Nirosh Care Homes Limited

James Court Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 6 and 18 January 2016. This was an unannounced inspection. James Court Residential Care Home provides care for up to 12 people who have learning disabilities. When we visited, 10 people were living at the service. Our last inspection took place in November 2013 and at that time we found that they met the standards we looked at.

There was a registered manager at the service. 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.

Consent to care was not always sought in line with legislation and guidance. Some people did not have the capacity to make certain decisions, and it was not clear how best interest decisions had been made on their behalf. We saw some people may have had restrictions placed upon them as they were not able to go out on their own and may not have had the capacity to make decisions about their safety. Applications to ensure these restrictions were lawful had not been made.

We saw that there were sufficient staff numbers to keep people safe. However the way staff were deployed at certain times meant that they were not always available to meet people's needs in a timely manner.

We found that improvements were needed in the way audits of the service were completed and how quality monitoring and actions required were analysed. A new system was in the process of being introduced. Staff supervisions needed to be completed, and consideration of how staff put any learning into practice was required. Consistency in the reporting of statutory notifications was also required.

People told us they felt safe living there and staff understood how to protect people from harm and abuse. Risks were identified and managed in a way that still enabled people to have choice and control in their lives. Medicines were administered safely and safe recruitment practices were in place.

People received care from staff who knew them well and understood how to support them in the best way. We saw that people were enabled to maintain a balanced diet and were encouraged to make choices about the meals they had. Staff were aware of any specialist diets and supported people to understand this. The staff ensured that people had access to different health care professionals when needed and knew how to look out for signs that people were unwell.

Positive caring relationships had been developed and we found that people were treated with respect and dignity. We saw that people were encouraged to make choices in their lives and express their views. The people who used the service were encouraged to be independent and enabled to have some control in their lives.

The service provided care that was individual to the people living there and they were supported to take part in various activities at home and in the community. The provider had responded to changes in people's day time routines and had increased the staffing levels to reflect this.

There was a positive culture at the service, and staff felt supported by the registered manager. They told us they were approachable and responsive. We found that the registered manager was keen to make improvements within the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Even though there were sufficient numbers of suitable staff to keep people safe and meet their needs, they were not always suitably deployed. People were protected from avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to work safely. Medicines were managed safely to enable people to take the correct medicine at the right time. Staff were recruited in a safe manner and there were appropriate checks in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where people were unable to consent, mental capacity assessments and best interests decisions had not been completed. Where people did not have the capacity to make decisions about their care and were being restricted, no Deprivation of Liberty Safeguards applications had been made. We found that staff were given the opportunity to develop their skills to meet people's needs. People were supported to have sufficient to eat and drink, and were enabled to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People received support from staff who were patient and kind and understood their individual needs. People were encouraged to be as independent as possible and were involved in decisions that were made. People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People were able to choose how to spend their time and what activities to be involved with. People were involved in decisions

that were made and events that took place in the service. People knew how to raise concerns and complaints and the provider responded to any issues raised.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality monitoring systems were not effective in identifying shortfalls and driving improvement. Staff appraisals, supervision and assessment of their competencies needed to be improved. There was a positive culture within the home and staff felt supported by the management team.

James Court 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 6 and 18 January 2016 and was unannounced. We went back on the 18 January to discuss the inspection with the registered manager as they were not available on the first day of our inspection. The inspection team consisted of one inspector. We spoke with six people who used the service, four members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. We spent time observing how staff interacted with people who used the service. We watched how staff supported people and cared for them. We did this to better understand people's experience of living at the service.

We reviewed other information that we held such as notifications; these are events which happen in the service that the provider is required to tell us about. On this occasion, we had not asked the provider to send us 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 the improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at four people's care records to see how their care and support was planned and delivered and to see if they were accurate and up to date. We also looked at records that related to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

We observed in the morning that people were left alone in one of the lounges while staff were busy elsewhere in building. Some people were shouting out, using inappropriate gestures and language. One member of staff told us, "There should always be someone in the main lounge when some people who use the service are there." We saw in the care records guidance for staff in relation to the support which should be provided to intervene and prompt the person to stop certain behaviours and this did not happen. This meant that they were not supported as they needed to be. The registered manager agreed that this should be reviewed. In relation to the other people who used the service we found that there were enough staff to meet their needs and keep them safe.

People told us they felt safe living at the service. We were told by one person, "I don't feel frightened here." Another person said, "I'd speak to the staff if I was worried, but I'm happy living here." Staff we spoke with understood how to safeguard people. One member of staff said, "If there were any incidents, I'd report it to the manager straight away." Another staff member told us, "People need support to keep them safe when they go out."

Staff were knowledgeable about the different types of abuse that could occur and knew how to report concerns. Staff knew about the whistleblowing policy which enabled them to report concerns about the service anonymously if they preferred. One staff member said, "I'm aware of that. I'd be confident to use it, but not had to." Staff showed they knew how to diffuse situations that happened when people became upset. We saw staff quietly intervene and prompt people to stop using offensive language. One staff member told us, "If I saw anything, I would distract them and encourage them to do something different. I would then write it in their notes and speak to the manager." We observed that people who used the service interacted positively with the staff, and we saw people laugh and smile. This demonstrated that people were at ease with the staff.

We found that risks to people who used the service had been identified and staff were aware how these risks should be managed. We saw that people were supported when going out as they were not safe to do this on their own. We observed that people were supported to access potentially dangerous areas. For example, when people wanted to go into the kitchen, they would ask a staff member who would then assist them. This enabled people to have choice and control in their lives, but in a safe way. Staff told us that the risk assessments were helpful and gave a clear picture about the risks that applied to each individual and how these should be managed. We found that the records matched what the staff told us.

The people we spoke with did not voice any concerns about their medicines. One person said, "I take tablets, they make me feel better. The staff help me to have them." We observed people being given their medicines. Staff ensured people understood what their medicines were for and that people had a drink when taking their medicines. Staff updated the records after each person had received their medicine.

We found that when people needed to take medicines 'as required' and not every day, there was a clear policy in place which staff understood and followed. When these medicines were given to people their

records were updated to show they had received them. We saw that the medicines were kept securely in a locked cupboard so only authorised people would have access to them. We looked at the medicines records and there were accurate and up to date.

Checks had been carried out with the disclosure and barring service (DBS) to ensure that the staff who worked at the home were suitable to work with people. One member of staff told us that they had to wait for their DBS check to come through before they started working. We saw that suitable references had been received and identities had been confirmed for the staff. This demonstrated that the provider had safe recruitment practices in place.

Requires Improvement

Is the service effective?

Our findings

We looked at how the requirements of the Mental Capacity Act 2005 (MCA) were being implemented. This Act 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.

We found that consent to care was not always sought in line with legislation and guidance. When people were unable to make decisions, mental capacity assessments and best interests decisions had not been completed with consideration to the person's level of capacity. For example, staff told us that some people did not understand their finances, and there was no information available in care records to show the service was supporting people in their best interests. The records we looked at did not demonstrate that consideration of the MCA was part of the care planning process. Some staff told us they had received training about the MCA, however they were not always able to demonstrate an understanding of the requirements under this legislation. One staff member we spoke with said that they had heard about best interest decisions but would not have to deal with anything too complex. Another told us they had not heard about the MCA or best interests decisions.

This demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

There were people who used the service that staff believed lacked capacity to make certain decisions who were also being restricted. The registered manager confirmed that some people did not have the capacity to make decisions about their safety when they were out. They told us if people tried to leave the building on their own, they would not be free to do so. At the time of our inspection, no DoLS applications had been made to authorise these possible restrictions. This demonstrated that the provider had not considered if people were being restricted unlawfully.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had put induction programmes in place so that new staff were given the opportunity to understand the needs of the people who lived there. One staff member told us, "I spent time shadowing more experienced staff to begin with, getting to know the people who live here." Another said, "I'm still completing my induction and so will always be with another member of staff if we're going out with someone." Staff knew how to support people and a staff member told us, "A lot of the training is done on the job, and we usually have a training session each month." Staff told us that they had completed the care

certificate and one said that they had found this helpful and eye opening. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This demonstrated that the staff received training to support them in meeting people's needs.

We found that people were supported to have enough to drink and eat. One person told us, "I can get myself a cold drink if I want." We saw staff offered choices of hot and cold drinks throughout the day. People were given a choice for their lunch. For example, there was a group discussion and people decided they would like to have a chicken take out rather than sandwiches. One person said, "The food is good here. I chose my breakfast and have cereals." We saw that there was a selection of fruit available that people could help themselves to when they wanted. A member of staff told us that people were supported to do the food shopping, which was based on meals they enjoyed and that met their dietary needs. Some people needed to have more specialist diets and the staff we spoke with were aware of what people should have and how food should be prepared for them.

People were enabled to access health care when needed. One person said, "The staff will ring for the doctor and then they'll come." Another said, "I go to the dentist to have my teeth cleaned, and I see the chiropodist who cuts my nails." A member of staff told us, "If people can't tell us they're unwell, we know the things to look out for which indicate that they may be poorly or in pain." We saw recorded in people's care records that they had attended various health appointments arranged with different professionals. People also had 'hospital passports' in place which summarised important information about each person which they may not have been able to explain themselves. This demonstrated that people were supported to maintain good health.

Good

Is the service caring?

Our findings

People told us and we saw that positive caring relationships had been developed. One person told us, "The staff are kind." Another said, "I like my key worker." One staff member said, "We know people really well. They've lived here a long time." Another told us, "I really enjoy working with the people who live here, they make my day." We saw that the staff had a good rapport with the people who used the service. We heard staff talking with people about things that interested them and people who were important to them. We observed people laughing and smiling with the staff. Staff listened and responded in a patient manner. One person wanted to make contact with their relative, and they were supported to speak with them on the telephone which reassured them.

We saw that people were encouraged to make choices and express their views. One person said, "I choose my clothes to wear each day." During lunchtime, people were offered different puddings and we saw that their requests were met. One staff member told us, "We try to involve people by using pictures as that can help them understand. Some people find it easier to actually show us what they want." We saw that people had been involved with their care reviews and staff said, "We ask if people want to be part of their meetings, some will, but others prefer not to."

People were encouraged to be independent. One person said, "I look after my bedroom; I do the cleaning, polishing and hoovering. I like cleaning it myself." Another told us, "I make my own bed and help do the dishwasher." We observed people laying the tables ready for lunch and helping out in the kitchen. They were prompted to serve juice to people at their tables. Some people were not able to use cutlery and we saw their food had been cut up into manageable sized pieces. They were then able to eat their meal themselves. This demonstrated how people were enabled to have some control in their lives.

People's privacy was respected and one person told us, "If someone goes into my room when they shouldn't, the staff will ask them to leave." One staff member said, "Even though there are shared bathrooms, we make sure that people are dressed before they leave there." We observed the toilet doors being shut when they were occupied. People were treated with dignity. One person said, "Staff will use my full name, and I like that." Another person knew that their care records were kept in the office and that they were confidential. They told us that only certain people were allowed to look at their file. This showed how the staff treated people with respect.

Good

Is the service responsive?

Our findings

We found that people received care that was individual to them and records reflected people's preferences and choices. One person said, "I like living here. I can spend time in my room if I want and watch the television." Another told us, "I like reading and my books." We saw that people were supported to take part in activities that they chose and enjoyed. For example, staff enabled people to play word games and gave them time and encouragement to take part. The records we looked at were individual to each person and included information about what was important to them. One person said, "This is my file, it's got information about me and my life."

People told us about the different places they went out to and the things they liked to do. One person said, "I like going to the craft sessions, and I brought my picture home with me." People spoke about the social club they went to and told us that they enjoyed going. One member of staff said, "It's important that people can maintain links with old friends they know." We found that the provider had increased the staffing levels when people were no longer able to attend the local day service. One staff member said, "It's worked out well as people can choose what they want to do and when." Staff told us that they were able to support people to go out locally to the shop or pub. We were told, "We can go out with people when they ask, it's no problem." This meant that staff were able to respond to people's individual requests.

People told us that they were involved with the decisions that were made in the service. One person said, "We have meetings for all of us who live here. We talk about holidays and where to go." We were shown pictures of where they had been and were told, "That's all the gang on holiday." People were involved with organising social activities and events that took place in the service. We saw that their relatives had been invited, and that they had written to say how much they had enjoyed a recent party that had taken place.

People who used the service told us they knew how to raise any issues or make a complaint. We saw there was a leaflet available to explain this to people and one person said, "I'll see the manager if I've got a problem." We saw that when relatives had made a complaint the manager had recorded the outcome and actions needed. For example, meetings had been arranged with families to discuss issues that had arisen. Staff were encouraged to express their views on how the service could be improved. We were told how they had made changes to the food purchased as people thought the quality could be improved. The provider had also responded to feedback. One staff member said, "We used to offer respite for people here, but no longer. It was too disruptive for people; it is their home after all." This meant areas of concern were addressed by the registered manager and provider.

Requires Improvement

Is the service well-led?

Our findings

We found that improvements were required to ensure the audits that were in place were more effective in identifying any shortfalls and driving continuous improvement. The registered manager told us they were in the process of introducing new quality assurance tools, but these were not in place. We saw that staff meetings had taken place, but the notes and actions had not been shared with the staff team. It was not clear when these meetings were happening. One staff member said, "I've not been to any yet, but I think one is due." The registered manager told us they were going to make these meetings happen more regularly.

One member of staff told us they had not had a supervision session since the early summer. They said they had found these helpful to air their views and discuss any training required. The registered manager told us that they were trying to catch up with the staff supervision and had requested regular supervision sessions for themselves from the provider. They also told us that staff appraisals were due and needed to be arranged. They recognised that further work was required to assess staff competencies once they had received training. This would then enable them to ensure that any learning was being put into practice on a daily basis.

The registered manager demonstrated understanding about their responsibilities as a registered person. They knew about the notifiable incidents that should be reported. However, they had not done this consistently. For example, since the last inspection there had been two notifiable incidents and only one had been reported to us. The provider or registered manager is required by law to ensure that these are reported to us.

People we spoke with told us that they knew who the manager was. One person said, "Yes, I know who the boss is." Staff were positive about the management. One staff member told us, "There's always someone available if you need them." Another said, "The management are approachable." We observed staff working well together as a team and staff we spoke with told us they enjoyed working at the service. One said, "There's a good team spirit here." Another told us, "I love working here, it's so refreshing. It's a good place."

We saw relatives had been sent annual questionnaires to provide feedback about the service. The information from these had led to improvements. For example, the provider had agreed to replace some of the carpets and have some painting done. We saw that enquiries had been made for this work to happen. Staff told us that the registered manager would act on issues that were brought to their attention. One staff member said, "I have brought up things that I wasn't happy about, and it was put right. They do get things done."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, mental capacity assessments had not ben completed and best interests decisions had not been evidenced. Regulation 11 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not acting in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Where people may have been restricted, this was not done with lawful authority. Regulation 13 (5).