

# Selwyn Care Limited

# Jasper Lodge

## Inspection report

Matson Lane  
Gloucester  
Gloucestershire  
GL4 6ED

Tel: 01452316961  
Website: [www.selwyncare.com](http://www.selwyncare.com)

Date of inspection visit:  
06 July 2016  
08 July 2016

Date of publication:  
31 August 2016

## 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

The inspection took place on 6 and 8 July 2016 and was unannounced. Jasper Lodge provides accommodation for people unable to live in a shared home by offering individual flats. They provide accommodation and personal care for 10 adults with a learning disability or an autistic spectrum disorder. The people living at Jasper Lodge had a range of support needs.

There was no registered manager in post. A senior manager had been responsible for the service since March 2016 and a new manager had started the previous week that had been employed to be the registered manager. 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 responsibilities for meeting the requirements in Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was the subject of on-going monitoring by the local authority. This was because when they visited earlier in 2016 they found that the service required improvement. An action plan was put in place with specific actions required and a timeline for this. This was almost completed when we arrived for our inspection.

People were receiving care that was responsive and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social care professionals were involved in the care of the people living at Jasper Lodge. Safe systems were in place to ensure that people received their medicines as prescribed; however, not all medicines given had been signed for. The manager had devised an action plan to make sure this would not happen again.

We found the service was not always effective. Staff were not receiving regular supervision or support. Two appraisals had been carried out for any staff within the last 12 months. Staff received appropriate training which was relevant to their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

People using the service were positive about the care they received. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they like to do and how they like to be supported.

The service was well led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service; however there are still some improvements to be made. A senior manager explained to us how things will be improved. Staff, people and their relatives spoke positively about the changes in management.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the people who live there or affects the whole 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.

Medicine administration and storage were safe. We found some errors in recording but were assured these would be resolved.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had concerns.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision and appraisals were not being carried out.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

People and relevant professionals were involved in planning their nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported to maintain relationships with their families.

People were supported to communicate using their preferred methods. Staff encouraged people to communicate as much as they wanted to.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

**Is the service well-led?**

**Good** ●

The service was well led.

Regular audits of the service were being undertaken.

Quality and safety monitoring systems were in place.

The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations.

# Jasper 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.

This was an unannounced inspection which was completed on 6 and 8 July 2016. The inspection was completed by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The previous inspection was completed in November 2014 and there were a number of breaches of regulation at that time.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our visits we spoke with six people using the service and two relatives who were visiting at the time. We looked at the care records of four people living at the service, three personnel files, organisational records, staff rotas and other records relating to the management of the service. We spoke with the manager, a senior manager and the locality manager.

We contacted health and social care professionals, social workers and commissioners. We also spoke to the local GP surgery. We asked them for feedback. We were provided with a small amount of feedback to assist with our inspection and have included this in the body of our report.

## Is the service safe?

### Our findings

People lived in a home that was clean, tidy and comfortable. On a monthly basis the building was checked by the manager to make sure it was clean and in good order. Staff had a system for requesting building maintenance and said requests were actioned in a timely fashion. Regular health and safety checks and schedules were in place for infection control, manual handling, water temperatures, emergency lighting, checking of first aid kits and electrical equipment. Relevant policies and procedures were in place for health and safety. All staff had received fire safety training and people had personal emergency evacuation plan (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency. There were regular fire safety checks in place.

People received their medicines when they needed them. One person said "I always get them on time and when I need extra ones I can ask". Staff had completed an assessment of each person's ability to manage their own medicines. This ensured the support they received matched their actual needs. People had been able to consent to staff giving their medication and where lack of capacity had been identified a best interest meeting had taken place with relatives and families being involved. Medicines were stored safely in a locked cabinet within each individual person's flat. The medicine administration records (MAR) were completed after each dose was given. We found that on one occasion staff had not signed to confirm they had administered medicines and one error with stock recording. A senior member of staff told us she would review the system in place and assured us that spot checks and closer monitoring was being organised to start in the following week to reduce any errors in recording of medicines.

The risks people faced were being managed by staff however these were in the process of being changed to a new format. The way these risks should be managed had been assessed and recorded using risk assessments which showed how the risk had been reduced. Staff described how they approached balancing risk's and people's right to make choices. For example, staff reviewed the support one person needed to ensure they could still go out safely despite some behaviour that could potentially put them at risk. Individual risk assessments had been put in place as guidance for staff to follow should people's behaviour escalate and to support staff on what to do if an incident had occurred.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said "If I had concerns about the practice of my colleagues I would feel safe in reporting any concerns". There were guidelines on the wall in the staff office to show who to contact in an emergency, how to escalate a safeguarding incident and the on-call policy. Staff told us that this was useful. There was also a family contact list available to ensure positive communication with relatives.

New employees were appropriately checked through robust recruitment processes to ensure their suitability

for the role. Records showed us that people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for three staff which evidenced that staff had been recruited safely.

There were enough staff on duty to meet people's needs and staff had time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. Each person was on a one to one staffing ratio but extra staff were available for one person who required two members of staff to access the community. Staff confirmed that the required number of staff were on duty for each shift.



## Is the service effective?

### Our findings

The service was not always effective. Formal supervision had lapsed and staff had not received support in their day to day practice. One staff member had not received supervision for over five months. Records confirmed there had been two appraisals for staff in the previous 12 months. The on-going monitoring and assessment of staff helped ensure the effective support of people using the service. This meant that not all staff were able to express any concerns or receive feedback on their performance. The senior manager said that they knew this was an area that needed to be improved and a plan was being put in place to support staff in a better way.

All members of staff we spoke to, including bank support workers were encouraged by the recent change in management and the increased emphasis on staff training. One member of staff is in the process of being interviewed in support of their application to be promoted to a new team leader role that had recently been introduced. One staff member said "They [the new management] ask us how to help staff be more effective". Another staff said "There's more structure to staffing now, staff roles are defined by their ability and performance".

New staff members spent two weeks on an induction programme and the provider had introduced a 'learning champion' who would support staff to understand their new job role and be a positive role model. New employees would complete the care certificate as part of their induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority regarding the outcomes. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas that may constitute a deprivation of liberty.

The relatives of two people who use the service, who do not have the capacity to make important decisions for them said that they are involved in making decisions on behalf of their family members.

Staff received on-going training and support, which included a mixture of online training and attendance at external training courses on their induction. The systems for recording staff training were colour coded to highlight when training was due. Staff said the training was good and they were offered specific training

relevant to their job role such as awareness of epilepsy and valuing people and respecting difference.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. People informed us they were asked what they would like to eat and menus were planned according to their preferences. One person required a coeliac diet and their individual needs were documented clearly in their care file. Another person had epilepsy and their care staff stated "Has epilepsy, his diet is high in protein and lower in carbohydrates which seems to help". Staff recorded when and what people had eaten in their daily notes which provided quality assurance for healthy eating. In one person's flat there were pictures to show what was in each cupboard; for example we saw pictures of plates, cups and different foods in the fridge.

People and their relatives were confident health needs were met through active involvement of staff in observing the condition of residents and reporting to management if applicable. People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within individual care files. After going food shopping one person showed us the receipts they brought back and this showed us a healthy and varied range of food for the week.

Staff we spoke to confirmed they are made aware of the medical needs of people who use the service, including doses and timings of any medication prescribed. One staff member said "Staff are trained; get the key, get the tablets out, put them in the pot and watch them being taken, we then record this on the MAR sheet what they have had". Another staff member said "One person has on-going health issues which appears to be fairly well organised".

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan effectively. This was evidenced in their care files. For example one person could present with behaviours which may challenge. There was evidence the service had involved relevant professionals when planning this person's care to ensure staff were well informed to support this person.

Staff team meetings were being carried out regularly and each one had a different topic for discussion. In April 2016 the topic was person centred approach. The managers looked at "What's working" and "What's not working" and outcomes were detailed and fed back to the staff. The cleaning schedule had not been working and after the meeting staff were made aware of specific roles and responsibilities with regard to cleaning in the service.

## Is the service caring?

### Our findings

People were offered the opportunity to participate in "talk time" which was a time for people to express their views and opinions. One person said "I am happy here; the staff team are doing a fantastic job".

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people; for example the day centre which was located in the main building was available for people to attend and take part in activities such as using the sensory room, being in the Jacuzzi or socialising and listening to music in the main area. One person went out to do their weekly food shop with staff to the local supermarket. Budgeting had been used to promote independence skills. One evening a disco had been arranged in the main hall so people could socialise together.

Two members of staff were preparing people for a walk in the large grounds of the home and in both instances were observed applying, or advising the people how to apply sun block as it was a sunny day.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. One person and their staff had learnt an individual way of using sign language between them so that they could communicate effectively. Staff we spoke to demonstrated that they knew the personalities, preferences and sense of humour of the people they were caring for. One relative said "My son does not like bank staff; he likes to know the staff. He wants a simple day with a low level activity and peace and calm.

One person who used the service was unable to communicate verbally and used a bespoke and informal sign language with their staff to show what they wanted. The staff member clearly knew the person well enough to know that they wanted to say sorry for a brief outburst. The staff member was able to describe different signs they used to describe concepts such as "family" or "visits".

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. People were encouraged to help with looking after their clothes.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty.

One relative we spoke to told us the staff were very caring. A support worker produced a notepad which had a list of activities one person had remembered or had expressed an interest in pursuing for that day. Those activities which had been completed were crossed off. The person seemed to find this reassuring and this added more structure to their day.

A dignity tool had been introduced by the provider enabling staff to answer questions and look at scenarios relating to dignified care. This was being implemented in the future to be used in the new supervision and team meeting structure. We were not able to see any completed challenges but were assured they would be introduced in the future.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and guidance on how staff should support people. Each care file also had a page detailing people's likes and dislikes so it was easy for staff to identify individual preferences.

People had commented that the service responded to their needs. One person said "I find it difficult to communicate, make decisions and choices". The care plan then gave guidance for how the person would be supported to make decisions and choices. This included a family member and having a best interest meeting for bigger decisions.

One person had recently moved to Jasper Lodge and a professional had said "I took [person's name] onto my caseload from their previous home. Since my involvement, and this move, it has appeared not only to benefit them, but has also been very successful as the change of environment from a busy and noisy one to a more settled and quieter environment that has reduced behaviour that may challenge".

Staff confirmed any changes to people's care were discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake and also any behaviour which may challenge so that staff working the next shift were well prepared.

One person who used the service had significant sensory needs and has, in the past broken away from staff on trips away from the home, in order to jump into any pond or be near water. The management is actively pursuing the options of creating its own pool, to control the risk of infection, accident or injury. Risk assessments and behaviour management plans were in place for this person to support staff whilst out in the community.

The home has its own minibus and people who use the service were able to access the community by walking or using the bus. People were able to plan weekly activities and go out if they wanted to. Relatives and people gave us a list of activities in which they were involved which included colouring and painting, puzzles and quizzes, watching TV or DVD's and going on trips to Gloucester docks and the shopping mall. One person is very keen on cleaning the windows of their flat which they were able to do at any opportunity. One person said "We've been for walk to the local ski slope, to watch people fall on their bums".

The manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs. Advocates, who are individuals not associated with the service were used to support people if they were needed and on the noticeboard there was information about what an advocate is, how the support is delivered and how people could contact one.

People told us they were aware of who to speak to and how to raise a concern if they needed to. No-one we spoke to had concerns or needed to complain. People felt that the staff would listen to them if they did and that issues would be addressed. Two relatives said they had raised issues with the previous management and would feel no hesitation in raising future concerns, if and when they arise. A copy of an "easy read" how to complain booklet was found in each person's care file and we were assured this would be made accessible to people in their own flat should they want to read it and make a complaint.

## Is the service well-led?

### Our findings

The home did not have a registered manager at the time of our inspection. The new manager who is to become registered with CQC had started three days before we arrived. A senior manager had been overseeing the service since March 2016 and making positive progress with the local authority service improvement plan. Records showed us a quality audit from the improvement plan that had been completed in May 2016 and that all support plans and risk assessments had been reviewed and updated. All policies had been updated and were available to staff. The manager told us that they were striving to make further improvements in order to no longer being monitored by the local authority and that the changes in management and a consistent staff team would enable them to do this.

Staff were positive about the recent change of management and the new staffing structure that had been introduced. Staff said that the culture of the organisation is very positive now and the managers were very approachable. The service had identified that a team leader role would be beneficial to provide a more consistent approach.

Staff said they feel they are well led and they enjoy working for the organisation. One member of staff who was asked to describe the new management said "They offer us stability, security, predictability and consistency". One staff member told us that the manager had implemented a "Support Worker of the Week" award which had improved morale as the staff and his colleagues now felt that their efforts were being recognised

A senior manager told us that the home sought the views of people, relatives and staff about the quality of the service however no relatives were able to confirm examples of being asked to provide feedback, but both were confident that any comments made during telephone or face to face with the new management were taken into consideration and helped towards the approach to delivering care.

Quality assurance audits were being carried out. We noted that equipment and facilities were appropriately checked and serviced. For example records showed that portable electrical appliances were tested in October 2015 and an environmental health audit took place in February 2016. We noted that a senior manager undertook various auditing activities including infection control, fire safety and general cleanliness.

People's finances were checked, counted and signed by several people to ensure they were not at risk of financial abuse. Each person had a finances assessment risk assessment and guidance for staff to follow.

A maintenance book was available for staff to report any issues; this was signed off by the manager when work was completed.

The managers felt fully supported by the provider and the locality manager visited regularly to support and encourage the positive changes. The locality manager also visited when the local authority arrived to update the service improvement plan. The new manager said that they felt supported already and they were

looking forward to working for the provider.

We looked at incident, accident and health and safety records. We saw that incidents and accidents were recorded and, when needed, reported to CQC. There had been five accidents since April 2016 and these identified action taken and outcomes. One person had a medication review following a seizure during the night. One person's risk assessment had been updated after a brief outburst of behaviour that may challenge.