

Jameson's Residential Home Limited

Jamesons RCH

Wormingford Road

Inspection report

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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 was completed on 8 December 2016 and there were 16 people living at the service at the time of our unannounced inspection.

Jamesons RCH Wormingford Road provides accommodation and personal care for up to 16 adults living with a learning disability. This service is one of six services registered by the same provider under the umbrella of 'Jameson's Residential Care Home Limited.'

A registered manager was 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.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to mitigate risks.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with privacy, respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support.

Care plans accurately reflected people's care and support needs. People had good healthcare support and accessed healthcare services when required. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People received appropriate support to have their social care needs met.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance

arrangements were appropriate to ensure that where improvements to the quality of the service was identified, these were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

The provider's arrangements to manage people's medicines were suitable and safe.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and skilled to meet people's needs and were suitably supported to undertake their role.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care that met people's individual needs.

Complaints management was well managed.

Is the service well-led?

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the provider, registered manager and other senior members of staff.

Appropriate arrangements were in place to ensure that the service was well-run. Quality assurance measures were in place to enable the provider and registered manager to monitor the service provided and to act where improvements were required.

Good ●

Jamesons RCH Wormingford 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 8 December 2016 and was unannounced. On the day of inspection, no relatives or visitors were observed at the service. We telephoned and spoke with four relatives on 23 January 2017, to gain their views about the quality of the service provided.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

Not all people living at the service were able to verbally communicate with us or had limited communication abilities. Therefore we observed people's non-verbal cues and looked at how staff interacted with the people they supported. We spoke with four people who used the service, four members of support staff and the registered manager. Although no relatives were present at the time of the inspection, four relatives were contacted following our visit to the service so as to capture their views about the quality of the service provided for their member of family.

We reviewed three people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

One person who used the service confirmed they were kept safe and did not have any concerns or worries living at the service. Staff told us they felt people living at the service were kept safe at all times and steps were taken to ensure people's safety and wellbeing. Relatives confirmed they had no concerns about their member of family's safety. One relative told us, "Yes, I feel that [Name of person using the service] is safe. I have no concerns."

We found that people were protected from the risk of abuse and avoidable harm. Staff told us that they received safeguarding training as part of their induction and thereafter received regular up-dates. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff were confident that the registered manager and other senior members of staff would act appropriately on people's behalf.

Staff undertook risk assessments to keep people safe. These identified how people could be supported to maintain their independence and how to mitigate potential risks to their health and wellbeing. Staff knew the people they supported, for example, staff were able to tell us who had little or no awareness of their safety needs and the risks involved, who was at risk of choking, who required support when accessing the local community and the arrangements in place to help them to manage this safely. In addition, risk assessments had been completed to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed as well as could be to ensure their wellbeing and to help keep people safe.

Prior to our inspection concerns were raised with us that staffing levels at the service were not always appropriate to meet people's needs. Our observations at the time of the inspection showed that although people's needs were suitably met and there was no impact to their wellbeing and safety, staffing levels as told to us were not maintained and throughout the day the service was short of one member of staff. The registered manager confirmed that agency staff were not utilised at the service to cover staffing shortfalls as arrangements were made to deploy staff from within the organisation, but this proved unsuccessful on this occasion. Staff rosters were difficult to decipher as they not only included staff working at the service but staff deployed to support others accessing the service for day care provision. It was not clear from the staff rosters as to which member of staff specifically provided one-to-one support for one person in relation to their personal care and when accessing the local community. We discussed this with the provider and registered manager and an assurance was given that the staff rosters would be reviewed to make them clearer. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. The majority of relatives told us in their opinion there were sufficient staff available to meet their family member's needs.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last 12 months showed that the provider

had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had the appropriate checks to ensure that they were suitable to work with the people they supported.

The arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for each person and these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. However, although medicines were stored centrally for the protection of people living at the service we found that the keys to the medication cupboard were hung up on a hook within the office rather than held securely by staff authorised to administer medication. This meant that there was a risk that people's medication could be accessed by people not authorised to. This had also been picked up as part of an external visit and subsequent audit by a pharmacist. We discussed this with the registered manager and an assurance was given to us that procedures would be put in place to keep the keys safe.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver a good level of care to the people they supported. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The staff training matrix confirmed what staff told us and showed that in addition to mandatory training as determined by the provider, staff received additional specialist training relating to the needs of the people currently using the service.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed that this could be flexible according to previous experience and level of competence.

Staff told us that they received good day-to-day support from work colleagues and received formal supervision at regular intervals. They told us that supervision was used to help support them to improve their practice and to discuss key areas relating to the people they supported. Staff told us that this was a two-way process and that they felt supported and valued by the management team. Staff confirmed that they received positive praise. Records confirmed what staff had told us and showed that staff received formal supervision at regular intervals.

The Mental Capacity Act 2005 (MCA) provides a 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People can only be deprived of their liberty so that they can 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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that staff had received MCA training. Staff were able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and when these should be applied. Where people did not have capacity or had fluctuating capacity, appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People were positive about the meals provided. One person told us, "The food is really good. I have no complaints about it." Other people indicated by their non-verbal cues that they liked the meals provided. Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were provided with enough to eat and drink and their individual needs, choices and preferences were respected. Although staff told us that there was a rolling four week menu, they confirmed that alternatives to the menu were readily available.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. For example, staff were aware of who was at risk of choking, who had swallowing difficulties, who required a soft diet and who required support to follow a healthy eating plan or specialist diet. People's nutritional requirements had been assessed and documented. Where people were at risk of the above, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, where people were identified as being at risk of choking, interventions and advice from the local Speech and Language Therapy Team had been sought and implemented so as to ensure the person's health, safety and wellbeing.

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. One person told us, "If I wasn't feeling well the staff would get me a doctor." People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Although relatives told us they had no concerns about their member of family's healthcare needs not being met, not all relatives spoken with were informed and kept up-to- date of healthcare appointments and outcomes.

Is the service caring?

Our findings

People told us that they were happy with the care and support they received. One person told us, "It's fine, the staff are very nice." Another person told us, "The staff look after you. It's like a hotel really, it is so nice." Where people were unable to verbally tell us what they thought about the care and support provided by staff, we noted from their body language and facial expressions that people were comfortable with the staff that supported them. Relatives told us that they were happy with the care and support provided for their member of family. One relative told us, "My [Name of family member] is happy." Another relative told us, "I think the service provided at Jameson's is great. Overall, I am happy with the service provided. Name of relative] is always very happy when I visit."

Staff interactions with individual people was positive and the atmosphere within the service was seen to be friendly and calm. Staff had a good rapport with the people they supported and we observed much social banter and 'chit-chat' which people appeared to enjoy.

Staff communicated well with the people they supported, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in a way that the person could easily understand. Some people used Makaton to help them communicate. Makaton is a language programme that uses signs and symbols to help people to communicate and is designed to support spoken language. Other people used pictorial images to help them make dietary choices and decisions relating to social activities. Staff confirmed that one person used an electronic tablet to help aid their communication.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences, likes and dislikes. For example, one member of staff was able to tell us about a specific person's social care needs and the activities they liked to participate in.

Our observations showed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering their room and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's choice of dress and hairstyle. Staff confirmed that no-one currently at the service was able to go out independently or without staff support.

People were supported to maintain relationships with others. Staff told us that where some people did not have family or friends to support them, arrangements could be made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Staff were aware of how each person wished their care to be provided, what they could do for themselves and the areas they required support. Each person was treated as an individual and received care relevant to their specific needs and in line with their assessment of need.

People's support plans included information relating to their specific care needs and guidance on how they were to be supported by staff. The support plans were wide-ranging and detailed and staff were made aware of changes in people's needs through handover meetings, discussions with the management team and reading people's care records. Where people's needs had changed there was evidence to show that the person's support plan had been reviewed and up-dated accordingly to reflect a change in their personal circumstances. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that there were people who could become anxious or distressed. The support plans for these people were comprehensive and considered the individual person's reasons for becoming anxious and the steps staff should take to reassure them. Guidance and directions for staff on the best ways to support the person when they became anxious or distressed were clearly identified and recorded so as to ensure theirs and others safety, wellbeing and quality of life.

It was evident from our discussions with staff that they tried to ensure that people had the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community. A weekly activity sheet detailing activities undertaken each week in line with people's personal preferences and preferred routines was recorded. People were able to access the local community for leisure activities such as, a local swimming and water park and to undertake personal shopping. 'In-house' activities included, arts and crafts, use of gym equipment and film events. People told us that they enjoyed these activities.

People told us that if they were unhappy or had any concerns they would discuss these with their member of family or staff. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. However, this was not provided in an appropriate format for the people who used the service, for example, pictorial and 'easy read'. We discussed this with the provider and registered manager and they provided an assurance that consideration would be made to rectify this. Relatives confirmed if they had any concerns or wished to make a complaint, they felt able to do this and were confident that the provider and registered manager would listen and act upon their concerns.

The complaints log showed that no complaints had been raised since April 2011. However, prior to our inspection the Care Quality Commission had been made aware of concerns relating to one person who used the service. We discussed this with the provider and registered manager and it was evident that they too were aware of the concerns raised and had made contact with the complainant to resolve and alleviate their concerns. The registered manager was advised to update the complaints log. Staff were aware of the

complaints procedure and knew how to respond to people's concerns and complaints.

Is the service well-led?

Our findings

The registered manager is registered for this service and five smaller 'supported living' services which are in close proximity to Jamesons RCH Wormingford Road. Relatives confirmed that the service was well managed and run.

The registered manager was able to demonstrate to us the arrangements in place to assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service, those acting on their behalf, staff and visiting professionals. In addition to this the registered manager monitored the quality of the service through the completion of two audits. This related specifically to medication audits and a 'Home Audit'. The latter was comprehensive and covered numerous topics, such as care and welfare, personalised care, safeguarding, health and safety, staff and training, quality and management and finance. Although medication audits were to be completed each month, the provider and registered manager confirmed and records showed that these were not completed between September and December 2016. No rationale was provided for this omission. Although the 'Home Audit' was comprehensive and wide-ranging, the provider and registered manager confirmed that the audit for November 2016 was the only one completed for this service. The provider and registered manager confirmed that it had arisen as part of the quality monitoring report by the Local Authority following their visit to the service on 11 October 2016. This showed that the provider and registered manager were responsive to the findings from the Local Authority visit and had acted promptly to rectify the issue raised and ensure that their quality assurance arrangements were improved, strengthened and 'fit for purpose.'

People knew who the registered manager was and were observed to have a good relationship with them. Staff were clear about the registered manager's and provider's expectations of them and staff told us they received appropriate support. Staff told us that they received positive praise from the registered manager. In addition to regular staff meetings, staff were able to speak with the registered manager for advice and support. Staff told us that their views were respected and they felt able to express their opinions freely and without restrictions. Staff felt that the overall culture across the service was open and inclusive and that communication was generally good. One member of staff told us, "I absolutely love working here. The people living here are wonderful." Another member of staff told us, "I love working here; it is a good place to work. The staff are very friendly and supportive." This meant that the management team of the service promoted a positive culture that was person centred, open and inclusive.

Relatives, visiting professionals and staff employed at the service had completed satisfaction surveys in October 2016. The majority of comments provided were positive. The results had been collated and a report produced of the findings. The report detailed how any areas for improvement were to be addressed and the timescales for completion where appropriate. For example, comments and suggestions by relatives highlighted that there had not been a newsletter for some time. Relatives stated that they had found it a good way of knowing what was happening at the service and were provided with photographic evidence of events undertaken by their member of family. Additionally, relatives suggested that they would like 'relative meetings' to be re-established. The action plan detailed that it was hoped that the newsletter would be reinstated during 2017 and 'relative meetings' would be reintroduced. The provider and registered manager

confirmed that the views of people using the service had not been sought during 2016 as they wished for these to be conducted with the assistance of an independent advocate. The latter was proving difficult to arrange.

Staff told us that staff meetings were held at the service to enable the provider, registered manager and staff the opportunity to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where areas for improvement and corrective action were required. Meetings for people using the service were also held at quarterly intervals and a record was maintained.