permission before administering their medicines. One person said, "They always ask before they help you but encourage you to help yourself. They don't take over."

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There

was a policy in place which related to people's mental capacity and DoLS. An application had been made to the local authority to restrict a person's liberty and this had been authorised in their best interests. The registered manager told us that other people living in the home had the capacity to make their own decisions.

Records showed prompt referrals were made to health care professionals where necessary, for example GPs, dietitians and the challenging behaviour team. One person told us, "They send for the doctor but if it's not a major thing I go to the surgery. I have a private chiropodist." A health care professional who had visited the home regularly for a number of years told us advice was always sought if people were unwell and staff supported people to attend health care appointments.

People told us they enjoyed the food and they were given a choice. Comments included, "The food is the best I've had for ages. [Name] is a great cook" and "The food is pretty nice and they always ask what I want."

We saw lunch being served in the dining room which consisted of beef hot pot, chilli con carne or ham salad followed by rhubarb crumble or ice cream. People were also able to request alternatives to the main menu such as, jacket potato and sandwiches. Rotating turntables were placed on each table to assist people to access condiments and specialist cups and cutlery was provided for people who required them. The meal was relaxed and unhurried and staff provided support to people who needed it in a sensitive way.

Food and fluid charts were in place for people who were identified as being at risk of malnutrition and dehydration. These were checked by a team leader to ensure people had received sufficient to eat and drink. People's weights were monitored and the registered manager had recently ordered new scales which could be attached to overhead tracking to assist people with poor mobility.

The cook was aware of people's special diets, such as, diabetic, pureed food and fortified meals. She had prepared information about food which people may be allergic to in line with the new food safety regulations.

We looked around the premises and saw they were clean and well maintained. People's bedrooms were decorated according to their preferences and contained personal items to reflect their interests and personalities. People told us they could choose their colour schemes and have

## Is the service effective?

their own possessions in their bedroom. Comments included, "I like my room. I have a huge TV and like to spend time there" and "I have my room the way I want it now."

# Is the service caring?

## Our findings

People told us they were well cared for by the staff. Comments included, "I love it. I've been here for six years," "The keyworker discusses the care plan with you and you have your say," "Everything is great," "I've never regretted coming here" and "The staff are marvellous and I can make my own cups of tea whenever I like." We saw a comment card which had been completed by a health care professional who visited the home which stated, "Excellent staff. They are always lovely with the residents. They are always very well cared for."

A member of staff said, "It is very important that people are part of their care, everyone has capacity and we are there to advise." Another staff member said, "There is a sense of pride that I have helped people who can't help themselves. I find a lot of satisfaction in the job I do."

We saw a comment made by a person who had spent a period of respite care in the home which stated, "I was made to feel part of the family and would return in a heartbeat."

People were encouraged to retain their independence and two adapted kitchens were provided where people could prepare their own food. The activities co-ordinator was discussing special equipment with a person, for example, talking scales to enable them to bake more independently. The person said, "I made cakes and quiche and I really enjoyed it."

We spoke with a health care professional who said they were impressed by the level of care provided and this was consistent. They felt people were very involved in any

decisions about their care and the registered manager was very proactive in making sure the staff recognised and respected the diversity and human rights of the people who lived there.

Staff were able to describe people's individual care needs and how they met them. They spent time talking with people and assisted them in a caring and sensitive manner. One member of staff talked about a person who could not speak and was deaf and how they used signs to communicate with them. Another member of staff said they were a keyworker which entailed reviewing people's care each month and making sure they were achieving their goals

Staff knocked on people's bedroom doors and waited for an answer before entering to respect their privacy. One person said, "They respect privacy and dignity as best they can." Another person said, "They always knock on my door before coming in."

The home had a designated dignity champion who attended dignity provider forum meetings and minutes were circulated to the staff. A dignity champion is someone who promotes dignity issues in the home and ensures people are treated with respect at all times.

Handover sessions were held and notes recorded so when shifts changed over staff had up to date information about people's care and wellbeing.

The registered manager told us she had contact numbers for advocacy services. Advocates can represent the views for people who are not able to express their wishes. The registered manager told us no one required the services of an advocate at present.

# Is the service responsive?

## Our findings

Good relationships were apparent throughout the home and people told us the staff responded to their needs very well. One person said, "I can't fault them. They know how I like things done."

A health care professional told us there were lots of activities and outings taking place and the registered manager was keen to ensure people were not discriminated against because of their disabilities.

Assessment documents were completed prior to people coming to live at the home and they could spend trial periods at the home to help ensure their individual needs could be met. The manager told us they tried to make sure the service was right for the individual and if they felt people's needs could not be met they did not progress with the placement.

Care plans had been developed to provide staff with information about how people's needs should be met, for example, personal care, mobility and eating and drinking. There was information about people's life, their wishes and their future. The care records were updated by the person's key worker each month and they were reviewed every six months so ensure any changes were implemented. One record showed that a person wished to go on holiday and this was being arranged.

An activities co-ordinator had recently been employed and had lots of ideas to introduce new activities and experiences for people. One person had enjoyed playing table tennis when they were young and the activities co-ordinator had encouraged her to join a table tennis group for the disabled which the person thoroughly enjoyed.

An activities programme was displayed on the notice board which included arts, crafts, gardening, cooking, Tai Chi, shopping trips, trips to the cinema/theatre and Nintendo games. Entertainers were booked regularly and a representative from the church visited weekly. Some people attended church services in the community. One person had been supported to obtain an allotment and they told us, "I've just come back from the allotment and I've had a great time." The home had two vehicles to transport people to venues of their choice. Some people were supported to visit the Elderberries Club each week which was held at Alnwick Gardens. Another person said they enjoyed playing Boccia and felt the activities in the home had improved.

A dedicated activities room was available and we saw staff assisting someone on the computer and another person was planting seeds to grow in the garden. Some people were able to access the local shopping centre in their wheelchairs. One person said, "It's good here because I can go straight to the shops using the cycle path which is safe."

People were supported to take a holiday each year. A member of staff told us she was escorting a person to Blackpool for a holiday. They were staying in a hotel which catered for disabled people and the person was planning to visit the zoo and the market. One person told us, "I'm going on a cruise in October with my friend for 15 days."

People told us they knew how to make a complaint and would feel confident to do so. Comments included, "I do complain now, you have to speak up for yourself" and "I know how to make a complaint but haven't needed to." A complaints procedure record was in place to record any complaints and the outcome of the investigation. Three complaints had been made since the last inspection in July 2013 which had been investigated and resolved.

# Is the service well-led?

## Our findings

People told us the home had a pleasant and friendly atmosphere. Comments included, "It's a good place, everyone is friendly" and "I can find no faults, it's clean and the staff are friendly."

The staff we spoke with said the registered manager was approachable and supportive. Their comments included, "[Name], the manager operates an open door policy so we can have a chat at any time," "It's been a good move. I love it here," "Staff morale is good. Everyone gets on," "I love it, absolutely love it. It's the best thing," "Staff morale is good. We are a good team working together" and "I'm not saying it because you are here but as a group the management team are the best I've ever worked with."

Regular meetings were held in the home so people were kept up to date and could discuss things that were important to them. The minutes of the last meeting showed discussions took place about activities provided, outings and plans for Easter and St Patrick's Day. People told us they enjoyed attending the meetings and 16 people attended the last meeting. Comments included, "We have service user meetings where we have our say and I'm one of those who will make my mouth go" and "There's a meeting tomorrow. I like to go and find out things."

Monthly staff meetings were held and staff signed to confirm they have read the minutes. Issues covered included service user issues, staff issues, risk assessments, record keeping and future plans for the building and service. The registered manager, assistant manager and senior staff meet weekly to discuss management issues.

Surveys were issued to people who lived at the home and people who had been there for a period of respite care to gain their opinion of the service provided. A number of

people had also attended the Trust's annual Quality Matters day which gave people the opportunity to share what they felt was good about the quality of support they received.

The registered manager and assistant manager carried out various audits to monitor standards. These included, "support and care plans, medications, hand hygiene, infection control and health and safety. A quality assurance manager from the Trust also visited monthly to monitor the quality within the home.

The registered manager was a member of the Northumberland Safeguarding Training Forum to ensure the home was fully up to date with local safeguarding practice. The home was presented on the Northumberland Infection Control Monitoring Group which ensures dissemination of good practice. The divisional manager and the registered manager had bi-monthly meetings with the local authority Head of Service for Care Management and lead commissioner to review service developments and ensure the home worked proactively with the local authority to meet local needs.

The Trust had retained 'Investors in People' status and had been awarded a 'Positive About Disability' award. The home was awarded Charity of the Year from Sainsbury's which provided additional recognition for the home as well as direct assistance from the local branch. The registered manager and the staff team received an internal award from the Trust for recognition of the work that the service had undertaken to raise funds in innovative ways.

The registered manager told us there were plans in place to refurbish the home in the near future. This would include new carpets and furnishings in communal areas and bedrooms would be redecorated and new wardrobe doors provided. The bar area would be redeveloped into a cyber café and coffee room.