

Jane House Limited

Jane House

Inspection report

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South Yorkshire
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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

Jane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Jane House provides accommodation and personal care for up to five people and personal care for up to two people in supported living.

At the time of the inspection, there were five people living at Jane House and two people in supported living. We were unable to fully communicate directly with some people receiving support. We spoke with their relatives to obtain their views of the support provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People receiving support and their relatives told us they were confident they or their family member was safe.

There were systems in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure suitable staff were employed to care for people.

People's care records contained detailed information and reflected the care and support being given. The service provided a programme of activities to suit people's preferences.

The service was responsive to people's needs. People and their relatives could be confident that any concerns or complaints would be listened to and dealt with.

People's privacy and dignity was respected and promoted. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. Staff understood how to support people in a sensitive way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were supported to access a range of healthcare services. People were also supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

There were quality assurance and audit processes in place to make sure the service was running well.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jane House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 29 March 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the manager was available to speak to them. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. All of the comments and feedback received were reviewed and used to assist and inform our inspection

We asked the registered 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During our inspection, we spoke with three people who were receiving support to obtain their views about the service. We spent time in communal areas speaking with people and observing how staff interacted with each other and the people they were supporting. We telephoned two relatives of people receiving support to obtain their views.

We spoke to one visiting health and social care professional. We spoke with the registered manager and three support workers.

We looked around different areas of the service, which included some communal areas, bathrooms, toilets and with their permission, some people's rooms.

We reviewed a range of records, which included three people's support plans, four staff support and employment records, training records and other records relating to the management of the service.

Is the service safe?

Our findings

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. The staff training records checked verified staff had been provided with relevant safeguarding training. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

Medicines were safely managed and people received their medicines as prescribed. The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record kept. We saw evidence that the management team regularly checked these records.

The service effectively assessed and managed risks to people's health and safety. Staff and management had a very good understanding of each individual and how to support them safely. We saw a range of risk assessments and care plans, which provided relevant guidance for staff, for example when supporting people in the community. When risks were identified we saw relevant assessments were in place to reduce the risk occurring.

We checked to see if enough staff were provided. Staff told us, and our observations confirmed there were enough staff deployed to ensure people's support needs were met. We observed life in the home and saw there were staff available to assist people when they needed it.

We looked at four staff files and found safe procedures for recruiting staff were followed. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We saw the home was clean and suitable for its intended purposes. Domestic staff were observed using colour coordinated cleaning materials to the reduce risk of cross contamination. We saw evidence of key safety checks taking place to help keep the building in a safe condition, such as checks of the gas, electric, water and fire systems. We saw safety information displayed in communal areas complied with the Accessible Information Standard (AIS), which was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. This meant people living at the home had access to important information.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. We saw that financial transaction records had been completed in line with the registered provider's policy. This helped to keep people safe from financial abuse.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again.

Is the service effective?

Our findings

People's care needs were assessed in a range of areas to help ensure effective outcomes. Care plans were detailed with internal and external specialist support utilised to help ensure care plans were of good quality and adhered to best practice guidance. The care records checked showed people were provided with support from a range of health professionals to maintain their health. Relatives said staff were competent and had the right skills to care for their family.

Staff received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team. One staff member told us; "You don't have to worry about asking questions, they [management team] are experienced and caring" and "I feel supported, I love working here, the whole ethos is right."

In the four records we checked we found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. We saw evidence that training was tailored to the needs of the service in delivering care for people whose behaviour could be challenging. This helped ensure staff had the skills to meet people's needs.

Staff were aware of, and respected, people's food and drink preferences. We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed and people were told their meal options to help them decide. We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required.

We saw evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process. We saw people were asked consent before care and support interventions were provided.

The Mental Capacity Act 2005 (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.

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. At the time of the inspection, the registered manager told us two people living at the home were awaiting assessment for a standard

authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the registered provider was working to the principles of the MCA.

The service had adapted the premises to meet people's individual needs. There were suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw people's bedrooms were personalised to their individual needs.

Is the service caring?

Our findings

People and their relatives confirmed staff were always caring and included them when making decisions about how they wanted their care provided. Comments from relatives included, "The staff have gone the extra mile to get to know [relative's name] as an individual and I feel [relative's name] is not just a 'resident' but part of a family," "Staff are always welcoming when we either call or visit," "We, as parents, could not have asked for a better or well run family orientated home. We are extremely happy [relative's name] at Jane House," and "All of our family are very happy with the love and care [relative's name] receives from his 'second family'. We see [relative's name] as often as we can but [relative's name] is always so happy to return home to Jane House."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed that staff had a very good rapport with people and interactions were very kind and encouraging. Staff described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. For example, one staff member told us a person living at the service only wanted their care records to be accessed by health and social care professionals and the manager. The staff member said they respected this person's choice and understood that consent would need to be obtained before looking at this person's care file.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private. This showed that staff had an awareness of the need for confidentiality to uphold people's rights. We saw evidence that the support provided was person centred. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. Care files we read contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged.

We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. This meant the service respected people's right to equality diversity and human rights.

The service supported people to maintain and develop their independence. For example, people were supported to access the community to build confidence.

Staff had a good understanding of people's individual communication needs. During the inspection, we saw staff communicating effectively and appropriately with people. Information was presented in an accessible format, for example easy read risk assessments were in place to promote understanding.

We saw evidence of people living at the home being involved in care plan reviews and attending regular resident meetings. We saw the minutes from resident meetings were written up in easy read format and given to people so they knew the decisions that had been made. This showed the service supported people

to express their views and be involved in decision making.

We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

Is the service responsive?

Our findings

People's care records contained good information about the person's needs, any risks associated with their care and preferences. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans detailed what was important to the person, personal outcomes and how these would be achieved. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this. The service worked responsively with external health and social care professionals. A visiting social worker told us staff had good communication and made appropriate referrals for their intervention.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We found the service supported people to participate in person centred activities and provided regular opportunities for social engagement. During the inspection we observed staff support people to access their local community. For example, we saw one person was supported to go shopping in town and another person visited a day centre. One relative told us; "When I visit my [relative], they always have a big smile on their face which is proof to me they are happy living at Jane House. [Relative's name] is very chatty and can't wait to tell me about all the things they have done and the places they visited, so I am confident [relative's name] receives full support to be able to go to regular activities." We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. We saw the registered provider had received no complaints since the last inspection. People we spoke with felt listened to and told us they never had any reason to complain.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

The registered manager informed us that the home did not routinely support people with end of life care.

Is the service well-led?

Our findings

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive.

The management team provided strong leadership and led by example. Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. This meant there were clear lines of accountability within the organisation and systems, which supported the running of the service, were well-embedded.

The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The staff demonstrated they embraced these values when discussing the service.

The registered manager demonstrated they knew the details of the care provided to people that showed they had regular contact with the people who used the service and the staff. One staff member told us, "The managers know all the service users, their names and their needs." Throughout the inspection, we observed the registered manager conversing and engaging with people who used the service.

There was evidence of an open and inclusive culture. Staff told us they felt well-supported, valued and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. We saw evidence that regular staff meetings took place, which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them where applicable.

We found that the service supported people and their relatives to express their views and be actively involved in making decisions about their care and support. We saw the service carried out a family satisfaction survey in January 2018. We saw feedback was all positive. One person commented they wanted staff to be more computer literate so they could help people living at the home when accessing their personal computer. We saw evidence the management team responded to feedback and held computer training sessions in staff meetings. This showed the registered provider listened to feedback from relevant persons for the purposes of continually evaluating and improving such services.

The registered manager told us the service is always open to rigorous and constructive challenge from people who use the service and the public. We found because people were actively encouraged to discuss their concerns and there were high levels of open engagement this impacted positively on the number of received complaints. This was reflected in our checks of the complaints log, which showed no complaints had been received since we last inspected the service in 2016. This demonstrates the service had sustained outstanding practice over the inspection period.

We saw monthly checks and audits had been undertaken. We saw audits were being carried out monthly and any issues were acted on. We also saw that the registered provider carried out their own visits to the

service. This demonstrated that the registered provider was able to question practice and identify areas of improvement.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.