

Society Of Christ (Great Britain)

# Jasna Gora Residential Care Home

## Inspection report

52 Fixby Road  
Huddersfield  
West Yorkshire  
HD2 2JQ

Tel: 01484451850  
Website: [www.societyofchrist.co.uk](http://www.societyofchrist.co.uk)

Date of inspection visit:  
14 September 2016  
20 September 2016

Date of publication:  
27 October 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 September 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 20 September 2016, and was announced. The service was last inspected in August 2014, and met the regulations we inspected at that time.

Jasna Gora Residential Care Home provides care and accommodation for up to twelve, predominately Polish, older people. The home is located in a quiet residential area of Fixby, and has easy access to the local town of Huddersfield. The service is registered to support up to 12 people, and at the time of our inspection 12 people were using the service.

There was 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 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.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Regular checks were made of the premises and equipment to ensure they were safe for people to use, and accidents and incidents were safely managed. Arrangements were in place to support people in emergencies and to evacuate the building.

Medicines were managed safely. Safeguarding procedures were in place to help minimise the risk of abuse occurring. The registered manager monitored staffing levels to ensure they were sufficient to support people safely, and recruitment procedures minimised the risk of unsuitable staff being employed.

Staff received the training they needed to support people effectively and were supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 were protected.

People were supported to maintain a healthy diet and were supported to access external professionals to maintain and improve their health.

People spoke very positively about the care and support they received. People were treated with dignity and

respect and staff delivered support in a kind and caring way. Staff understood the importance of protecting and encouraging people's independence. Procedures were in place to support people to access advocacy services.

Care and support was person-centred. Care plans were regularly reviewed to ensure they accurately reflected people's current support needs.

People were supported to access activities they enjoyed. The registered manager and staff recorded people's participation in activities and monitored these to ensure everyone had access to something they enjoyed. Policies and procedures were in place to investigate complaints.

Staff had a clear sense of the culture and values of the service. There was a clear management structure in place, led by an effective registered manager who understood the aims of the service.

A number of quality assurance checks were carried out to monitor and improve standards at the service. Feedback was sought from people using the service through annual questionnaires and meetings. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

## 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.

Plans were in place to support people in emergencies, but we made a recommendation about personal emergency evacuation plans.

Risks to people using the service were assessed and steps taken to reduce them.

Recruitment systems were in place to minimise the risks of unsuitable staff being employed.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they needed and were supported through supervisions and appraisals.

The service was worked within the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

### Is the service caring?

Good ●

The service was caring.

People spoke very positively about the care and support they received.

People were treated with dignity and respect and staff delivered support in a kind and caring way.

Procedures were in place to arrange advocates should they be needed.

### Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered in a person-centred and responsive way.

People were supported to engage with activities they enjoyed.

Procedures were in place to investigate and respond to complaints.

### Is the service well-led?

Good ●

The service was well-led.

Staff described a positive culture and values at the service and said they were supported by the registered manager.

Quality assurance checks were used to monitor and improve standards.

Feedback was sought from people and their relatives.

# Jasna Gora Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 14 September 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 20 September 2016, and was announced. The inspection team consisted of one adult social care inspector and an 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities who worked with the service to gain their views of the care provided by Jasna Gora Residential Care Home. We received positive feedback on the service, details of which are contained in the full version of this report.

During the inspection we spoke with 10 people who used the service. We looked at three care plans,

medicine administration records (MARs) and handover sheets. We spoke with one external professional who was visiting the service. We spoke with six members of staff, including the registered manager, care staff and kitchen and housekeeping staff. We looked at three staff files, which included recruitment records, as well as other records involved in running the service.



## Our findings

People told us the service kept them safe. One person said, "Staff keep me safe at night time, I've got a buzzer, red button for during the night if I need anything." Another person said, "Yes of course I feel safe otherwise I wouldn't be here still." Another person told us, "I feel safe."

Before people started to use the service they were assessed for any risks arising out of their support needs, including falls, pressure sores, mobility and nutrition. If a risk was identified a plan was put in place to reduce the chances of it occurring. Assessments were holistic and considered the physical and emotional impact of the risk. For example, one person had a risk assessment in place for their continence care. This identified that the person was at risk of developing pressure sores and skin rashes, but also of being frustrated that they could not, 'function as they have in the past.' Another person had a risk assessment in place arising from their mental health needs. This identified that staff should use a 'warm, positive and accepting attitude' and give the person as much control as possible over their daily routine to increase their sense of wellbeing. Risk assessments were reviewed on a monthly basis to ensure they reflected people's current support needs.

Regular checks were made of the premises and equipment to ensure they were safe for people to use. These included checks of wheelchairs, bed rails, carpets, water temperatures, hoists, window restrictors, mattresses and obstructions in people's bedrooms. The registered manager carried out an environmental risk assessment on a regular basis to monitor and address any maintenance issues arising. Required test and maintenance certificates were in place in areas including legionella, electrical and gas safety and food hygiene.

Accidents and incidents were recorded and reviewed by the registered manager every month to see if improvements could be made to reduce the chances of them reoccurring. Records confirmed that accidents and incidents were investigated and appropriate remedial action taken.

The premises were clean and tidy, and throughout the inspection we saw care and housekeeping staff ensuring communal areas were free from obstructions and trip hazards. The service received a local authority infection control inspection in June 2016 and scored 100%. This meant risks to people were regularly assessed and actions taken to help keep them safe.

The service had a business contingency plan in place to assist staff in providing a continuity of care in emergency situations. This was currently written in Polish, but the registered manager was in the process of



translating it into English. The registered manager was able to describe the arrangements the service had with other organisations in the local community who could help in emergencies.

The registered manager told us how staff would support people to evacuate the premises in emergency situations, including people who needed support with their mobility. However, we noted that personal emergency evacuation plans were not in place (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The registered manager said PEEPs would be introduced.

Medicines were managed safely. Everyone who used the service received assistance with managing their medicines. Each person had an individual medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's MARs were stored in a folder containing a record of staff who were authorised to administer medicines, sample signatures and guidance on the codes to be used where people did not take their medicines. This helped staff to monitor who was completing MARs.

Each individual MAR began with a photograph of the person it related to and an overview of any known allergies they had. This helped staff to ensure the right person was receiving the right medicines. We reviewed three people's MARs and saw that medicine administration was clearly recorded without gaps. Where people did not take their medicines the reason why was clearly recorded.

Two people at the service were using prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. The controlled drugs were appropriately monitored and securely stored. 'As and when required' medicines were appropriately recorded and monitored. The administration of time sensitive medicines such as warfarin was clearly recorded to ensure people received it when needed.

Medicines stocks were regularly monitored to ensure people had access to them whenever they were needed. Medicines were securely stored in locked cabinets and trolleys, and storage temperatures monitored to ensure they were within recommended levels. This helped ensure people's medicines were safe to use.

Safeguarding procedures were in place to help minimise the risk of abuse occurring. There was a safeguarding policy in place, offering guidance to staff on the types of abuse that can occur in care settings and the steps they should take to raise any concerns. Staff signed the policy to confirm they had read and understood its contents. Staff received safeguarding training and told us they would be confident to raise any concerns they had. One member of staff told us, "I have done safeguarding training. If I had any concerns I would report it." Another member of staff said, "I have done safeguarding. We all have. It's very important." Where issues had been raised we saw from records these had been appropriately investigated and reported.

The registered manager monitored staffing levels to ensure they were sufficient to support people safely. Day staffing levels were one senior care assistant and one care assistant. Night staffing levels were one senior care assistant and one care assistant, one of whom slept but was woken if needed. The registered manager told us, "I monitor staffing levels" and "We cover sickness and holiday with the members of staff in place. I can use agency staff if I need to, but it is in the interests of people using the service if they know the staff." Staff told us enough staffing levels were sufficient to support people safely. One member of staff said, "We have enough staff. One is off sick at the moment but we have enough. We cover holidays." Another member of staff said, "We have enough staff employed. It can be busy but it's generally okay." We saw that people received support quickly when this was needed.

Recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history and experience. Two written references were sought, and proof of identity and address required. Disclosure and Barring Service (DBS) checks were carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.



## Our findings

Staff received the training they needed to support people effectively. Mandatory training was provided in areas including emergency first aid, moving and handling, infection control, fire safety, food hygiene, safeguarding, health and safety and dementia care. Training was refreshed annually to ensure it reflected current best practice.

The registered manager used a chart to monitor staff training, and this showed staff training was up to date. Additional training was also available in areas such as end of life care, and administering medication training which had been arranged with an external pharmacy. This was advertised on a staff noticeboard so staff were aware of the wider training available. Where people had specific support needs training was arranged in those areas to ensure staff had the skills needed to support them effectively. For example, training was in place to support people at the service who used percutaneous endoscopic gastrostomy (PEG). PEG is a system used where people having difficulty swallowing foods and fluids.

Staff spoke positively about the training they received and said they would be confident to request any additional training they felt would be useful. We saw examples where staff had requested training and evidence it had been arranged. One member of staff we spoke with said, "We get enough training. Sometimes we get new people here, and we do the training we need before they come in." Another member of staff said, "We get lots of training. There's a plan for 2016. I most recently did first aid."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received supervisions every three months and an appraisal annually. Before supervisions and appraisals staff were given a self-evaluation form to complete, which was then used as the basis for discussing their progress and any support needs they had. Where staff requested additional support records confirmed this was arranged. Staff were also supported through spot checks on their competence in areas such as medicine administration and moving and handling to see if additional training was needed. Staff we spoke with confirmed supervisions, appraisals and spot checks took place and that they found these useful in supporting them in their role.

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 to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes 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 our inspection no one using the service lacked capacity to make decisions for themselves and no one was subject to DoLS authorisations. The registered manager told us how capacity assessments would be arranged if they became necessary, with a multidisciplinary approach involving relatives and external professionals. This was in accordance with the principles of the MCA. Staff received training in the MCA, and throughout the inspection we saw them obtaining people's consent before delivering care and support.

People were supported to maintain a healthy diet. Nutrition care plans were in place setting out people's dietary needs and preferences, including any specialist support needs such as PEG. People were weighed on a monthly basis to monitor their nutritional health. People's dietary needs and preferences were also displayed in the kitchen to help ensure they received the food they wanted and needed. People were involved in developing the service's monthly menu, which reflected their cultural preferences.

We observed people at breakfast and lunch. People were given a choice of what they would like to eat and drink, and were free to choose things not listed on the menu. The daily menu was available for people to choose, and they were also shown plated food to help them decide. Where people were supported with their meal this was done at their own pace. Most people chose to eat in the dining room, which had a friendly and convivial atmosphere. There was no delay in people eating in their rooms receiving their food. People were offered snacks and drinks throughout the day. People spoke positively about the nutritional support they received. One person told us, "Staff come in with breakfast choices on plates and we choose from them. We get plenty of drinks throughout the day." Another person told us, "Food always warm, very good cook."

People were supported to access external professionals to maintain and improve their health. Care plans contained evidence of frequent involvement from professionals such as GPs, district nurses, dieticians and PEG nurses. We spoke with an external professional who was visiting during our inspection. They told us, "It's lovely here. One of the very best. You won't see any bad. [Staff] are very good at communication and always tell us if there are any changes." This meant people were supported to access the healthcare they needed when they needed it.



## Our findings

People spoke very positively about the care and support they received, and described staff as kind and caring. One person told us, "They [staff] are very caring." Another person said, "Yes, [staff] are lovely." Another person said, "It is all lovely. I have got what I need." When describing the service another told us, "Champion. All very nice." A visiting external professional said, "The care here is excellent. I'd have a room here".

People were treated with dignity and respect. One person told us, "They [staff] respect my privacy." Throughout the inspection we saw staff having friendly but polite and professional conversations with people, using their preferred names and asking for permission before delivering support. Staff knocked on people's doors and waited for a response before entering. Where people called for support staff walked to them and quietly asked how they could help. Discussions amongst staff about support delivered took place away from communal areas in order to protect people's identity and confidentiality. Staff we spoke with recognised the importance of maintaining people's dignity and treating them with respect, and we saw staff putting this into practice.

Staff delivered support in a kind and caring way. Staff supported people in a calm and gentle way, working at the person's own pace and offering reassurance throughout. Staff made an effort to speak with people as they were moving around the building, and often stopped in the lounge area to chat. We saw that people and staff had friendly conversations, and knew each other well. Staff were able to talk with people about their families and interests, which people clearly enjoyed. There was a map on the dining room wall describing where people using the service had previously lived. Staff told us they had assisted people to make this, which had helped them to get to know one another better. Throughout the inspection we saw people sharing jokes with staff. This contributed to a relaxed and homely atmosphere, though staff were always professional when delivering support.

We saw numerous examples of kind and caring supporting during the inspection. For example, one person was walking back to their room and passed a member of staff on the way. This led to a conversation about what the person planned to do for the rest of the morning, and the member of staff said they would pop up and see them later with a cup of coffee. In another example, a person was playing a game board game in the lounge area and as staff passed they stopped to ask how the person was doing and to joke about how the person would beat them if they tried to play. Later that day, we saw a person looking at some photographs of activities that had taken place at the service. A member of staff saw this and joined in, with both reminiscing about how enjoyable they had been.

Staff understood the importance of protecting and encouraging people's independence. People were encouraged to do things for themselves, but staff were always nearby to ensure they were safe and offer support if needed. For example, we saw a person becoming distressed when they could not complete a task for themselves. A member of staff saw this, but instead of taking over asked the person what they were trying to do and if they could help. This led to the person and member of staff completing the task together, which left the person reassured and happy.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how the advocate was assisting the person, and records confirmed this. The registered manager also described how other people would be supported to access advocacy services should they be needed.

No one was receiving end of life care at the time of our inspection. The registered manager told us how this would be arranged if appropriate, and described the links the service had with external professionals such as GPs and district nurses who would assist. Care plans contained records of discussions with people about their final wishes.



## Our findings

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People told us the care they received was responsive to their needs.

Before people started using the service their support needs were assessed in a number of areas. These included personal care, nutrition, communication, mobility, medication, mental health and skin care. If a support need was identified a care plan was put in place, setting out how the person wanted their care to be delivered. These included guidance to staff on how they could best promote the person's health and wellbeing. For example, one person received regular hand massages and their care plan guided staff to, 'pay [the person] compliments that they look nice to reinforce their feeling of wellbeing.' Another person's care plan contained detailed guidance to staff on how the person liked to be supported with personal care, listing the things they liked to do for themselves and describing what they would like help with.

Where people had communication support needs their care plan contained guidance to staff on how they could effectively interact with them. For example, one person at the service was not always able to communicate verbally. Their care plan had a detailed description of how staff could assist them to communicate, including interpreting non-verbal communication and using objects to prompt understanding. Staff were reminded to position themselves in the person's field of vision and to, 'use short, simple sentences and allow enough time for [the person] to process the information.' This meant care plans helped staff to deliver care that responded to people's needs.

Care plans were reviewed on a monthly basis to ensure they accurately reflected people's current support needs. An annual review also took place, involving people and their relatives. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People's rooms were personalised and decorated to their own taste. Staff had helped people to customise their rooms to reflect their religious beliefs, with the support of a priest who visited the service daily. People told us their relatives were free to visit them whenever they wanted, and that they (people) could plan their day however they wanted.

People were supported to access activities they enjoyed. During our inspection we saw people participating in chair exercises, singing and games. Staff ensured that everyone which wanted to be was involved in these

activities, which people clearly enjoyed. The service had an onsite chapel, and people were supported to attend a daily service. There were also large gardens at the service, and we saw people enjoying these and spending one to one time with staff in them.

The registered manager and staff recorded people's participation in activities and monitored these to ensure everyone had access to something they enjoyed. People also had planned one to one time with staff as well as access to group activities. We saw people enjoying one to one time during the inspection. Photographs of previous activities were stored in photo albums in the reception area, and these included trips around the local area and parties at the service.

Policies and procedures were in place to investigate complaints. People and their relatives were provided with guidance on the complaints policy, which set out how complaints would be investigated and the timeframe for doing so. The contact details of external organisations people could contact if they were not happy with how the complaint had been handled were also provided. No complaints had been received in the 12 months leading up to our inspection.





## Our findings

Staff had a clear sense of the culture and values of the service, which they described as providing homely care and treating people as individuals. One member of staff said, "It [the service] is fabulous. Nice place. Nice people. We provide safe care." Another member of staff told us, "It is a small house with good quality care. People are well looked after." The registered manager said, "I wouldn't hesitate to have my grandparents in here. We always act in people's best interests, it's a safe environment and people are treated with dignity and respect. It is a very homely atmosphere."

There was a clear management structure in place, led by an effective registered manager who understood the aims of the service. The registered manager had a detailed knowledge of people's needs and told us they prioritised high quality care. Staff spoke positively about the registered manager, describing them as supportive. One member of staff told us, "If I ever have a problem I can go to the registered manager. They would sort it out." Another member of staff said, "[The registered manager] is supportive." Staff meetings took place every three to four months, and staff said they were able to raise any issues they had at meetings. Minutes of staff meetings confirmed this.

A number of quality assurance checks were carried out to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and senior care assistant carried out regular audits of medication, health and safety, food hygiene, infection control and fire safety. The registered manager completed a monthly 'management audit', which reviewed the overall running of the service in areas such as staffing, the physical environment and changes in people's dependency levels. The registered manager also conducted 'night inspections' to monitor and review the operation of the service at night. Where audits identified an issue a plan was developed and remedial action recorded. For example, a June 2016 environment audit had identified some improvements in cleaning practice that could be made and action to achieve this was taken.

The registered provider carried out their own quality assurance checks at the service. The registered manager said they visited two or three times a year to review documentation and the premises. We did not see any records of these visits by the registered manager said they would be asked to address any issued identified. The registered manager was also required to submit their monthly management audit to the registered provider. This meant that there was good communication between the registered manager and registered provider in monitoring standards at the service.

Feedback was sought from people using the service through annual questionnaires. Three different surveys were undertaken, covering meals, activities and general satisfaction with the service. These had most recently been completed in February 2016, and records confirmed that the feedback was positive. We saw evidence that the registered manager addressed any issues raised. For example, one person had requested more activities involving reading aloud and less singing. The registered manager told us this led to activities being changed to allow this.

Monthly resident meetings were also held, and minutes from these confirmed they were well attended and that people could raise any issues they had. One person at the service was cared for in bed, and the registered manager told us the minutes of meetings were read to them so they were aware of what had been discussed.

Feedback from relatives was sought in an annual questionnaire. This had most recently been completed in April 2016, and seven responses had been received. These contained positive feedback on the quality of care delivered and on the availability and effectiveness of the registered manager. One relative had commented, 'Very pleased with all care received, excellent' and had described the management of the service as 'very good'.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.