

Mrs P M Eales

Mrs P M Eales t/a Just Homes – 19 Douglas Close

Inspection report

19 Douglas Close
Jacobs Well, Guildford GU4 7PB
Tel: 01483 537 181
www.justhomes.info

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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

The Just Homes service located at 19 Douglas Close provides personal care, and is registered to accommodate up to three people who are over the age of 65 who have a learning disability or a physical disability. The premises is a large bungalow with three bedrooms and communal areas.

The home had a registered manager in place. A registered manager is a person who has registered with the care Quality Commission to manage the service. Like

registered providers, they are registered person; Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe living at the home because of the care staff provided. Their relatives told us the staff were caring and respectful and met their needs. Our observations confirmed this and we found there were systems in place to protect people from the risk of harm.

Summary of findings

The provider had an effective recruitment system in place. We looked at records which evidenced staff had completed all relevant recruitment checks prior to starting work. There was enough staff with appropriate skills and experience to keep people safe.

Systems were in place to ensure that medicines were stored, administered and managed safely. Records we looked at showed staff had the required training, and there were enough experienced staff to manage medicines appropriately and to meet people's needs safely.

Staff told us they were supported by the registered manager and had received the relevant training and information they needed to do their jobs well, and meet people's care needs. Staff spoke positively about the support they received from the registered manager. Staff told us there was a good level of communication within the home, which helped them to be aware of any changes. People and their relatives told us they could speak with the staff to raise any concerns, and they knew how to raise complaints and concerns if they needed to.

The manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of liberty safeguards (DoLS). There were clear records in place to show who could represent people and act in their best interest if complex decisions were needed about their care and treatment.

People and their relatives spoke positively about the home and the care people received, and we saw that staff supported people with all their nutritional needs. People were supported to have healthy diets and those that required personalised diets, had their needs monitored and had access to health care professionals who supported staff to meet their dietary needs.

Relatives told us the care people received was good. We found that people's care records, reviews and risk assessments were up to date. Relatives told us they were included in their family members review meetings and were notified of any changes in their care needs.

Staff understood the needs of people and we observed that care was provided in a kind and caring manner. People and their relatives spoke positively about the home and the care they received.

Staff told us they received on-going training and we found they were appropriately trained and understood their responsibilities. We found that staff understood the values of the home, and respected people's diverse needs. They told us they had received training to ensure the care provided to people was safe and met their needs. Staff told us they received regular supervision and support to assist them to deliver care that was relevant to meet people's needs. We observed that people received support around their nutritional and personal needs.

We observed that people were encouraged to remain independent and were supported to access activities they enjoyed at home and in the community. People were supported to take part in their favourite interest, such as watching classic westerns, preparing meals, and going out to different places of interest.

The service was well led and the staff were supported and experienced to do their job well. The registered manager and senior staff monitored and reviewed the quality of care. There were systems in place to obtain people's views about the service. These included residents and relatives meetings and questionnaires to identify, plan and make improvements to the service.

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.

Staff were knowledgeable about safeguarding and knew how to identify and raise concerns to keep people safe.

There was enough staff to meet people's needs and to ensure they were safe, there were robust recruitment procedures in place.

Medicines were managed and administered safely; staff had received training in administering medication.

Risks to people's safety were well managed and staff knew what to do in the event of an emergency.

Good



Is the service effective?

The service was effective.

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs and maintained their health.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people appropriately.

People received the support and care they needed to maintain their health and wellbeing. People had access to appropriate health care professionals when required.

Good



Is the service caring?

The service was caring.

We observed that staff interacted with people in a caring manner and respected people's privacy.

People told us they were well looked after. We observed that staff respected people's diverse needs.

People and their relatives were provided with opportunities to give their views and opinions about the care that people received.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. People's needs had been assessed before they moved into the home, and their care needs were regularly reviewed.

People and their relatives were encouraged to complete surveys to give their views about the quality of the service.

The home had an appropriate complaint procedure in place. People and their relatives felt able to raise concerns with the staff and manager if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service.

There was sufficient staff to provide good quality care.

The quality of the service was monitored regularly through audit checks. Relatives and health care professionals spoke highly of the quality of care their family members received.

Good



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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. The 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 February 2015 and was announced. Twenty four hours' notice of the inspection was given because the service is small and we needed to ensure that the people we wanted to speak with were available.

The inspection team consisted of one inspector and an expert by experience that had knowledge of people with learning disabilities, autism and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we spoke to local commissioners of the service and the local authority learning disability service manager. The provider completed a provider

information return form (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. Before the inspection we looked at the homes PIR and saw that no notifications had been received. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas for concern.

We looked at three people's care records including their pre-admission assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at staff recruitment files, meeting records and other documents in relation to the monitoring of the service.

We spoke with three people three relatives and four staff. We observed care and support provided by staff in all areas of the home to help us understand people's experience of living in the home.

This service was last inspected on the 13 June 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe. One said “They look after me very well, and no one bullies me here” Another said “Yes I love it here, I feel safe here”. Relatives told us their family members were safe, and that they were “full of praise” for the home. One said “I do not think my family member could be in a better place” Another said “There are no problems I am very happy with the home, and I would speak with the registered manager if there were any concerns about the home”.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk. There was information displayed in several areas of the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. People had pictorial safeguarding information in their rooms on notice boards. There were clear policies and procedures available for staff to refer to if needed.

People and their relatives were involved in the completion of their risk assessments which ensured people were kept safe. They were regularly reviewed so that staff were made aware of any changes in people’s needs and helped them keep safe from harm. Assessments included people who had mobility problems and were at risk of falls, and problems relating to eating and drinking. Staff told us they worked with people and where they were at risk they would take action to minimise this risk. For example where people were out and about independently in the community, staff would regularly assess this and speak to people to ensure that they continued to be safe.

There was equipment available to keep people safe which were regularly serviced and maintained, and used by staff in an appropriately. Where people required specialist wheelchairs, they were regularly maintained and cleaned to ensure people were kept safe.

Our observations throughout the inspection were that there was enough staff to meet people’s needs, and relatives we spoke with confirmed this. One relative said “The staff have enough time to spend talking to people”. Staff attended to people’s needs in a timely manner, and people were not kept waiting when they needed support. Staff said there were enough of them on duty with the relevant skills and experience to meet people’s needs. The registered manager said that staffing levels were dependent on people’s needs. We reviewed the staff rota which confirmed that there was enough staff on duty. Staff duty records showed that where necessary the home had systems in place to cover staff absences at short notice.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and barring Service (DBS) service. These checks identify if perspective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

People’s medicines were appropriately managed and were administered in a safe manner. There were appropriate procedures in place for recording the administration and disposal of medicines. Medicines were kept securely. There were systems in place to ensure that people did not run out of their medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Staff had been given up to date training for administering and disposing of medication.

Staff knew what to do in the event of an accident or incident, and these had been recorded. There were up to date plans for responding to an emergency and any untoward events. Staff were aware of the homes evacuation plans and told us they knew their responsibilities in the event of an emergency.

Is the service effective?

Our findings

People and their relatives told us that they were well looked after. Another person told us “The staff help me” One relative said “The staff are very good, and they are committed to their jobs” Another said “I don’t think there could be any better place, the staff look after my family member very well.” We saw that people were cared for by staff that were knowledgeable about people’s needs.

Staff told us they were supervised for a period of time and ‘shadowed’ experienced members of staff before working independently with people. This ensured that staff received the induction they needed and gave them time to get to know the people they would be working with. Staff told us they had received training in areas such as safeguarding, dementia care, medicines, fire safety, food hygiene and moving and handling. Records showed that staff had received training in these areas. Staff told us the training they received was a good experience and enabled them to be fully knowledgeable about their job. We observed the staff and saw that they interacted with people in a way that demonstrated they had understood the training they had received. For example we saw staff engaged in moving people appropriately.

Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training. They were aware that any decisions made on the behalf of people who lacked capacity should only be made once a best interest meeting had been held. There were completed capacity assessments in people’s care plans to ensure that people had consented to the care and treatment they received. We saw that the views and opinions of family members had also been sought. We observed that staff asked people for their consent before they carried out any tasks and explained to people what was happening and why.

There had not been any applications made in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring there are no restrictions to their freedom and liberty, and if there are, they have been authorised by the local authority as being required to protect them from harm. The registered manager knew how to make an application if needed. We observed that people were able to access any area of the home when they wanted without any restrictions.

People were provided with enough to eat and drink. Throughout our visit we observed that staff offered people a choice of hot or cold drinks. Staff supported people with their meals and were very attentive to their needs. The meal time was calm and relaxed and staff encouraged people to be sociable and engaged them in general conversation.

People were served generous portions and offered a choice of meals. The home had a weekly menu plan that was put together during planned meeting which were held on Sundays. People were given a choice on that day of what they wanted to eat. Staff told us that on some occasions people would decide to order in a take away, and staff would support them to do this. Records showed people’s weights were maintained and staff monitored people’s dietary needs regularly. Where people had specific dietary needs these were managed and advice was taken from the Speech and Language team (SALT).

Staff told us that if people’s health needs deteriorated they would refer them to health care professionals such as the GP, community nurses, and the speech and language therapist to receive guidance by them to ensure that people’s care needs were met. Staff told us if they had any concerns they would take appropriate action to make sure people’s health was maintained and monitored.

Is the service caring?

Our findings

People spoke positively about the care they received. People told us the care was good. One person said “They look after me very well” Another said “They are all my family here” Relatives told us the care was thorough. One relative said “The staff look after everyone on a friendly basis” Another said “It is remarkable how people are looked after” We observed that the registered manager and the staff engaged and interacted with people and spoke with them in a sensitive and caring manner.

People were supported by staff to make choices about their care. For example we observed staff asking people what they wanted to eat, and they were given time to make choices. People were given the opportunity to decide where they wanted to eat their meal, we saw that the staff respected their choice, and supported them to have their meal where they wanted to. We observed that where people were independent and able to make their own meals they were supported by staff to do so. Staff engaged in conversations with people prior to providing care and support. We observed that staff spoke with people throughout their meals and at tea time. We observed that people enjoyed speaking with the staff and they showed a sense of humour that both the staff and people enjoyed.

Staff knew people well, and knew their individual preferences. For example staff knew what individual people liked and disliked. One person liked to have pictures of the royal family and pictures of their own family members. We saw that staff encouraged this and knew the personal history behind each photograph. We observed that people who stayed longer in bed were checked regularly by staff until they decided they wanted to get out of bed. The staff were very gentle and caring and when these people wanted to do so they were supported to go into the communal areas to be with other people.

Staff told us that they always knocked on people’s doors prior to entering their rooms and they always closed the bedroom doors behind them. We observed that staff asked people for permission to enter into their rooms prior to doing so. We saw that people were dressed in clean clothes, and that personal care was always carried out in private. Interactions between people and the staff showed that staff respected people’s diverse needs. For example staff supported people to attend church if they wished to do so, or to go the cinema to see a particular film they were interested in. We saw that staff asked people for permission before they entered their rooms.

People’s care was personalised around their likes and dislikes as well as their needs. One person told us she loved her home, and never wanted to leave. People had their own televisions and DVD players and could go into their rooms to watch them whenever they wanted to. People told us they could go into their rooms whenever they pleased. Staff said that people were encouraged to be as independent as possible and were supported to maintain this by giving people as many choices as possible. Staff were aware of people’s anxiety triggers as well as their favourite things which enabled the staff to develop behaviour calming techniques such as diverting their attention to other things.

People and their relatives were provided with opportunities to give their views and opinions about the care they received. People told us they have meetings every Sunday to discuss their week, and prepare for the week ahead, and decisions are made for all aspects of their care such as deciding on the week’s menu. Relatives told us they are invited to meetings and asked to complete questionnaires that enabled them to give their views. Relatives told us they were involved in their family members care reviews and staff always informed them if there were any changes to people’s health or well-being. We looked at some returned questionnaires. One relative stated “I am more than satisfied; in fact I am very pleased”.

Is the service responsive?

Our findings

People told us the care and support they received meant they were well looked after. Relatives said that they were involved in their family members care reviews and had been shown their care plans. They told us staff informed them of any changes in their relative's health care needs. One relative said "I am involved in the reviews, it's very good" Another said "If I raise any questions, they look into it and feedback to me how they dealt with it"

People had been involved in assessment of their needs before moving into the home. Care plans had been written involving people and their relatives. We found that people knew about their care plans which were described and set out for people in clear sections using pictorials, which included pictures of family and friends. The care plans included details on how to meet people's needs and information for staff relating to how they should provide support for people. People's care records and risk assessments were up to date and were reviewed regularly.

People's care plans were personalised and included information about people's likes and dislikes. They gave details about people's life histories so that the staff knew their backgrounds and could use the information as topics of conversation. We heard staff talking to people about their lives in a way that showed the staff had read these plans and knew people well. For example where people enjoyed watching war films, staff were aware that they found certain clips in films upsetting and distressing, therefore staff distracted their attention from the film. We observed that a war film started on the television, we saw staff express their concerns and distracted people until the scene had passed because people did not want to change the channel. Other people were very active and staff encouraged people to become involved in as many activities as they wanted to. One person said "Yes the staff help me to go where I want when I want to"

People and their relatives knew who they could speak to if they had a concern or a complaint about any aspect of the care they received and had been provided with a copy of the complaint process. We saw that people had pictorials of the complaint process in their rooms. Relatives told us they would speak to staff and the registered manager if they had to make a complaint, and in their experience the manager would deal with any concerns very quickly. Relatives told us that that any questions were dealt with promptly by the home. One person said "I would tell the manager, I tell her if things get broken or if I want something to eat". The registered manager told us they deal with any complaints from people and their relatives in a timely manner. Records we looked at showed that there had not been any complaints. Relatives told us they had not made any complaints.

The home had a complaints policy in place, and a copy had been made available for people, their relatives and staff. People and their relatives were invited to meetings, where any concerns could be raised, and relative's views and opinions about how to improve the service were sought.

People had the activities they liked to take part in recorded in their personalised care records. People attended day time activities resource centres, and visited the local church on Sundays. There were shopping trips and visits to the local community, as well as trips to the cinema, and local restaurants. One person told us they like to keep busy, and liked to clean their room. People were supported by staff to visit their family independently, and people received visitors on a regular basis.

The registered manager had ensured that people maintained good links in the community. People were supported to be independent with trips to garden centres, cathedrals, churches, and shopping centres, and various holiday destinations. People were also supported to visits relatives independently.

Is the service well-led?

Our findings

People told us they liked where they lived, and they liked the staff. Relatives told us that the home was well managed. They said they could speak to the registered manager if they had any complaints or concerns. One relative said “Its remarkable how well the staff and manager look after people”. Staff told us they felt supported by the registered manager and that the home was well run. Staff said “The manager is a lovely manager, they always help us, and I enjoy working with them”.

The atmosphere in the home was open and welcoming. We saw that people were happy and observed them engaged with staff in conversation and interacting with each other. The registered manager encouraged a transparent culture in the home. Relatives told us they were kept informed about changes in their relatives care needs. They told us they were invited to their family members care reviews and care planning, and given the opportunity on a regular basis to give their views about the home, and were asked their opinion about improving the service and about how to promote good quality care.

The registered manager promoted weekly meetings in the home for people and staff. People were given the opportunity to give their views about how they would like to be cared for on a weekly basis and also state if they had any concerns. Relatives were invited to meetings and questionnaires were also sent out to relatives, health care professionals, and to local commissioners. We looked at a sample of feedback from these questionnaires and saw that health care professionals stated “There is excellent care for people”. Another stated “The manager always keeps me updated about any changes, people are clearly very happy at the home”. We spoke with a local commissioner who stated “This is a family home with good care. The manager is conscientious and works well with people”.

The registered manager supported and facilitated family reunions for people and had encouraged them to contact and remain in touch with their relatives. As a result people were now in contact with relatives from other countries that they were not previously aware of by email, telephone, and post. People now had photographs displayed in their

rooms and had names and addresses of family members that they did not previously know about. People told us this made them very happy and they looked forward to receiving letters from their relatives.

Staff told us they felt supported by their colleagues and the registered manager. Staff regularly met with the manager for supervision and appraisals to discuss their personal development needs and areas where they could benefit from further training. We looked at records of these meetings, and staff could refer to them if they needed to do so.

Staff told us that they met with the registered manager for supervision and there were regular staff meeting held in the home. We looked at these records and saw that they were up to date. We saw that people’s needs were discussed, and the meetings were recorded in pictorials to ensure that people could look at the meetings and understand them. Staff told us that these meetings supported them to have a good understanding of their responsibility to care for people well.

The registered manager told us they ensured the home was sufficiently staffed to provide good quality care. They told us that the staff was stable and had worked there for a long time, and there was enough bank staff to cover when staff were not able to come to work at short notice. The registered manager said “We have a bank system in place because these staff already knows people and it means that people have staff that already know their needs”.

Staff told us there was effective communication between people, and updates were given on people at every shift handover. Staff told us they had regular handovers which provided them with up to date relevant information to meet people’s needs and ensure the care people received was consistent. We observed that staff spoke about people’s needs for that day which confirmed this.

Accidents and incidents were recorded and investigated. We found they were audited, and all incidents were discussed with staff. The registered manager told us that it was their responsibility to ensure that all incidents were recorded and reported to the appropriate agencies such as the local authority safeguarding team and the care Quality Commission in a timely manner. There had been no incidents report to the CQC. The manager told us that there had been no incidents or accidents in recent months to report.

Is the service well-led?

Staff told us that audits took place on a regular basis. These included care records and medication. We also found that the provider completed their own internal audits in the home to ensure that the care being provided was of a good standard. The registered manager told us they received

good support from the provider to ensure the quality of care is maintained. There were various regular health and safety checks to ensure the premises, equipment, and all areas were maintained to a safe standard for people, visitors and staff.