

Supreme Care Services Limited

Jericho Lodge

Inspection report

22 Links Avenue
Morden
Surrey
SM4 5AA

Tel: 02085436686
Website: www.supremecare.co.uk

Date of inspection visit:
31 March 2016

Date of publication:
26 April 2016

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

We carried out this unannounced inspection on 31 March 2016. We last inspected this service in April 2014. At that inspection we found the service was meeting all of the regulations we assessed.

Jericho Lodge is a small care home that provides support and care for up to three people with mental health issues. At the time of this inspection the home was full.

There was a registered manager employed at the service. 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.

One person we spoke with told us that this was a good, safe service and said they were quite happy with it. Relatives told us that the staff who supported people knew them and how to provide the care and support to meet their needs.

Appropriate risk assessments were in place that helped protect people and staff in the delivery of care and support.

We were told there were sufficient numbers of staff who helped support people in the way they needed to be cared for. We saw the service had sufficient staff available to support people. Safe systems were used when new staff were recruited to ensure they were suitable to work in the care homes.

We saw evidence that people received their medicines safely and appropriately. Medicines were stored safely.

The person we spoke with indicated they were happy with the care and support they received from the service. They told us staff were helpful and were respectful of their needs. Relatives told us they thought people received good effective care.

Staff had access to a wide range of training that they said helped them with their role of providing good, effective care to people in the home. Staff told us they received good, effective support through regular supervision. We saw the home was comfortable, clean and had a homely feel that people felt relaxed in.

There was provision of healthy, good food that people had been able to make their own choices about eating. People's physical and mental health was closely monitored by staff. There was evidence that people had appropriate access to healthcare professionals such as the GP and psychiatrist.

People were treated with kindness and care. We saw that staff understood people well and involved them in planning their care and support. We saw people's views were sought when decisions needed to be made

about how they were cared for.

Staff treated people with respect and dignity. Advocacy services were available for people to use as necessary.

Relatives we spoke with said they felt welcomed when they visited their family members.

People said they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans. Care plans were reviewed six monthly or earlier if people's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the registered manager encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

The registered manager asked a wide variety of people for their views about the care provided to people living in the home. The responses we saw were all positive. Where suggestions or comments were received the registered manager used the information to develop and improve the service.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service. Action plans were developed where required to address areas for improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe with the service they received. Appropriate risk assessments were in place to keep people and staff safe in the delivery of care to people.

Staff were aware of their responsibility to protect people from harm. They were aware of how to recognise and report concerns about vulnerable people appropriately.

There were sufficient staff on duty to provide appropriate support to people. Appropriate systems were used when new staff were recruited and people could be confident the staff were safe and suitable to work.

People received their medicines safely and medicines were stored safely.

Is the service effective?

Good ●

The service was effective. People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

Staff received regular supervision and training that ensured they were well informed and skilled to carry out their work.

People were able to make their own decisions about their care.

Is the service caring?

Good ●

The service was caring. People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy and dignity.

The staff were kind and helpful and knew the people they were supporting.

Is the service responsive?

Good ●

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence in the registered manager would listen to their concerns and address them appropriately.

Is the service well-led?

Good ●

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure people were happy with the service they received.

Jericho Lodge

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.

The inspection took place on 31 March 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and social work teams for their views of the agency.

We looked at care records for the three people who used the service and three staff records. We also looked at records relating to complaints and how the provider checked the quality of the service. We spoke with one person who used the service and two relatives. We also spoke with the registered manager, a member of staff and a health and social care professional.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Jericho Gardens. One person said, "This is my home and I am happy here." Relatives of people we spoke with told us they thought their family members were safe living at this home. One relative said, "Staff are excellent. They meet my [family member's] needs well and I think they are safe here. The staff attitude is good towards people". We asked a health and social care professional if they had any concerns with how people were cared for. They told us the care was good and said that staff knew the people well and this helped to keep them safe".

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with a member of staff and the registered manager. Staff showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. One member of staff said, "If I saw or suspected any abuse of the people who live here I would report it straight away to the manager. I know it is the local authority that investigates allegations."

Staff told us they had received training and guidance on safeguarding and protecting adults. We saw evidence of up to date safeguarding adults training on the staff files we inspected. The service had policies and procedures that supported an appropriate approach to safeguarding and protecting people.

We looked at how risks to people's individual safety and well-being were assessed and managed. We found individual risks had been assessed and recorded in people's care files. We saw that appropriate risk management plans were integrated into people's care plans. The risk assessments included information that was highlighted in people's care programme approach meetings. These are multi-disciplinary meetings that includes all the appropriate health and social care professionals as well as the person and family members (where relevant) involved in the person's care. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date. Staff showed appropriate knowledge when we asked how they would deal with behaviour which challenges. We saw all staff had also received training on this.

We looked at what processes the service had in place to maintain a safe environment and protect people, visitors and staff from harm. We saw that building risk assessments were in place. These identified risks associated with trips and falls in the home. There were fire risk procedures in place and detailed annual fire risk assessments were followed. These risk assessment covered areas such as testing the alarm, emergency lighting and fire extinguishers. We saw evidence that monthly fire alarm and fire drills were completed. This was confirmed by staff we spoke with. We saw evidence that staff's fire training was up to date. We saw that people were required to sign a 'visitor's book' when entering and leaving the service. We saw a clear procedure for all staff to follow in the event of a fire and individual risk assessments were in place to support this.

The registered manager told us accident and incident monitoring forms were used and this enabled a

clearer picture for staff when assessing a change in people's needs. We found this information was also incorporated in the person's care file and individual risk assessments were updated when appropriate.

The person we spoke with told us they thought the staffing level in the home was appropriate. They said, "It's ok here, the staff are good. They really look after you". Relatives we spoke with indicated there was appropriate staffing in the home. One person said, "The staff are kind. They look after my [relative] really well. People are happy living there".

We looked at staff rotas. These indicated processes were in place which aimed to maintain consistent staffing arrangements. The registered manager told us that they tried to keep the service as much like a family home as possible. They said they did this by maintaining a consistent staffing team so that staff were familiar to the people using the service. The registered manager said, "We haven't used agency staff in the time I have been here and that's part of our approach to maintain consistency." We looked at rotas for the two months either side of the inspection date. We saw there were adequate staffing levels to meet the needs of people living in the home. Staff told us they felt there was enough staff support in the home. One staff member said, "The staffing is good. The manager helps out if needed".

We looked at how recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. The recruitment process included applicants completing a written application form and attending a face to face interview. We saw references had been completed. The files also included proof of identity and DBS (Disclosure and Barring Service) checks that helped ensure people were protected because comprehensive recruitment processes had been followed.

We looked at the way the service supported people with their medicines. The person we spoke with told us they received their medicines daily. The registered manager told us they carried out medicine administration competency checks on staff administering medicines. They told us these checks were done six monthly. Staff confirmed this happened. The registered manager also told us they carried out a medicines audit to ensure that medicine records and stocks of medicines were correct. We saw evidence that this was done monthly and was up to date. We found there were specific protocols for the administration of medicines. Staff were required to say they had read and understood them, we saw evidence of this. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at the arrangements for the safe storage of medicines. We found medicines were being stored safely and securely. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. Staff responsible for administering medicines had completed medicines administration training. We saw evidence of this on staff files.

Is the service effective?

Our findings

One person we spoke with indicated they were happy with the care and support they received from the service. They told us staff were helpful and were respectful of their needs. They said, "Staff know what I like, they help me find my clothes in the morning and care for me very well. They go out with me sometimes to the shops". Relatives we spoke with said they were happy with the service their family members received. One relative said, "Staff are really good. Their interaction with people is good. They know my [family member's] needs well". Another relative said, "I couldn't ask for better care for my [family member]. The staff are very knowledgeable in what they do."

We looked at the processes in place for staff training. Staff told us they felt the training they received provided them with the knowledge and skills they needed to do their jobs effectively. They told us they received a good variety of training and that the training courses were relevant to their work in the home. One staff member said, "We do a lot of training that's really helpful." The registered manager told us training was provided in a number of differing ways that included e-learning and face to face classroom learning. They told us they monitored the training staff had undertaken so as to ensure all they were up to date. From our inspection of staff training records we saw the training covered a wide range of topics including safeguarding adults, administration of medicines, manual handling, infection control, food hygiene, person centred care and the Mental Capacity Act.

We looked at the services induction process for new staff. We found this induction process to be very detailed and thorough. The registered manager told us as part of the induction the person was required to read policies and shadow experienced staff. We spoke with staff about the induction process. Staff told us they thought the process gave them the skills and knowledge to competently carry out their roles. A health and social care professional we spoke with told us staff were very knowledgeable and caring. They had no worries that staff could not effectively carry out their roles.

Staff told us the registered manager provided good levels of effective support to help them provide care to people. They said they received regular one to one sessions and other on-going support at team meetings and on other informal occasions. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. One staff member said, "It's a good chance to discuss any issues I may have. It's a two way process where the manager has their management agenda and as well listens to anything I want to discuss."

The registered manager told us all staff were supported with regular supervision. They said they believed this provided staff with the best form of individual support to enable them to do their jobs effectively. We saw up to date supervision records for staff that evidenced they had regular supervision every six to eight weeks. The records we saw also showed the service had plans for developing staff in terms of training and further qualifications which were discussed during supervision meetings and then followed up.

The registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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. All of the people living in the home at the time of the inspection had been assessed as being able to make decisions about their care. This was evidenced in the minutes of people's care programme approach meetings that we inspected.

We undertook a short tour of the home together with the registered manager. We found people were encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of homeliness and ownership. We noted that people also sat in the communal lounge area. One person said, "My bedroom is nice. I have brought my own things here." One relative told us they thought the home was comfortable and they said people acted in a relaxed manner and this indicated they felt it was their home.

The arrangements for the provision of meals were satisfactory. Fresh fruits and vegetables were available and the fridge and freezer were well stocked. The kitchen was clean and well equipped. The menu was well balanced and culturally varied. The registered manager informed us that staff consulted with people when preparing the menu. One person said they were asked what food they liked to eat and what they would like to see on the menu. We saw that their dietary preferences were recorded in their care plans. Relatives of people said they thought people ate good healthy food that they enjoyed and were able to choose what went on the menu.

The fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. The dining area was comfortable and people were able to access food and drinks.

People had their physical and mental health needs closely monitored. There was evidence of recent appointments with healthcare professionals such as the GP and psychiatrist. The weight of people had been recorded and staff knew what action to take if there were significant variations in people's weight. Staff were knowledgeable regarding how to care for people with behavioural needs and gain their co-operation. This included providing people with reassurance, explanations and time to calm down. On the day of this inspection there was only one person at home, however we observed that staff interacted well with them and they responded well with staff. We saw staff assisting that person to get ready to go out and we saw that staff were diligent and careful to ensure that they were appropriately dressed.

Is the service caring?

Our findings

One person we spoke with was positive about the staff team and the care and support they received. They said, "I am happy here, the staff are nice to me". Relatives told us that when they visited the home they saw staff displayed a caring approach towards people. One relative said, "It is a very caring place". Another relative told us they had had experience of different care homes over the years and found Jericho Lodge to be the best. A health professional told us they had found the staff to be very caring and felt it to be one of the better care homes in their experience.

From our inspection of people's care records we could see they were offered choices in the way they were supported with their care. One person told us staff always offered them choices and options. They gave examples such as what they would like to do during the day, what activities they would like to do and what they would like to eat at meal times. We saw that staff spoke in a respectful manner and were friendly in their approach to people.

Relatives were positive about staff attitudes. They told us that staff always had time for their family members. The staff we saw looked happy in their role and confirmed our observations by telling us they enjoyed working for the service. One staff member said, "I am really happy working here. It's a brilliant place to work".

The service had a 'key worker' system in place. This provided people a named member of staff who had responsibility for overseeing aspects of their care and support. The service had a policy in place for the use of 'key workers'. It stated, "The service believes that good standards of care are best assured by allocating each person using the service to a named member of staff. The service considered the 'key worker' can make major contributions to a person's quality of care". Relatives we spoke with told us they felt this was an effective way of working.

Staff gave us positive examples about how they ensured they treated people with dignity and as an individual. Staff also told us they had received training in 'equality and diversity' and 'dementia care'. This helped to ensure staff were aware of the presenting needs and requirements of people with a diagnosis of mental health problems and of the people's human rights.

One person we spoke with told us how staff were respectful of their wishes and always knocked before entering their bedroom. They told us, "Staff here respect my wishes." Relatives of people told us that there was such a lovely family atmosphere in the home that people elected to stay there at Christmas and not to go to be with their families. So instead relatives told us they went to Jericho Lodge. One person said "It was done up just as I would have done it at home".

We saw there was information on display about forthcoming activities and events. Advocacy information was also available should anyone choose to access the service. We also noted information about advocacy was detailed in the "service user guide". A copy of the 'service user guide' was evident in the bedrooms we looked at. The registered manager told us there was nobody using the advocacy service at the time of inspection.

Is the service responsive?

Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager told us there were processes in place to assess people's needs before they came to live at the home. The assessment involved gathering information from a number of different sources such as the health and social care services. This was usually through the care programme approach process. This gathers information with a co-ordinated approach and input from health and social care professionals who have worked with the person concerned. Other sources of information involved the person, their families and relatives. We inspected people's care records and noted that the pre-admission assessments were detailed with relevant information. Relatives confirmed they had been involved in the assessment process. One family member said, "We met with the registered manager before my [relative] came. The registered manager told us that part of the transition process was to invite the person to visit the service to meet people and staff in the home. This gave the person a chance to become familiar with the surroundings before moving in."

The registered manager told us that each person using the service had a care plan. We looked at care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted at the front of the care files a 'needs assessment'. This was signed by the person. We also noted, 'consent to share information with medical professionals' form, again this was signed by the person. We observed that each of the plans had a very detailed summary of the person along with a photograph. The summary covered interests, hobbies, background, likes, dislikes and any significant events in the person's life. We noted care plans in response to identified needs and preferences. These covered subjects such as personal needs, medication, allergies and sleeping patterns. The purpose of the care plans was to provide detailed directions for staff to follow on meeting the needs of the person.

We saw there were procedures in place for the monitoring and review of care plans. The registered manager told us all care plans were reviewed on a monthly basis with the oversight of the registered manager when required. People and their relatives told us they had been part of the reviews. They told us it was useful to be part of the review process as this kept them informed with any changes and updates on their relatives care.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as mental health teams and doctors. We spoke to one health care professional who told us how they felt the registered manager was 'pro-active' with referrals.

We saw that a variety of activities were provided for people. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included attendances at a day centre, shopping, walking in the park and seeing family and friends. The person we spoke with told us they enjoyed their activities and were able to choose what they wanted to do. They said, "There is always something going on. We have fun, Christmas was great". The registered manager told us some of the activities were tailored to meet specific individual needs especially for example when people attended the day centre.

We looked at how complaints were managed. We noted the service had a complaints procedure in place.

The complaints procedure was on display in the service and also in the service user guide. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible. We noted complaints had been dealt with effectively and appropriate professionals had been involved when needed.

Relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint. They said, "I will speak to staff or the manager." We saw there was an appropriate complaints policy and procedure in place that people knew about and was advertised in the home.

Is the service well-led?

Our findings

Relatives of people told us the registered manager was friendly and approachable. The person we spoke with also told us how they felt able to approach the registered manager at any time of the day and were confident they would listen. A relative said, "Whenever I visit the home I talk with the manager, she is very helpful and always listens."

Staff confirmed this view of the registered manager. One staff member said, "The manager is great she is always ready to help us if we need it." Staff told us they could contact the registered manager out of their working hours if they had any issues. The registered manager told us that they listened carefully to any comments, complaints or ideas that were made because they helped with the positive development of the service offered to people.

We saw documented evidence that staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments, good and bad practice was also noted and discussed in full. We saw that ideas from staff were listened to and actioned if appropriate. Staff told us, "Meetings are a good arena for discussing any new ideas".

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We saw they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them.

Staff displayed a good understanding of their roles and responsibilities when we spoke with them.

The registered manager told us that they took seriously the need to continuously monitor the quality of the services they provided so that they had the information they needed to make improvements where they were needed. We saw there was a range of different methods in place to do this. An annual feedback survey was carried out for people who used the service, their relatives, staff and health and social care professionals. They were asked for their views about the services provided. We were shown the evidence gained from the last feedback survey carried out at the end of 2015. We were shown the returned comments and they were very positive about the services offered. Comments included, "Very homely, clean, warm and friendly"; "comforting to know the home is like a family home"; Very professional service – no problems".

We saw documented evidence that showed the service had other effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a keyworker systems check, a review of complaints and of accidents and incidents.

The registered manager told us that the quality assurance methods provided good feedback information about how the service could be developed and improved. We were shown the business continuity plan updated in January 2016 that included information gathered from these audits and used to positively

improve and develop the service.