

Freeways

Jonathan House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Jonathan House is a care home that provides accommodation and personal care for up to eight people with a learning disability. At the time of the inspection there were eight people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall although the configuration of the building and storage of cleaning equipment was not always safe.

Why the service is rated good:

Staff were kind and caring. Staff respected people's privacy and gave people choice and control about their care and support. Staffing levels were safe to meet people's needs.

Medicines were stored and administered safely.

The staff team were trained and were able to demonstrate their knowledge about how to safeguard people from abuse.

Care plans were personalised and contained support plans and risk assessments to give staff guidelines to follow.

People's health needs were met and people attended annual health checks and appointments as required.

People were enabled to achieve skills that would improve their quality of life and some people undertook work.

Feedback was sought from people. Systems were in place to monitor and improve the quality of the service.

Positive feedback was received about the manager and staff felt Jonathan House was a nice place to work.

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 not always ensuring equipment and the configuration of the building was free from contamination and infection.

People had individual risk assessments in place.

People were supported by staff who had pre-employment checks in place on their suitability to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained good.

Good ●

Jonathan 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 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 comprehensive inspection was carried out on the 27 and 28 June 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

During the inspection we spoke with four people. We also spoke with the nominated individual, the manager, one team leader and one support staff. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and two care plans. Following the inspection we made phone calls to two relatives about the service their family member was receiving. We also gained views from one health care professional.

Is the service safe?

Our findings

People, staff and relatives all felt the service was safe however the configuration of the kitchen and laundry room was a risk to infection control.

The environment and configuration of the kitchen and laundry room was not adequate to prevent the risk of cross infection. For example, the kitchen, laundry and down stairs bathroom were interconnecting rooms. To access the bathroom you had to walk through the kitchen and laundry room. To access the laundry room you had to walk through the kitchen. During the inspection we observed people, staff and visitors walking through these rooms to get through to the bathroom and laundry area. This configuration of the kitchen having to be walked through with dirty laundry whilst people and staff were preparing and cooking food posed an infection control risk. The provider had contacted us prior to the inspection to alert us to this issue. The provider explained that this had been identified and work was in the process of being commissioned to rectify this. The manager and the senior manager both confirmed they were reviewing this area of the home. The manager's April audit had identified this concern. Following the inspection the manager sent an environmental risk assessment. This identified the risk and the measures in place to reduce the risk of cross infection.

We found during the inspection mops and buckets left outside. This meant they could be exposed to contamination and dirt. We raised this with the manager who during the inspection took immediate action to store the mops and buckets in an alternative storage area inside. They confirmed all mop heads were washed every day. They were, following being washed, stored in a drawer ready for their next use. This meant cleaning equipment was not always being stored adequately to prevent the risk of contamination although action was taken to prevent this from reoccurring.

One person told us, "I get on well with staff, quite well I do". Another person when we asked if they felt safe said, "Yer". Staff told us, "Safe here, yes. The door is never closed". One relative told us, "Yes, I feel [Name] is safe. They keep an eye on him. He is very very happy there". Another relative told us, "Yes I do. He is cared for and respected. He seems very happy."

No new staff had been employed at Jonathan House in the last few years. We reviewed two staff who the provider had employed in the last few months within others homes they had. Staff files confirmed checks had been completed on their suitability to work with vulnerable people prior to starting their employment. There was photographic identification, a minimum of three references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The provider had policies and procedures in place for safeguarding vulnerable adults. Two people within Jonathan House had recently attended a safeguarding conference organised and facilitated by the provider. This coincided with Bristol's stop adult abuse week. This meant people were supported to learn about safeguarding and how to keep themselves safe. The manager told us people had felt positive about getting

involved.

Staff had received training in safeguarding vulnerable adults and were knowledgeable about the correct action to take if they had any concerns. One member of staff said, "I have attended safeguarding training. People are safe. I would report it straight away, if there were concerns relating to physical or financial abuse. To a manager or team leader, head office, the police or Care Quality Commission".

People had individual risk assessments that identified potential risks and gave guidance to staff on how to support people safely. Assessments included risks such as smoking, bathing, using the kitchen area. Staff and the manager knew people well and were able to confirm people's individual support. The service recorded incidents and accidents there was an overview of the incident, including; what had occurred, any injuries and the immediate action taken.

People were supported by staffing numbers to meet their needs. People had chosen at Jonathan House not to have agency staff. The manager confirmed any vacant shifts were covered by the provider's bank staff. Records confirmed this. Staff felt happy with the staffing levels. One staff member told us, "We are staffed well".

People received their medicines safely and when required. Staff had received appropriate training and received competency checks. All medicines were stored securely and appropriately. People were encouraged to be independent with their own medicines. Where people were independent the person had a support plan and risk assessment that confirmed this arrangement. Regular stock controls were undertaken and medicines and administration charts (MARS) were accurate and up to date.

Is the service effective?

Our findings

The service provided effective care and support. People told us, "The food is quite nice. Wonderful". Another person told us, "I have a special diet. Food is good".

People were included in inducting and showing new staff around the home. People had worked with staff to create an induction document. We experienced this as part of the inspection. We were taken on a tour of the home and shown the 'in and out board', safety equipment and where files were stored. We were asked to sign each part of the document. This meant people were an important part of inducting new staff and were valued in this process.

Staff were supported through supervisions. Supervisions were planned every 6-8 weeks. They were an opportunity to meet one to one with their manager. Supervisions included discussions around work load, key responsibilities, people they supported along with any issues the staff member may be experiencing. Two staff files we checked had no appraisal. The provider's quality assurance process had identified this shortfall. Due to the change in managers the nominated individual confirmed staff appraisals were now being actioned by the new manager.

Staff received regular mandatory training. For example; in safe administration of medicines, first aid, moving and handling, mental capacity and best interest and deprivation of liberty safeguards. Records confirmed this. One member of staff told us, "I have had Autism training, manual handling, fire and first aid training, safe administration of medicines, Mental Capacity Act and best interest training.

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity and the best interest decisions that had been considered. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and, legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person at the time of the inspection had a DoLS in place. Records confirmed this.

People's care plans included any individual dietary requirements. This included likes and dislikes and any intolerance. People were part of choosing the menus each week and were allocated a night where they cooked. One person confirmed how they have been shopping in the morning to buy the ingredients for dinner. They also showed us on the menu what their alternative choice was due to their specific dietary requirements.

When required people received support from staff to access health and social care professionals. For example, people visited the opticians, dentists, hospital, GP and attended annual health checks. Records confirmed the appointments and any outcomes. One person told us, "I have been to the dentist today by myself. I have just got back". Another person confirmed they had a hospital appointment and that a member of staff was going with them. The person's keyworker undertook a monthly review of the person's health action plan. This monitored if people were due their annual flu jabs or any other changes to the persons health. One health care professional told us, "They always make sure all doctor's appointments are held, along with months checks".

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person told us, "I get on with staff quite well I do". Relatives told us, "Staff are brilliant they really are. Couldn't fault them they are very good with the residents. Very pleasant staff" and, "They can't do enough to help. [Name] is really fond of one carer more like a friend". One health care professional told us, "I have only ever seen good interactions".

Staff and the manager were respectful and polite. They spoke with people in a kind and caring manner. During the inspection we observed the manager and support staff discuss with people their planned holidays, appointments, and social interests.

People's privacy was respected. During the inspection we observed staff knocked on people's doors. They waited for an answer and if there was no reply they went back later. One member of staff told us, "If I am supporting with bathing. I also make sure that there is a towel around [Name]. I also support [Name] in the evening with a shower and make sure their dressing gown is appropriate".

People's care plans confirmed their communication needs. One person had a personalised communication file. This file contained various pictures which staff could use to give the person choice. Pictures included meals, drinks, daily routines of brushing teeth and bathing. It also showed guidelines for staff to follow and pictures of the staff working with the person that day.

People were encouraged and supported to making decisions about their daily care and support. During the inspection people made choices about how they wished to spend the day. Some people spent time at home, others at work and at health appointments. One person was visiting family and another was due to visit their family.

Is the service responsive?

Our findings

The service was responsive.

People had detailed care plans that provided staff with guidance on each person's individual needs. Staff demonstrated they knew people well and were able to give examples of how they supported people living at Johnathan House.

People were encouraged to maintain their independence and undertake their own activities and daily care routines. These included shopping, undertaking paid employment, attending medical appointments, holidays, laundry and cooking. During the inspection we observed people demonstrating their independence. This included, making their lunch, going to the shops to buy food for lunch and dinner, attending a dentist appointment and undertaking paid employment. One person told us they were packing for a holiday. The manager confirmed another person was visiting family. One member of staff told us, we "Promote independence. For example [Name of person] we are looking for paid work. We will break it down, staff help with finding a job and all the stages".

People contributed to their care plan. Reviews were undertaken monthly with the person's keyworker. This was an opportunity for people to discuss their care and aspirations and goals. Records confirmed this. When required the service undertook reviews with clinical health specialists and social workers. Every year the service aimed to provide a person centered review. This was an opportunity to review all aspects of the persons care and support needs.

People had access to an easy read complaints policy. People were happy with the care they received and felt able to speak with the manager or raise any concerns with staff if they needed to. One person told us, "I can always talk to the managers if there is a problem". Feedback was sought from people via 'happy app'. This was where people could provide feedback at any time about their care experience. People were also asked month at their keyworker meetings if they were happy with their care and support. Records confirmed this.

Is the service well-led?

Our findings

The service was well-led

At the time of the inspection there was no registered manager in post. The manager confirmed they had submitted an application to become registered. 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 home is run. We will monitor their application following this inspection.

The provider's aim of the service was, 'To provide a safe, homely relaxed environment for our service users that encourage their individuality, independence and to develop their choice and self-esteem.' It also aimed to, 'To focus on the maintenance and development of individual skills – personal care, domestic, communication, independent living, vocational social and leisure.' As well as, 'To review each person's needs and outcomes through person centred plans, care plans, health action plans, risk assessments, reactive strategies and monthly key worker reports.' We found people experienced this as during the inspection people accessed the community, undertook paid and voluntary employment along with attending medical appointments either independently or with support from staff.

Staff said they felt well supported by the manager and that it was a nice place to work. One member of staff told us, "It is a nice house. [The manager] is very approachable". Another member of staff told us, "The support is great. The managers who I know and can go to if there is a problem".

Staff meetings were an opportunity for staff to pass on important information such as any changes to people's care needs and wellbeing. Records confirmed actions the registered manager needed to address. One member of staff told us, "Team meetings are often, once a month".

Systems were in place to regularly monitor the quality of the service. The provider had a service assessment which the manager sent to head office each month. This was reviewed by another manager and signed off by a senior manager. Shortfalls identified in April 2017 included, ensuring supervisions were every 6-8 weekly and that appraisals were required. It also confirmed issues with the configuration of the ground floor.

People's feedback on their views and opinions was sought. This could be provided at any time through a 'happy app'. This was accessible within the service on an electronic handheld device where the person could confirm if they were happy or not happy with something. The service had regular 'resident' meetings. These were an opportunity for people to share their views on what they enjoyed about the service. It also included topics such as meal choices, day trips and open days.

Prior to the inspection we reviewed notifications we had received from the provider that inform us of certain events that occur at the service. We checked these details were accurate during the inspection and found we had been notified as required. This meant that we are able to build a full and accurate picture of incidents

that had occurred in the service.