

The Turning Point Project Ltd

Jaden House

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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced.

Jaden House is registered to provide care and support for up to five people with different health needs including a learning disability. There is a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff were suitably deployed to meet the needs of each person. Healthcare professionals and people told us they were satisfied with the number of staff working at each shift.

Staff understood the needs of people and care was provided with kindness and compassion. People, relatives and health and social care professionals told us they were happy with the care.

Summary of findings

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home. They completed extensive training to ensure the care delivered to people was safe and effective.

The provider had employed skilled staff and took steps to make sure interventions applied were least restrictive and in line with best practice. Healthcare professionals told us they were kept informed when incidents or accidents had occurred.

The registered manager and senior staff assessed and monitored the quality of care consistently involving people, relatives and professionals. Each person told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

There was a culture of respect, kindness and loyalty in the service. Interaction between staff and people was friendly and encouraging. People we spoke with consistently told us they had frequent opportunity to express their views with staff and management. Professionals consistently told us the leadership in the home was good and always displayed strong values when they visited people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Records showed referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

The provider had effective systems in place to support people with their medicines safely. Records showed medicines that were no longer needed were disposed of correctly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents. Meetings were held regularly to monitor and assess risk related to people's care.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. The provider had safe recruitment practices in place.

Good



Is the service effective?

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

Good



Is the service caring?

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members. Healthcare professionals told us the home provided compassionate care.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good



Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Relatives were knowledgeable about the different ways they could complain if they were not happy with the care provided.

Good



Is the service well-led?

The service was well-led. People, relative and healthcare professionals felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Good



Jaden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 24 June 2015 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, deputy manager, three support workers, four people and two healthcare professionals.

We pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, financial transaction records, the homes safeguarding policy, feedback from relatives, internal quality assurance audits, medication records, staff feedback records and support and supervision records.

We last inspected the home on 3 June 2014 where no concerns were identified.

Is the service safe?

Our findings

People and healthcare professionals told us the service was safe. One person said: “This is the most I have felt safe. The staff help me realise stuff that’s dangerous and we talk about it”. Another person said: “We look at my paperwork a lot together and we talk about the things working well and not so well” and “I know about the dangerous things because they are written in my PCP (Person centred plan).

All staff we spoke with told us they had undertaken training in safeguarding adults. They were all able to describe the different types of abuse that could occur in relation to people who use the service and the actions they would take to report any suspected or actual abuse. Staff gave us examples of how they protected people. One member of staff showed us how they carried out daily checks on people’s money and the records they kept to protect people from financial abuse. They said: “We record all money that comes in for people and goes out” and “two staff sign the money sheets to make sure it is done properly”. The deputy manager said: “The financial audits we do would highlight any discrepancies and we have never had any”. People told us their money was stored safely but could access it whenever they wanted to.

Assessments of risks were carried out and where risks had been identified appropriate management plans were in place to minimise the risk of harm and to ensure the safety of people and others. For example, plans provided guidance to promote the safe use of the cooker. Strategies were in place for people to follow when accessing the community and agreed protocols were in place to support people with their personal and family relationships. Handover meetings took place on a daily basis to share any information which may be required to keep people safe. One support worker said: “Sometimes we have two handover’s each day but it all depends who is working”. Another said: “It is good to share information because some people are more vulnerable than others and need a bit of extra security”.

Staffing levels were appropriate for the needs of the people at the service and to keep people safe. At the time of our inspection one person was being supported to attend the hairdresser whilst another person was being supported to attend college. Other staff were available in the service to support people who had decided to stay at home. People told us there were enough staff to help them cook, remind them to clean their rooms and to have conversations when they felt anxious about college or relationships.

Recruitment procedures were in place to make sure appropriate checks were carried out before new staff started work. These included checks on people’s right to work, criminal records, references from previous employment, qualifications, fitness to work and identification. We viewed recruitment information for one member of staff and saw that the required checks had been carried out. This helped to protect people from the risks of being cared for by unsuitable staff.

Arrangements were in place for people to receive medicines which had been prescribed. We observed staff supporting people to take their medicines safely. We looked at the management of medicines in the service. Medicine administration records (MAR) detailed the quantities of medicines received, carried forward from the previous medicines cycle and records were clearly signed when medicines had been administered. We checked a sample of medicines, the stock quantities available showed that medicines had been appropriately given to people. Records were kept for all medicines which were disposed of and collected by the dispensing pharmacist.

People’s care plans contained information about the medicines they had been prescribed and the support people required to take their medicines. Where a medicine was to be given only as required (PRN), there were clear guidelines for staff to follow to make sure the medicine was given in accordance with the instructions of the doctor.

Is the service effective?

Our findings

People and healthcare professionals told us staff were suitably trained to deliver effective care and support. One person said: “I know the staff go on training because sometimes we speak about it”. Another person told us they had been part of a conversation where they discussed food hygiene. They said: “I have been learning to cook different food so the staff have helped me to understand what I need to do to cook things properly”.

Staff received an effective induction into their role. Each member of staff had undertaken a “Skills for Care Common Induction Standards”. (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Records showed staff had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). Senior staff had conducted competency checks to ensure they were appropriately skilled to meet people’s needs. For example, administering medicines and observing interactions. Records showed staff received training specific to people’s needs. This included learning about learning disabilities and behaviours that may challenge others.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding and food hygiene. Staff had opportunity to take part in additional training. The deputy manager told us two staff had recently completed training to help people with their anxieties and behaviours. They said “We have just done a Diploma; it was 26 modules where we looked at people’s traits, behaviours and outcomes” and “We need to be proactive rather than reactive”. The deputy manager told us the training was useful and said “I am now doing a level three counselling course with the college”

People were encouraged to develop their cooking skills and to consider healthy food options. Everyone we spoke with told us they were fully involved in deciding what they had to eat for breakfast, lunch and their evening meal. One support worker told us each person had a conversation with a member of staff every week to decide the items to be added to their shopping list. One person said: “We talk about the shopping list all the time and I always have what I want and “The staff try to help us to pick things that are good for us”. One person told us they were reminded to “reduce the flame to low” when cooking something for a longer period of time. They also told us they had learned about the correct chopping boards to use. The said: “Red is for meat, yellow for cooked meat, blue is for fish, white is for dairy, green is for salad and brown is for vegetables”. Staff were able to confirm this was accurate”.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were sensitive to people’s needs and offered reassurance and encouragement where necessary. Staff were knowledgeable about the requirements of the MCA.

Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. At the time of our inspection everyone had capacity to make decisions. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. At the time of our inspection nobody was subject to DoLS.

Is the service caring?

Our findings

People told us the staff were approachable and fun to be around. One person said: “I really like the staff here because they are like friends”. Another person said: “I have been through a lot and it is nice to be able to speak to staff here. They are kind and I can talk to them about anything”.

Staff were friendly, supportive and promoted dignity and privacy when providing care and support. One person told us they were treated with kindness and compassion. They said: “The staff do listen, they take me to the shops and they help me to stay independent, they talk to me nicely especially when I am sad”. We consistently observed positive interactions between staff and people. Staff were motivational and proud when talking to people about their achievements. One member of staff returned to the home after they supported someone to college and said: “I am so so happy and so chuffed for her; she has nearly finished the course”. The member of staff was smiling and was clearly proud of the person’s achievements.

Staff knew people well, and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke

sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as dancing, swimming or college.

The atmosphere was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Staff always got down to the person’s level to ensure eye contact was made. We observed people participating in painting activities. Records showed staff supported people to access the community regularly.

Staff were knowledgeable about people’s personal interests. Staff told us people’s interests included horse riding, swimming and cooking. Care notes showed people had been supported to take part in or attend their chosen activities. Relatives confirmed this. One person said: “I like the staff here, they take me out when I want and they take me to clubs and out for something to eat”. Relatives told us each time they visited Jaden House people were being supported to access the community or taking part in activities such as playing games.

Is the service responsive?

Our findings

Healthcare professionals told us support workers responded to people's needs effectively. A relative said: "I have been really pleased with how the staff respond to any concerns. They deal with them and they let me know what goes on". People told us staff responded to their needs appropriately and with motivation. One person told us staff were inspiring and taught them new skills. They said: "I came here to get better at cooking and better with my money. They have really helped me a lot and it is thanks to the staff". Another person said: "I am in charge of my PCP, I sign stuff and I look at my achievements with the staff".

People were encouraged to participate in activities. One person said: "I do painting by numbers and knitting. Last year I knitted two scarves and I used to go to knitting club but I stopped to go to college". They told us they studied horticulture and said it was their responsibility to look after the garden. They said: "We have beetroot, butternut squash, sweetcorn and potatoes. I have used the vegetables in the garden to make potato salad and coleslaw". Other activities people took part in included singing, cross stitch, jewellery making, bingo and swimming. The home had an area where people could play board games and watch TV. One person said: "We do use this area to chill out and sometimes we play games with the staff".

People's care plans were comprehensive, personalised, and provided guidance to staff in how to provide support in the way people wanted. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments

included specific plans for their health conditions, such as epilepsy, behaviours that challenged and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. The documents were relevant to their individual circumstances and were reviewed and updated regularly or when their needs changed.

People were supported to organise and attend medical appointments when needed. For example, one record showed someone had attended an appointment with a counsellor on 5 May 2015. Another record showed someone had an "asthma review assessment" with a nurse on 15 April 2015. Other records showed people were supported to access the dentist and to attend hospital appointments. One person said: "The staff remind me about appointments and help me to organise them". Another person said: "I am reminded to go to the dentist and the GP".

People told us they had regular meetings with staff and others in the service to talk about any complaints or problems they had. People told us they had access to various contacts should they wish to make a complaint. People said they had regular house meetings where any issues or complaints could be dealt with. One person said: "The meetings are good because we can talk things through and get problems sorted out quickly". Another person told us they could speak with their support worker about their progress. They said: "We spend time looking at my PCP and speak about how I am doing. Hopefully I am ready soon to move house but there are still some things I need to get better at. Like how I spend my money".

Is the service well-led?

Our findings

People, staff and healthcare professionals told us the service was well-led. Professionals consistently told us the registered manager and the senior staff were passionate and caring towards people. They told us the staff worked effectively with external organisations and were not afraid to ask for advice or help if they needed it. One healthcare professional said: “This is a good service and the staff have really helped people to become more independent” Another healthcare professional said: “The culture of the home is about promoting independence and many people using the service have learned new skills”.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person during a conversation about their cooking skills. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and

safety. They evaluated these audits and created action plans for improvement, when improvements were required. One improvement plan described additional responsibilities for senior staff with regard to monthly audits.

Staff told us they had good opportunity to talk about any concerns they had with management and said they were asked to complete an “employee satisfaction survey” on 3 March 2015. Comments from the survey included, “The service runs well with clear direction and very good leadership” and “The opportunities for people here are fantastic”. Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A support worker said: “We meet regularly and there is an open door policy where all staff can raise positive and negative feedback”.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action that may be required. The home had a complaints procedure and this was available for people’s information. The home had not received any formal complaints in the last 12 months.