Jameson's Residential Home Limited

Jamesons Residential Care Home Limited - 32 Turner Road

Inspection report

32 Turner Road
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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

This unannounced inspection took place on 25 July 2016. This service has been consistently good since registration and has not been in breach of legislation.

32 Turner Road can support two people with a learning disability to live within their community. On the day of our inspection there were two people using the service. This service is one of six in the same group, located close together under 'Jameson's Residential Care' umbrella.

There was a registered manager in post at the time of the inspection, but they were not available on the day of our visit so our inspection was facilitated by the provider. 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.

We found a service that has been consistently good over time. People who lived here had their needs assessed before they move in and were consulted about their quality of life. People were matched on how compatible they were and this small group living was based upon a genuine friendship. People were involved in decision making where possible and had good access to their community. Care plans were informative, regularly reviewed and enabled staff to provide consistent appropriate care based upon individual needs. Daily recordings were detailed and based upon plans in place.

People had their privacy and dignity promoted. Individuality was promoted and relationships were respected. Staff had a good understanding of capacity and promotion of decision making. They were clear about what to do if a person lacked capacity. This was seen in practice from observation and records. People were supported to develop skills and participate in the daily life of the service, but risk assessments highlighted how people can be kept as safe as possible. People had access to healthcare support and were able to decide and choose the menus they preferred. People received a well-balanced diet of their choosing.

Staff were well supported. There were sufficient staff that worked flexibly to meet people's needs. There was access to on call senior staff at all times. Staff were given the appropriate training to meet people's needs and were able to gain professional recognised qualifications. Staff understood the aims and objectives of the service and worked towards and in line with these. The management of the service was well regarded by staff, who told us they were visible and approachable and responsive to ideas. Managers were well qualified and were kept up to date with current thinking through accessing training and quality assurance from current practicing professionals in the field of health and social care with learning disabilities.

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 were protected as staff had been provided with training on safeguarding concerns and were clear about the process to follow.

People's likelihood of harm was reduced because risks to people' health, and safety had been assessed and risk assessments produced were used to guide staff in how to reduce these risks and keep people safe from harm. This included managing anxious behaviour.

Staffing was flexible to meet people's needs. Checks were undertaken on staff to reduce the risk of the provider recruiting staff that were unsuitable for the role.

There were systems in place to ensure that people received their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff received an induction and training which provided them with the skills and knowledge that they needed to fulfil their role. Staff felt supported.

There were systems in place to support people to maintain their health and people had balanced nutritious food provided.

Staff had a good understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind.

People were listened to and enabled to exercise preferences

about how they were supported. People's privacy, dignity, diversity and individuality were maintained

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. Management was visible and open and available to staff and people at the service.

Staff were clear about their roles and responsibilities and were well supported.

There were systems in place to review the service and the quality of care.

Jamesons Residential Care Home Limited - 32 Turner 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 25 July 2016 and was unannounced.

The membership of the inspection team consisted of one inspector due to the small scale of this location. The inspector was qualified and experienced in providing services to people with a learning disability.

Before the inspection, the provider completed 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. We also reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with both of the people who used the service. We interviewed the staff member supporting them and spoke with the provider. We also spoke with a visiting professional.

We reviewed the support plans, daily records and records relating staffing and to the quality and safety monitoring of the service.

Good

Is the service safe?

Our findings

People were safe in the service. People were not able to be interviewed, but were able to indicate to us that they were happy and content in the service. We could observe that they looked comfortable and at ease with staff and readily sought their guidance and support. There was meaningful facial expressions and good eye contact that indicated trust between the staff member and people who lived here.

There were systems in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what constituted abuse and understood the need to report concerns. Staff knew who to contact and the role of the local authority, they told us that they were encouraged to raise concerns and expressed confidence that they felt they would be addressed. One staff member told us, "The protocol is here pinned to the board". The safeguarding procedure was available to staff in the office. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. There were clear arrangements in place for the management and oversight of people's money. Money was booked in and receipts obtained for any expenses. A log was maintained of all purchases made. This was then independently audited by administration staff and people had their monies overseen by 'Essex Guardians' a body that handles people's financial affairs, and which is separate from the care home.

Risks were identified and clear plans were in place to minimise the impact on individuals. We saw risk assessments were in place to cover a range of situations including accessing the community, going shopping, travelling in vehicles and accessing services such as reflexology. There was clear information for staff on people's anxieties which included information on how to support the individual and avoid stressful situations. One person had a very detailed risk assessment to guide staff in helping them to eat and drink. It was detailed to ensure the person did not bolt their food and choke. The risk assessments were balanced with what the risk was, and the promotion of independence and development of the individual in line with that risk. They were detailed and had been reviewed and updated to take account of changes in people's needs. They outlined how staff would support individuals to keep them and others safe from harm, but enabling positive risks to be taken.

The building was in a good state of repair and people told us that maintenance issues were addressed promptly. We saw that weekly fire alarm tests were undertaken and there was a range of fire safety equipment in place such as fire extinguishers and fire blankets. The fire risk assessment along with the fire procedure was on the office wall for staff to have good access. We noted that personal protective equipment was available for staff use. A number of health and safety checks were undertaken on areas such as fridge and freezer temperatures. Hot water temperatures were regularly checked to manage the potential risk of scalding and thermostatic valves were also installed at the point of hot water delivery. Staff were given information on safe working practices with regards to gas, electrical items and water. This also set out any accident reporting required. Staff told us that there were clear arrangements in place for emergencies and a senior carer or the manager were on call to provide support for them if this was required. The roster for who was on call was always available for staff to see.

There were sufficient staff to meet people's needs. One staff member told us, "There is a plan of activities, but choice is always given and a person can stay home". Staff were available when needed to enable people to access activities in the community. On the day of our visit there was one member of staff supporting two people. Their plan was to attend a music and then dancing session. Both were keen to attend. They also had a driver available to take them in their vehicle. Staff told us that staffing levels were adjusted according to the needs of the people who used the service and the activities being undertaken. Rosters seen corroborated this. The roster showed other staffing available in the sister homes, whom they could contact for advice and support if needed. Any shortfalls in levels of staffing were covered from within the group and one of the staff from the nearby service would support. One visiting professional told us, "All staff are always welcoming, friendly and approachable and the service users benefit from their experience in a safe environment". The provider told us there were minimal staff vacancies and no agency staff were used. We had previously examined the recruitment records for the last three staff to be recruited in the organisation. We found a robust recruitment system was in operation with staff not starting work until they had completed an application form, any gaps in employment had been verified, a formal interview completed, two references received and a completed Disclosure and Barring check returned. In addition we saw that staff were checked to see that they were eligible to work in this country and that they were physically and mentally fit for the role they were employed for. The staff member of duty confirmed this was the case for them and that the home office had been consulted as they were recruited from abroad.

There were clear arrangements in place for the management of medicines. Staff who handled medicines told us that they had been provided with training before administering medication. The staff member present told us that they had just recently repeated the Boots online training. Medication was securely stored in a locked cupboard and temperature checks were undertaken to ensure that it was stored within the recommended temperature levels. Staff had access to their own medicines policy and procedure. We examined the medicine administration records and looked at medicines stored. We found that these records matched the medicines in stock and therefore people had received their medicines as prescribed. Where PRN [as required] medicines were prescribed there were clear protocols for staff to follow that informed them how to manage a given situation to, where possible, diffuse, distract and avoid administering a mood altering medicine. The protocol was clear about the amount to be administered in any 24 hour period. People at the service had a medicines profile of the medicines prescribed for them that listed any potential side effects for staff to monitor. Staff told us that they were confident and competent following their training to administer medicines.

Good

Is the service effective?

Our findings

People received their care from staff who had been appropriately trained and supported. One staff member told us that they were a qualified nurse in their country of origin but that here, "I have completed my NVQ 3 in Care and have been trained in all the health and safety and more – including doing a course on dementia". We examined the training matrix and saw that staff received appropriate training for their role as it included epilepsy training, autism and dignity and respect as well as the base line health and safety training one would expect in social care settings such as; moving and handling, food hygiene and first aid. We spoke with a clinical adviser who was appropriately qualified and they delivered training to staff. The clinical adviser was employed as a healthcare professional in a local Trust, but worked part time with this provider. They spoke about how they incorporated the core values of care whilst delivering training such as understanding learning disabilities and mental health. The clinical adviser also ran workshops for staff to develop their understanding of The Mental Capacity Act 2005, on capacity issues and determining the meaning of least restrictive options when supporting people but also keeping them safe. This enabled staff to apply the theory they learnt to their everyday practice when supporting people.

New staff received an induction which was a combination of training and shadowing other substantive and senior colleagues. Staff were supported to work towards formal qualifications such as National Vocational Qualifications.

Staff told us that they were well supported and they received regular supervision from a senior member of staff. One member of staff told us, "We get monthly support. I like [named their team leader and managers] they help us to do our job". The clinical adviser also held group supervisions for staff from time to time. Staff meetings were held on a monthly basis and provided an opportunity to review people's needs and reflect on changes. We previously saw minutes of recent meetings that were signed by staff to say they had read these updates if not present.

Staff told us that they had undertaken training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of the principles of consent. People were able to make choices and decisions about how they were supported. We were told of a recent holiday chosen by the two people living here. They planned to have a week away in this country in a chalet. In addition we were told of a recent day out to Clacton also chosen by the individuals. We could see from interactions with staff that people's choices were respected and gentle guidance was offered. Staff were clear about their responsibilities and aware of the importance of consent and people's rights to make decisions independently. We saw that care plans and daily records referred to people's capacity to make decisions in areas such as medication, locking the front door and money management. We observed staff asking people for consent and offering choices as part of providing support. People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware of their responsibilities because appropriate applications for DoLS had been made and the appropriate documentation was available and in date. People had standard authorisation of DoLS in place. One person who lived here had an Independent Mental Capacity Advocacy [IMCA], introduced as part of the Mental Capacity Act 2005. This was because the

individual had no 'appropriate' family and friends who can be consulted. This showed us that people's rights were protected.

People told us they were involved in deciding what they ate and drank. We saw that people could request their chosen option for drinks at any time and were involved in their preparation. That morning people had chosen banana, cereal and yogurt and fresh juice. People at the service told us it was, "Good". We were shown the weekly menu and record of what people ate. Menus were decided upon for the week based upon people's preferences and varied choices were offered. Local shops were used to purchase food that was delivered. A record of what was then eaten was kept as this sometimes varied from the set menu as people changed their minds on the day. People, where able, were encouraged and supported to be involved in meal preparation and tidying up afterwards.

People were supported with their healthcare needs. People were registered with and used healthcare professionals as needed, such as GP, district nurse, optician, dentist and chiropodist. People regularly saw a learning disability health specialist and the record of these visits were well documented in care plans for staff to follow. Changes in people's health, weight and well-being were monitored and recorded. This informed any health or social care practitioner of people's current health in their assessments of people.

Good

Is the service caring?

Our findings

People told us that this was a caring service. We were able to observe the genuine warmth between staff and people living at the service. There was a mutual respect and liking for one another. People were comfortable with staff and looked for their support. They were keen to show us their room that truly reflected their personality, likes and interests. One person had a liking for everything 'pink'. This showed us that this individuals interests were known, supported and respected.

The member of staff on duty told us, "I have been here 10 years. We all get on very well". We observed people to be at ease and comfortable when staff were present. The service had a family feel and the interactions we observed reflected this.

Staff were knowledgeable about the people who used the service, they were able to tell us about individuals and what they enjoyed. The staff member on duty knew how people communicated, what the indicators were of anxiety and how to avoid this. They were able to observe a change in behaviour and interpret this. They were than able to take action to change the situation with a distraction of subject and preparation for the transport arriving.

People were involved in their own reviews and their views were regularly sought. Therefore they were clear in upholding people's rights to self-determination and respecting them as individual adults. We saw that advocates were consulted and involved where appropriate.

Privacy and dignity were evident in the daily life of the service. Staff were respectful and polite thanking people for their cooperation as they went about their duties. They were aware of people's privacy and respected the fact that some people liked to spend time in their room. Daily recordings of care and support were personalised, respectful and detailed. They showed that people were supported daily with appropriate personal care in the privacy of their own rooms and en-suites. We observed staff supporting people's independence such as getting ready to go out. People had their hair freshly washed and styled. One person had their hair recently coloured. People were well dressed and had smart comfortable clothes that were personal to them.

Staff were understanding and caring. They told us of how they had supported a person to visit and spend time with a relative at the time of their dying. Staff sensitivity about the issue was evident that they had done all they could to discuss and enable the person to understand death and dying of someone close.

People were encouraged to make their own decisions and make choices for themselves. This was evident from the open questions and choices offered by staff. People could attend the regular resident's meetings held at another location. We saw the minutes of these and saw that they were held every two to three months. Matters talked about included holiday choices, celebrations and parties planned and arrangements to go out. People when required also had access to independent advocacy services.

Good

Is the service responsive?

Our findings

People were supported to follow their own interests and hobbies and they told us about places they had visited and activities they had participated in. Staff supported people to access a wide variety of community based activities and day services. Transport was provided. Each person had a pictorial activity roster in place. There were different activities in a morning than in an afternoon and these covered meaningful pursuits for them. We were told that a particular favourite was to attend a local spa called Aqua Springs and to spend time in a sensory room at the day services. People also attended a local weekly social club in an evening.

A visiting professional told us, "The service users are well cared for and their needs are known very well by the staff, most of which have been there longer than I have been visiting. Their wellbeing and activities appear to be well co-ordinated and they have numerous appropriate things to take part in which appear to be well planned". Records we saw confirmed this. Each activity was well planned to ensure the appropriateness and safety for the individual.

Assessments were undertaken when people first started to use the service and these identified people's needs and preferences. There were plans of care in place that appropriately contained risk assessments and information to guide staff about how people should be supported. People at this service knew their own care plans and gave consent for us to examine these. The plans focused on the positives and what people could do and addressed areas such as communication, personal care, the provision of meals, medication and mobility. Plans also focused on support and encouraging independence and enabling people to develop where possible. This linked to the overall ethos and values of the service. Care plans were all regularly reviewed and were up to date. All records were neat, legible and easy to navigate.

Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs and the daily running of the service.

People were given regular opportunities to raise concerns as they had access to and knew their own keyworkers. They could attend regular resident meetings and had access to advocacy services. There was a formal complaints procedure in place. It set out the legal rights of people at the service as well as a charter of rights. It was clear that people were not to be discriminated against due to difference. It set out the responsibilities of the provider of the service and their desire to provide a safe home environment. The owner stated that the service had not received any complaints in the last 12 months and we at the care Quality Commission [CQC] had not received any concerns about this service.

Good

Is the service well-led?

Our findings

People told us that they liked this service. Staff were positive and motivated to work here and knew and practiced the ethos and values that the service strived for around respect, individuality and promotion of independence.

The manager is registered for this service and four other separate supported living services which were nearby. In addition the manager was registered for a larger service which also runs a day service that people could access. Staff told us, that the manager was easily accessible and listened to their views, as did the provider. We found that both the manager and the provider were open and approachable. They were experienced, qualified and knowledgeable about care and support for people with a learning disability. They were keen to keep up to date with developments and had employed a clinical adviser who was well qualified and up to date with current thinking and practice.

Staff morale was good and they told us that issues were openly discussed as it was important to review what they were doing. They were clear about who they would go to for support if needed.

They spoke positively about the manager and told us that they and senior staff were approachable and would sort out any problems that arose. There was a clear staff structure in place and staff were aware of their responsibilities and roles within this. They told us that there were clear arrangements in place in the event of an emergency. There were regular staff meetings as well as yearly appraisals. The manager and provider at the service knew the quality of their staff as they personally completed observations of staff practice or saw observations completed by others who were competent to do so.

There were a range of systems in place to ascertain people's views about their experience and identify areas of improvement. An annual review was conducted with questionnaires sent to people using the service, their relatives, staff and professionals in contact with the service. We examined the results of the 2015 survey and found these to be positive. People using the service gave very high scores in relation to the staff that support them and the food. Relatives gave very high scores and positive comments made on the care and wellbeing of people. Professional feedback was positive. Feedback from staff was also positive with a suggestion that they would like to be more involved in decisions and kept informed of changes relating to staffing and rosters.

The manager provided us with details of the audits that they undertook to check on the quality of the service. This included medication and health and safety audits. Where issues were identified these were actioned. When we requested records after the inspection, these were promptly provided. The service had a five star food hygiene rating. The manager kept us updated with regards statutory notifications and was aware of their responsibilities in this area. In addition social workers and relatives were kept informed as appropriate. Records were well kept, up to date, secure and kept confidential.