

Hampshire County Council

Jacob's Lodge

Inspection report

Jacob's Gutter Lane
Hounslow
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10 August 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 04 and 10 August 2017 and was unannounced. Jacob's Lodge is a short break service for adults who have learning disabilities, autistic spectrum disorders, and physical disabilities. There were seven people using the service when we visited. Care is provided for approximately 60 people each year.

The home had a registered manager who has been registered since January 2016. 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 staff were not always following legislation designed to protect people's rights. There were concerns about people's capacity to consent to decisions about their care; the provider did not take appropriate guidance when making decisions in people's best interest.

People felt safe staying at Jacob's Lodge and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Jacob's lodge to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular

audits of the service were carried out to assess and monitor the quality of the service.

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 felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs. Recruiting practices were safe.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people lacked the capacity to make decisions, best interest meetings were not always recorded.

People were supported to access health professionals and treatments. However, not everyone had a hospital passport in place in case they needed medical treatment.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff received appropriate training and one to one supervisions.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend. People's views about the service were listened to. A complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and their families spoke highly of the manager and felt the home was well run who was approachable and supportive.

There was an open and transparent culture within the home. Staff felt supported through regular meetings and feedback.

There were systems in place to monitor the quality and safety of the service provided. The service had appropriate policies in place.

Jacob's 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 the 04 and 10 August 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people using the service and four relatives. We also spoke with the registered manager, deputy manager, service manager, safeguarding and quality lead and six staff members. We looked at care plans and associated records for four people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the service.

The service registered with the Care Quality Commission in January 2016. This was the first ratings inspection undertaken.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us; "I feel safe. Nice coming here". Another person said, "I'm happy here and I feel safe". A family member told us, "Definitely feel it's safe. No concerns about any of the staff". Another family member said, "I feel he's safe there". A third family member told us, "I come away from the home, not worrying it's wonderful".

People were protected against the risks of potential abuse. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us they would, "Make sure service user is safe then go to safeguarding flowchart and go through procedures".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

There were enough staff deployed to meet the needs of people and keep them safe. One family member told us, "They seem to have the right amount of staff". We observed that the short break respite unit provided the opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs. The registered manager said, "We don't have set rotas. We decide how many staff we need based on the needs of the people we have staying at that time".

People were supported to receive their medicines safely. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines. People also had a one page medical summary which recorded details of their specific medical needs. For example, allergies, possible side effects of medicines and if there was a history of seizures.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately in a locked metal safe which was fixed to the wall. This meant controlled drugs were stored safely in line with current guidance.

Records relating to these drugs had been completed accurately.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example if a person was having a seizure or if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate verbally.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed before people came back to the service. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for bathing, epilepsy, choking, mobility, falls and accessing the community. For example, the risk assessment for one person accessing the community informed staff, 'I can get onto the mini bus myself by using the steps and grab rail, please make sure I do not sit behind the driver as I have in the past grabbed the driver.'

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had emergency plans in place detailing the support they would need in an emergency. There were plans in place to deal with foreseeable emergencies. Staff were aware of what action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency.

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person told us, "I enjoy coming here". A family member said they, "Find it brilliant [person's name] loves it here". Another family member said, "They tend to his needs well and keep me well informed". A third family member told us, "Absolutely amazing, nothing is too much trouble. [Person's name] loves to go".

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. 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. 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. However, people's ability to make decisions had not been recorded appropriately, in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time.

Care records showed that one person was unable to provide consent to certain decisions involving the use of bed rails. Another person was receiving their medicines covertly. This is where a person's medicines are hidden in a small quantity of food to make sure they receive them. In these cases, best interest decisions had not been recorded. This meant the provider was unable to confirm that care and support was being given in accordance with people's wishes or in their best interests.

We recommend the provider reviews its records of best interest decisions to ensure compliance and adhere to the Mental Capacity Act 2005.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. One person said, "Staff are always asking me what I want". People's consent to care and treatment was sought in line with legislation.

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 authorisation 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. Relevant applications for a DoLS had been submitted by the home and were waiting to be assessed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. However, the service did not have a 'Hospital passport' in all people's care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. The registered manager told us they were in the process of

completing hospital passports for everyone and planned for everyone to have one in place by the end of August 2017.

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. People were supported by staff who had supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Supervisions go really well. If I had any concerns I wouldn't wait for my supervision, I would discuss it straight away".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested.

New staff to Jacob's Lodge completed a comprehensive induction programme in line with Hampshire County Council, which followed common induction standards, before they were permitted to work unsupervised. This induction training covered The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported at meal times to access food and drink of their choice. One person told us, "Food has been fine; all the dishes have been nice. I've liked nearly everything". Another person said, "Food is all okay and I get enough to eat". Staff were aware of people's dietary needs and preferences. Staff informed us they had all the information they needed and were aware of people's individual needs. Any allergies were clearly shown in bold at the front of people's care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at meal times and a choice of pudding. A daily menu board was on display in the dining room in written and pictorial format.

People told us they liked their bedrooms. One person told us, "I like my room; it's really posh and the colour red". Another person said, "I like my room it's spacious". All the bedrooms were painted a different colour. Adaptations had been made to make the service suitable for people living there. These included overhead hoists located in people's rooms. There was a lounge, and separate dining room which were decorated and furnished in a homely way, with bright colourful furniture. People could access the garden from the dining room which contained a summer house and a pet guinea pig which people could help care for. One person told us, "I enjoy the garden and the guinea pig".

Is the service caring?

Our findings

People told us; "I get on with the staff all of the time". Another person said, "All of the staff are friendly, come up to me and said hello and introduced themselves". Other comments included, "Staff are nice, and it's brilliant here". As well as, "Staff are aware of my likes and dislikes". A family member told us they, "Just love this place, so does [person's name] love this place". Other comments included, "Staff are really friendly". As well as, "Staff are brilliant they do everything to try and accommodate in any way they can. It's just brilliant".

Staff respected people's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms or in bathrooms around the home. Staff knocked on doors and waited for a response before entering people's rooms. A staff member told us, "If providing personal care I close the curtains and shut the door. Make sure they aren't exposed cover them with a towel so don't feel exposed or embarrassed".

Staff had built up positive relationships with people. One staff member told us, "I'm happy here, brilliant, fantastic place. Really enjoy it. Look forward to coming to work". Staff spoke about their work with passion and spoke about people warmly. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had taken the time to get to know people in their care. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people at their level.

People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy. Care plans stated people's communication needs. For one person they used hand gestures; for example, thumbs up for yes and down for no, and were able to point to certain choices. People's records included information about their personal circumstances and how they wished to be supported.

People were encouraged to be as independent as possible. Support staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One staff member gave us an example and told us, "I promote independence [person's name] likes to make their own hot drinks. We just have to make sure they are safe; they also like to help in the kitchen. Go with them to make sure they are safe, but allow them to do it themselves".

Staff were aware that some people may have gender preferences regarding who supported them with personal care. One staff member told us, "We check what their preferences are and check who is coming in and the staff rota to make sure we are able to meet their preferences. If not we would have to let them know".

People's preferred dates for short breaks at Jacob's Lodge were requested annually. People could stay at the service between one to ten days. The deputy manager and administrator were responsible for

organising this and told us how they tried to accommodate people's requests, whilst considering the compatibility of people and their individual needs. The deputy manager told us, "Respite is booked in for the year so service users look forward to coming. We are open all year and at Christmas. It's really nice and we celebrate celebrations like Halloween".

Confidential information, such as care records, were kept securely and only assessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personalised care and were able to make their own choices. One person told us, "Enough to do here. I like pottering in my room. I normally go out, I like to cook, and I might do that tomorrow I will ask the staff". Another person said, "I enjoy coming here". A family member told us, "I'm involved in his care plan and always goes through a pre assessment to check for any changes".

Staff at Jacobs Lodge were responsive to people's needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. As part of the care plan there was a detailed 'all about me' document. This included details on people's preferred daily routine and how they wished to receive care and support.

People and their families were involved in their care planning and care plans were reviewed regularly. One person said, "Staff went through my care plan with me". A family member told us, "I helped with the care plan and it's been reviewed". Care plans were reviewed by a senior member of staff or their key worker. A keyworker is a member of staff who is responsible for planning that person's care and liaising with family members. A staff member told us, "Keyworker involves updating files, reviews, liaising with carer and parents to make sure no changes".

A 'pre-stay assessment' was carried out to ensure staff could meet the needs of the individual concerned. These usually happened three days before the person was due to stay at the service, where an assessment was carried out to see if there were any changes in the person's health, medicines or routine.

We observed a handover meeting. These meetings happened between staff at the start of each shift. This helped to ensure that information was shared, acted upon where necessary, and recorded to ensure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

People had a range of activities they could be involved in. One person told us, "I enjoy going out. I'm going to Portsmouth today". Another person said, "Staff took me to the cinema last night the film was brilliant". Organised activities were held daily. These included arts and crafts, games, day trips, and cooking. A staff member told us, "When service users are here they can choose what to do or access the day centre if they want to. They can go out on trips, or stay in the home".

People and those important to them had opportunities to feedback their views about the short break service and quality of the service they received. The provider sought feedback from people's families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. We saw the results from the latest questionnaire, which had been completed in May 2017. Results received from people's families were mostly positive. Comments included; 'Made us feel welcome at the home', 'Jacob's lodge are always helpful.' As well as, 'give myself piece of mind, to enable that I can fully relax knowing person is being cared for.' However the results had not been

analysed or an action plan produced on how to improve the quality of the service. The registered manager told us, they are still waiting for a few more to come back and then plan to analyse the results and make improvements.

People were given opportunities to give their views at the end of each stay. People who used the service were given a 'short stay guest survey' satisfaction form in pictorial form to complete when they returned home. Comments included, 'staff all nice', 'I like coming here.' As well as, 'I like painting and drawing with the staff.' The registered manager told us, "We send out service user's surveys after they had stayed here. But not many get filled in. So now we are going to send out every three months to see where we can make improvements".

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure.

Is the service well-led?

Our findings

People and their families told us they felt this was a well led service. One person told us, "Managers lovely". A family member said, "Easy to contact". Another family member told us, "Management are very good".

There was an open and transparent culture in the home. The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff were supported and encouraged to raise incidents. For example, staff were encouraged to report medicine errors. The registered manager told us they, "Informed staff to be open and honest if they made a mistake. Medicines errors have reduced as a result".

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "Management really supportive, very approachable". Another staff member said, "Open door policy, don't wait for supervision if something comes up always someone to talk to". A third staff member told us, "I like working here the staff are all friendly and we all help each other out".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us, "Staff meetings are held regularly [and we] talk about incidents and staff able to get their views across". Another staff member said, "We have monthly staff meetings which are an open forum". Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.

The registered manager and deputy manager working at the service used a system of audits to monitor and assess the quality of the service provided. These included medicines, daily notes, handover records, finance, supervisions, training, staffing, kitchen and health and safety. Where issues were identified, remedial action was taken.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service manager visited the service every two months to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. Where actions had been identified these had been completed. The registered manager told us, "My manager is very supportive".

The registered manager informed us they kept up to date by attending training. As well as attending manager development days to share best practice and monthly meetings with other managers from the provider's homes to share best practice.

People benefited from staff that understood and were confident about using the whistleblowing procedure.

Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The service produced a local newsletter which included stories about the services and peoples achievements.