

Janes House Limited

Jessie Place

Inspection report

39 Stanthorpe Road, Streatham, London, SW16 2DZ
Tel: 020 8769 3591
Website: www.janeshouseltd.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



Overall summary

Jessie Place provides accommodation and support to up to six people with mental health needs. At the time of our inspection five people were using the service.

At our previous inspection on 3 September 2013 the service was meeting the regulations inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of our inspection the registered manager was on sick leave. The registered manager was in charge of the

day to day management of the service. However, another manager was employed and was managing the service at the time of our inspection. They were not available on the first day of the inspection but we arranged to speak with them on the second day of the inspection.

People told us they liked the staff and liked staying at the service. Staff were available to support them and were flexible in responding to their requests, including supporting people in the community and to develop skills at the service.

People had care plans in place identifying their health and support needs and how they wished to be

Summary of findings

supported. Staff worked with other health and social care professionals involved in a person's care to ensure people were supported and concerns regarding their health were addressed.

Staff were knowledgeable about procedures relating to safeguarding people and we saw that appropriate action was taken when concerns were raised about a person's safety. We saw that medicines were not always securely stored, in regards to items that required refrigeration.

There were sufficient staff to meet people's needs. However, we could not be assured that appropriate recruitment processes were followed. Staff were not up to date with their training and had not received an annual appraisal.

Systems to monitor and assess the quality of the service were ineffective, meaning we could not be assured that areas requiring improvement were identified and addressed. Records relating to the management of the service, staff and people's care were not up to date, some information was missing and some records could not be located when required.

We found breaches of the regulations relating to staff recruitment, staff support systems, systems to monitor the quality of the service and records. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were unsafe. Appropriate recruitment processes were not followed meaning we could not be assured that staff had the skills and knowledge to meet people's needs.

Medicines were not always securely stored and medicine administration was not consistently recorded.

There were sufficient numbers of staff to meet people's needs. Staff were knowledgeable in recognising signs of abuse and the relevant reporting processes were followed to ensure any concerns were appropriately addressed. Assessments were undertaken to identify risks to people using the service and plans were in place to manage these risks.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff were not up to date with their training, and sufficient supervision and appraisal processes were not in place.

People were free to come and go from the service. There was no-one subject to Deprivation of Liberty Safeguards under the Mental Capacity Act 2005.

People were supported to have regular meals and had access to snacks in-between meals. However, we saw some restrictions in place in regards to the use of the kitchen.

People were supported to maintain their health. People attended annual check-ups at their local GP practice, dentist and optician.

Requires Improvement



Is the service caring?

The service was caring. People told us they liked the staff and had built trusting relationships with them. People appreciated the support provided by the staff at the service.

People were able to make day to day decisions about their care, and their choices and wishes were respected.

People's privacy and independence was maintained. People were supported to develop their daily living skills, and were able to maintain their independence.

Good



Summary of findings

Is the service responsive?

This service was responsive. Assessments were undertaken with the person using the service and the community mental health team to identify their support needs and to develop a care plan. People's care plans outlined the support they required with their physical health, mental health, social and financial needs.

People were able to speak with the managers of the service if they had any concerns or complaints. However, some staff were unaware of the formal complaints process.

Good



Is the service well-led?

This service was not well led. The service did not have systems in place to monitor and assure the quality of the service. Records relating to the management of the service, staff and people's care were not kept up to date and some records were not accessible when required.

Clear leadership and management structures were not in place. There were a number of managers at the service and their roles and responsibilities were unclear which meant community professionals were unable to get the information they required when they asked for it.

The service did not complete and return the provider information return as requested prior to this inspection.

Inadequate



Jessie Place

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 checked 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 15 and 16 October 2014. The first day of the inspection was unannounced and we informed the staff we would be returning on the second day to complete our inspection. This inspection was undertaken by an inspector.

Before the inspection we reviewed the information we held about the service. Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke with four people using the service, three support workers, and the manager of the service (who was not the registered manager). During the inspection we reviewed the care records for three people using the service. We also reviewed records relating to the management of the service including records relating to medicines, policies and quality checks. We asked to look at the records for all support workers at the service. However, for one staff member records could not be located. In total, we looked at eight staffing records.

After the inspection we spoke with one person's care coordinator from the community mental health team and two people's social worker.

Is the service safe?

Our findings

The manager of the service told us the required recruitment processes were completed when employing new staff. However this could not be evidenced as they were unable to locate the documentation. Of the eight staff records we looked at only four had evidence of completed application forms, none had evidence of attendance at interview. We found references had been obtained from previous employers for only two staff members, and only five staff had evidence of their identification and eligibility to work in the UK checked. Two staff told us they did not remember having to complete a recruitment process between being a volunteer for the service and becoming a permanent member of staff. We saw in one staff member's records that their visa had expired. They told us they had been issued a new visa and this had been shown to the registered manager, but the manager was unable to locate documentation to confirm this check had taken place. We could not be assured that staff had the required qualifications, skills and knowledge to undertake their roles and we could not be assured the required checks had been completed to ensure staff were of good character and eligible to work in the UK. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's medicines were supplied by a local pharmacy and the stock received was checked against people's prescription to ensure the service had the right amount of medicine required to meet people's needs. We checked the medicines stored at the service and saw that people had received their medicines in line with their prescription. People who used the service were aware of what medicine they required and when they were required to take it. One person told us in regards to their medicines, "We get it from the staff." We checked the medicine administration records for each person at the service for the three weeks before our inspection and found some gaps in the records, meaning that we could not be assured that people received their medicines at the right time in line with their prescription. We observed the majority of medicines were stored securely in a locked cabinet in the office. One person required insulin for diabetes and this was administered by a district nurse who visited the service. The insulin was required to be stored in a fridge and was kept in the communal fridge in the kitchen. The insulin was in a separate box in the fridge, but the lock was broken

meaning it was not securely stored and there was a risk of other people accessing this medicine. We bought this to the attention of staff and on the second day of our inspection a new storage container had been purchased. The medicine was locked away meaning people did not have access to it but it was still stored in the communal fridge which was not in line with best practice guidance issued by the Royal Pharmaceutical Society. We observed on the first day of our inspection that the cupboard storing the sharps bin was not locked and was accessible to people using the service putting people at risk of needle stick injuries.

All staff had a completed criminal records check identifying that they were safe to work at the service and support people. Staff were knowledgeable in recognising signs of potential abuse and were aware of the required reporting procedures. They told us any concerns were reported to the manager of the service who liaised with people's social worker or the local authority to ensure the appropriate action was taken to maintain the person's safety. There were arrangements in place to manage money for people that did not have the capacity to manage their own money, to protect them from the risk of financial abuse.

People at the service told us they felt safe and told us they had lockers to keep their belongings secure. There had been no safeguarding concerns since our last inspection. We saw that previous concerns about a person's safety were reported to the local authority and the person's care co-ordinator so that the necessary action could be taken to protect this person. One person's social worker told us that safeguarding concerns had previously been raised and the service was quick to inform the local authority so they could be resolved. The service also notified the Care Quality Commission as required.

Staff were aware of the risks people posed to themselves and others, and supported people to manage these risks. Assessments were undertaken to identify potential risks to people. These were carried out with the referring authority and included health and social care professionals involved in their care. Where risks were identified we saw that management plans were in place. For example, one person was at risk of self-neglect and their care plan outlined how they were to be supported to manage their personal care.

During the day there were two members of staff available to support people and at night one member of staff was on duty. We were told and observed additional staff on shift to

Is the service safe?

support people as required. For example, one person required support in the community to keep them safe, and another person preferred to have staff accompany them when they went out. Staff were allocated to accommodate this. Staff supported people to attend healthcare appointments and care review meetings when required.

There was an on call system to senior staff to obtain further advice and support when required. Staff worked additional shifts to cover staff sickness and annual leave. We were informed the service was in the process of recruiting staff to increase the staff team.

Staff were knowledgeable on how to obtain further support and assistance to maintain the safety of people using the service. The service had a good working relationship with the local police service, but staff told us they had not needed additional support from the police recently.

Smoke detectors and fire extinguishers were available on each floor of the service. The service regularly tested the smoke detectors to ensure they were in working order and practiced fire evacuation procedures so people and staff knew what to do in the event of a fire.

We recommend that the service considers the Royal Pharmaceutical Society's guidance on 'The Handling of Medicines in Social Care' around refrigerated storage of medicines.

Is the service effective?

Our findings

Staff told us they had access to training via online training materials. The manager told us staff were expected to refresh their training every two years, and the registered manager was required to monitor staff's compliance with their training. During the first day of the inspection staff were unable to locate up to date training records. On the second day the manager had found further records in relation to the completion of training, however, we could not be assured that staff had completed the required training and had the skills and knowledge to meet people's needs. For one staff member there was no record of the training they had completed. Another staff member who had started on 1 September 2014 had not completed any training. We found a third staff member had not completed training related to safeguarding adults, and four staff last completed safeguarding adults training in 2011. Three staff, including the registered manager, had not completed training on the Mental Capacity Act 2005. There was not a system in place to review staff compliance with training and we saw that many staff had not completed refresher training every two years in line with the service's requirements.

Staff told us they received one-to-one supervision from the manager. The supervision records were not available on the first day of our inspection, however on the second day some had been located. No supervision records were available for three staff members. Other staff members had received supervision monthly. Each supervision session focused on a topic including discussion around mental health diagnoses. Staff told us the supervision sessions provided them with an opportunity to discuss their progress, identify training needs and to discuss any areas of their role they were finding challenging. However, the supervision records viewed did not reflect this and we could not evidence that training needs identified were met or that staff received the additional support required with areas of their role they found challenging. Staff had not received annual appraisals.

We found staff were not adequately supported in relation to their responsibilities and did not receive the required training, supervision and appraisal to enable them to deliver care and support to people that used the service. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

An induction was available for new staff. This included shadowing more experienced staff to learn about their roles and responsibilities. It also included meeting and talking with people at the service to get to know their needs and what they liked to do.

People were free to come and go from the service as they liked. They all had a key to the front door. One person told us, "I go out on my own, and when I want." However, we saw that there were instructions that one person was only allowed out twice a day. When we asked the manager why this restriction was in place, they told us it should not be and all people were free to go out when they wanted to. The manager told us they would ensure that all staff were aware that there were no restrictions to people leaving the service and accessing the community. At the time of the inspection no-one was subject to Deprivation of Liberty Safeguards (DoLS). The manager was aware of the recent changes in guidance around DoLS and told us the training courses available for staff had been updated to reflect this, so that staff would also be aware once they had completed the training.

The service adhered to the Mental Capacity Act (MCA) 2005's code of practice to ensure staff followed correct procedures to ensure people consented to the care and support they received. For example, two people were having their cigarettes managed by the staff. We saw signed agreements by the people using the service for staff to ration their cigarettes and give them an allocated amount each hour. For people who were unable to consent to aspects of their care these were made in line with the MCA through 'best interests' meetings and with support from nominated people who had power of attorney or deputyship through the Court of Protection. We saw these arrangements in place for some people's finances, as they were unable to budget for themselves.

People received the support they required at meal times. People told us, "Dinner's alright. It's nice." Another person said, "I have no grumbles about the food." In general, staff cooked for the people using the service. However, people were able to help with meal preparations or cook their own food if they wished. Staff were aware of people's individual dietary requirements and their preferred meals. The menu was planned weekly with input from people who used the service. If people preferred particular meals because of their culture, this was accommodated. Snacks and drinks were available in-between meal times during the day.

Is the service effective?

The communal fridge had a lock on it. Whilst it was not locked on the day of our inspection, staff told us the fridge was locked at times because people had a tendency to take food and drink out of the fridge and it would spoil. We asked the manager whether this restriction was necessary and expressed that people should have free access to their own food and drink if safe to do so. The manager told us they agreed and would inform all staff that people were to have free access to the fridge.

We saw a sign on the kitchen door to indicate that at times the kitchen was closed. People using the service and staff told us the kitchen was closed between the hours of 10pm and 6am. One person told us, "We're not allowed the kettle on after 10pm. We're expected to be in our room by a certain time." We asked the manager why this was in place and whether there were any assessments suggesting that it was not safe for people to access the kitchen. They told us there were no reasons why the kitchen should be closed overnight and would inform all staff that people were to have access to the kitchen at all times.

People were supported to maintain their physical and mental health. One person told us, "The manager's alright. He helps me to get an appointment with the doctor." Each person was registered with a doctor, dentist and optician. They each received their annual check-up and were supported to book and attend additional appointments as required.

A person using the service was diabetic and a district nurse came to administer their insulin twice daily. People were supported by staff to attend healthcare appointments at local hospitals as required.

People had 'relapse and risk management' plans in place. These were provided by the community mental health team informing staff how to identify that a person's mental health may be deteriorating and who to contact to ensure the person's safety and welfare. One person's social worker told us the service contacted them if they had any concerns about the person's health or welfare.

Is the service caring?

Our findings

One person using the service told us, “I like living here” and they described the staff as “lovely.”

Staff had built trusting relationships with people using the service. People told us they appreciated the support staff gave them. One person told us they appreciated it that staff were able to support them in the community as they preferred to have the support of staff whilst doing their shopping.

We observed staff speaking to people politely and respectfully. Staff were responsive to people’s requests for support and helped them as needed.

People were involved in decisions about their care. One staff member told us, “People are able to make choices for themselves and make their own decisions.” People decided what they wanted to do in the day and asked for support from staff as needed. We saw that if people were unable to make decisions about their care these were made within the person’s ‘best interests’ in line with the requirements of the Mental Capacity Act 2005.

Advocacy services were available for people to use if they required additional support to make decisions. Access to these services could be arranged through the local authority or the person’s community mental health team.

Staff respected people’s privacy and independence. Staff knocked before entering people’s rooms and did not enter without the person’s permission, unless they were worried about a person’s safety. People were encouraged and able to do things for themselves to maintain their independence. We observed and people told us they undertook “chores” at the service to maintain their daily living skills and manage their personal care, laundry and cleaning. One person told us they preferred to do things for themselves and manage their own appointments so they knew what they were doing each day. Staff encouraged people to learn new skills, for example, one person liked to help out with meal preparation and we heard they had peeled the potatoes for the lunch time meal on the day of our inspection.

People’s family and friends were able to visit the service. Staff were knowledgeable about the individuals involved in people’s lives and told us that people’s relatives visited the service regularly. We observed that people had friends and family visiting on the day of our inspection.

Is the service responsive?

Our findings

One person told us in regards to the care received from other health and social care professionals, “Social worker, care coordinator – I’ve got all that.” A person’s care co-ordinator told us in regards to whether the person got the support they needed, “[The person’s] needs are being managed very well.”

People’s care and support needs had been assessed and care plans were developed identifying the support people required. This included information on people’s physical health, psychological health, social and financial support needs. The views of the person using the service, staff and other health and social care professionals involved in their care were included in the development of their care plans. When appropriate relatives were consulted about people’s support needs and development of their care plan. We saw that people had signed their care plans indicating their agreement with it and that they were made aware of the support on offer.

We saw that at times people’s care plans lacked detail about how they were to be supported. For example, one person’s care plan stated that it was important to set boundaries with them. There was no information about what the boundaries were in relation to or how they were to be maintained.

People had a recovery and support plan which they had developed with staff from the community mental health team, and their relatives when appropriate, about how they

would like to be supported with their mental health and their recovery. This plan included information on the person’s likes and the aims they wished to achieve, so that they received support in line with their preferences and staff supported them to work towards the things they would like to achieve.

People’s care records included information on what was important to them. We saw that one person liked to go for a walk and to stay in touch with their family. The person was supported by staff to be able to do this.

People were involved in decisions about how they spent their day. Staff told us there were activities on offer in the community but people choose not to participate in them. There were activities available in the house and staff supported people to do what they enjoyed. One person told us, “I like knitting. I’m able to do it here.” Another person liked playing chess and staff had supported him to join an online chess game. However, on the day of our inspection the people using the service were not engaging in many activities and one person’s care co-ordinator told us, “There’s not much happening there.”

People attended bi-monthly meetings to discuss the service provided. They were able to use these meetings to discuss any concerns they had. Staff were unaware of a formal complaints process but said people were able to speak with the manager directly if they had any concerns or wished to make a complaint. One person told us, “I get on well with the manager. You can talk to him.”

Is the service well-led?

Our findings

The service did not have sufficient systems to monitor the quality of the service. Each month the manager reviewed people's care records. However this only checked that certain documentation such as care plans and risk assessments were available, it did not comment on the quality of the care records and had not identified the concerns we found. Audits of medicines management were not undertaken. The service had not identified that there were errors in recording on the medicines administration records, that fridge temperatures were not being recorded or that the container storing insulin was broken and unable to be locked. Checks were undertaken on the environment and health and safety processes, but the manager had not identified that a gas safety check had not been undertaken since 2009. On identification of this to the manager, they arranged for a check to be completed as soon as possible.

The service did not have formal systems in place for obtaining the views of people that used the service or their relatives. The manager told us they held meetings with people that used the service but these were not documented and we were unable to evidence when they took place or that actions arising from those meetings were completed.

The service did not ensure that staff were informed about how complaints and incidents were to be managed and reported. The support workers we spoke with were unaware that there was a complaints book where details of complaints were to be recorded. The manager showed us an incident reporting form, however the support workers were unaware of this form and were unable to tell us the formal process for reporting and recording incidents. They were aware of how to record accidents. Due to staff not being informed of these processes we could not be assured that appropriate action would be taken in response to complaints and incidents at the service, or that lessons were learnt to improve the service.

We could not be assured that systems were in place to regularly assess and monitor the quality of service or that there was a system to drive continuous service improvement. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff on duty during our inspection, including the manager of the service, were unable to locate documentation related to the staff employed and the management of the service. Information could not be located relating to staffing records, including recruitment, training and supervision records. The support workers were not able to locate policies relating to the delivery of the service, including medicines management, consent and capacity, and safeguarding.

We found that people's care records did not always contain correct information. During our inspection visit we found in people's care records the contact details of people's care co-ordinators and social workers were not up to date, and when we tried to ring these people we were told it was the incorrect number. We told the manager on the second day that we had not been able to contact some of the individuals because a wrong telephone number was recorded and they were unable to give us an alternative number. We also saw that some people's care records included the wrong person's name.

We found, specifically in relation to staff records, that some records were missing or incomplete, and that some records were not able to be located promptly. We could not be assured there was access to the required records for the management and delivery of the service. We also observed that care records were not consistently securely stored. On the first day of our inspection the cupboard containing people's daily notes was unlocked. This was in the communal kitchen and other people had access to it. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A person's care co-ordinator told us that they often found it difficult to get up to date information from staff about the person's health and the progress they were making. They told us that this was partly due to the confusion and different managers in post at the service. They told us that if they spoke to a staff member, other than the director of the service, they either received "conflicting information" about the person's progress or staff were unable to inform them of the person's current needs. They told us staff often had to consult with their manager before they could provide the information. They told us, "Most of the time they can't get the right information. If [the director] is not there I can't always get the information." This meant other

Is the service well-led?

healthcare professionals involved in the person's care were not able to get up to date information about people's support needs and there was a risk that people may not receive the care and support they required.

Staff told us the registered manager was appreciative of the work they did. They felt the registered manager was approachable and supportive. They felt they could ask him for advice about how to support the people using the service if they felt they needed some additional support. One staff member told us they would be happy speaking to any of the managers of the service if they had any concerns or needed any advice.

Staff told us there were monthly staff meetings where they could discuss any problems or concerns they had. They told us, "Everybody brings their opinions and we make a decision as a team." These meetings were not documented and therefore we were unable to view what was discussed or to ensure that any action identified to improve the service was completed.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). They did not return this to us and the manager was unable to explain to us the reason why this was not completed and returned.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered person did not protect service users against the risk of inappropriate or unsafe care by means of an effective system designed to regularly assess and monitor the quality of the service provided. (Regulation 10 (1) (a)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person did not ensure appropriate records were kept in regards to the persons employed for the purposes of carrying on the regulated activity or the management of the regulated activity. The registered person did not ensure these could be located promptly when required. (Regulation 20 (1) (b) (i) (ii) (2) (a)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person had not ensured the persons employed for the purpose of carrying on a regulated activity was; a) of good character or b) had the qualifications, skills and experience which are necessary for the work to be performed. (Regulation 21 (a) (i) (ii)).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not have suitable arrangements to ensure that persons employed were appropriately supported by receiving appropriate training, professional development, supervision or appraisal. (Regulation 23 (1) (a)).