

Joseph House (Reedham) Limited

Joseph House

Inspection report

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Reedham
Norwich
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 16 December 2014 and was unannounced.

Joseph House provides care and accommodation for up to 40 people who are living with a learning disability. On the day of our inspection there were 31 people living at Joseph House.

The service is required to have a registered manager in day to day charge of the home and the registered manager had been in post since January 2011. 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.

People were very positive about what it was like to live at this service and they described an environment where they were fully engaged in deciding how they wanted to live and what was important to them. People felt safe living at this home. There were close and caring relationships between staff and people, with support being given discreetly to protect people's privacy and dignity.

Summary of findings

Staff received training to support them to give good care and enable people to be as independent as possible. The staff group was settled and there were robust recruitment and induction processes in place when required.

There were safe management arrangements in place in respect of medicines storage and administration. Audit processes were in place and only trained and competent staff handled medicines.

Staff knew about and understood the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how this legislation affected the way they supported people around how they make choices and acting in the best interests of the person.

People made choices about how they wanted to live and they were involved wherever possible in developing and reviewing their care support plans. Choices and options were offered and staff respected the decisions that people made around daily living. People could choose how their personal space was decorated and furnished to their taste.

People felt staff were very kind and caring. Staff spoke to people in a respectful and compassionate way and encouraged people to be as independent as possible.

There were plenty of varied activities taking place providing engagement for people in hobbies that interested them. People were supported to socialise both in the home and also out in the community.

The service has a complaints procedure available, including in easy read form. People were asked for their views about the quality of the service and regular resident meetings also took place where people could air their views and opinions. The views of friends, visitors and health professionals were also sought.

Audits were in place to ensure the environment and all care activities and processes within the home were safe and effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

Staff were trained to recognise the signs of abuse and what to do if they suspected abuse had occurred.

Safe medication processes were in place that followed best practice guidelines. Regular auditing of medicines took place.

There were procedures in place to ensure that only appropriate staff were employed to work with vulnerable people.

Good



Is the service effective?

The service is effective.

People were involved in developing their own care support plans and they agreed their own goals and aspirations that meant they could live as they wished.

Staff were suitably trained and supported so that they fulfilled their roles effectively.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards and acted accordingly in the best interests of people.

Good



Is the service caring?

The service is caring.

People told us they were cared for by kind, caring and compassionate staff.

People were offered and supported to make choices about their lives and these were respected. People were listened to and staff acted in accordance with their wishes.

People were treated with respect and in a dignified way.

Good



Is the service responsive?

The service is responsive.

Care plans were person centred and were in accordance with the needs and aspirations of the individual. Staff had access to information about people so that they could provide individualised care and support.

Activities were available that reflected people's interests and hobbies.

People knew who to speak with if they were dissatisfied with the care they received.

Good



Is the service well-led?

The service is well-led.

The management team provided consistent guidance and support to staff and people and were a visible presence within the home.

Good



Summary of findings

The management and staff group worked well together as a team. They provided care and support that met the needs and aspirations of the people.

Regular checks for the quality of the service were completed.

Joseph 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 inspection took place on 16 December 2014 and was unannounced. The inspection team was made up of three inspectors.

Before the inspection, the 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 the improvements they plan to make. We also reviewed notifications that had been sent to us by the provider, checked for any referrals made

to the local safeguarding authority and looked at complaints that had been made to us about the service. We also obtained information from the local authority quality monitoring team.

During the course of the inspection we gathered information from a variety of sources. For example, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at care records for 16 people including medication records and the training records for all staff. We also reviewed records relating to the management of the service including assessments of risk.

We spoke with 15 people using the service. We also spoke with six staff including the manager, deputy managers and housekeeping staff. We also spoke with a volunteer and visiting health professionals.

Is the service safe?

Our findings

People told us that they felt safe in this service. One person using the service said, “I have nothing to worry about. I feel safe here.” Another person told us that if they were concerned about anything within the home they would be happy to approach the management team to discuss this with them.

Staff were able to access training on safeguarding adults with learning disabilities. Staff described how they were equipped to deal with issues relating to safeguarding the people who live at the home. One staff member gave a recent example where a concern was raised to the management team regarding possible financial abuse. Staff were able to describe safeguarding referral procedures and were also aware of how to raise concerns by ‘Whistle Blowing’.

We saw that people had medicines administered by staff at various times throughout the day. We checked the medicines procedures in the home and found that they were safe. We checked medicines administration records randomly and found that staff completed the forms as required. They showed that people received their medicines as and when they needed them.

We observed medicines being administered to people during lunchtime and saw that staff encouraged people to take their medicines. We also saw staff working as a team to encourage someone who initially refused to take their medication, by giving them time and offering them the support they needed.

We checked the records for people that needed medicines for behavioural reasons and found comprehensive plans in place to address the behaviours in a variety of different ways alongside administering medicines. One record showed that a relative was also involved in developing the plan so that the person’s behaviours were addressed and to help keep the person safe.

Risk assessments had been completed around daily living and risk reduction care plans were in place in people’s care documents. The risk reduction care plans had been discussed with the person where possible so that they could be involved with the process if limitations on their activities were being considered. For example, one person required one to one time with staff and periods in the day when they could be left alone were mutually agreed and recorded.

We looked at staff files to check how people were recruited. We saw that previous employment checks were made and that staff had undertaken a Disclosure and Barring Service check which meant they were safe to work with vulnerable people.

We looked at the staff rotas for the four weeks leading up to the inspection and these showed that sufficient staff were employed to meet people’s needs effectively and safely. We noted that, in addition to the management team, there was at least one supervisor on duty together with at least eight care support workers. There were also catering and housekeeping staff employed so that care support staff were not required to cover any other duties. Throughout the inspection we saw that people were supported in a timely and appropriate way. Staff were not rushed at any point and were able to give the support that people needed.

Health and Safety records showed us that there were suitable risk assessments in place and appropriate fire plans. We also saw that the paths round the building had recently been gritted. This was appropriate for the time of inspection as the paths had been icy.

We spoke with staff responsible for Health and Safety at this home. We were told that when outside contractors worked at the home that staff were very conscious of keeping the impact on people to a minimum. Staff were very aware of the need to maintain health and safety standards for everyone.

Is the service effective?

Our findings

A programme of staff training and update training was in place so that staff had the skills and knowledge to effectively carry out their role. Staff had access to training that met specific needs, for example managing behaviour that challenges, effective communication, principles of person-centred care and dysphagia.

Staff told us they felt well supported and they spoke about receiving regular supervision and annual appraisal when their training needs would be discussed. The registered manager told us that a staff performance report system had been introduced that involved all staff providing feedback on each other. This is known as 360 degree supervision. Staff gave examples of how they put their training about caring for people with dysphagia into use so that communication was as effective as possible.

Staff confirmed that they had received training about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to explain the principles of the MCA and how it applied to individuals at the home. Staff were aware of one person for whom the registered manager was considering a DoLS application and why. The provider told us that, following consultations with the authorising body, assessments of capacity were to be completed and applications were due to be made for authority to deprive two people of their liberty.

People who were able to speak with us said that staff always asked for permission before providing them with support. They told us that staff explained choices and options to them and they would then decide for themselves what they wanted to do. People confirmed that staff always respected the decisions they made and worked with them to ensure they could enjoy the things that were important to them. During this inspection, we saw and heard staff offering people choices and supporting them to make decisions for themselves.

People were supported to eat and drink well. Meals were prepared fresh on the premises using local produce. There was a menu available offering choice at each meal and the options were seen being offered to people. One person told us, "The food is good here. You can have special things you like on the menu." Our observations showed that people enjoyed their food.

Specific care plans were in place for people who had difficulty eating and drinking following advice from the speech and language therapy team. People were encouraged to eat and drink independently wherever possible and discreet support was provided if required. Daily records referred to people's nutritional intake and identified if the person was at risk of malnutrition or dehydration. Snacks and drinks were available throughout the day.

People had access to all health care services and staff took people out to medical and other appointments whenever appropriate. We saw evidence within care records that staff provided care in line with guidance provided by health professionals such as the speech and language therapist. We were told that the service had good relationships with health professionals and that referrals were made quickly and appropriately. We spoke with two visiting health professionals who told us that they were happy with the way that staff cared for people. They confirmed that staff always followed instructions about care and treatment and referred to them appropriately.

We attended a staff handover meeting, when the team leader gave feedback and important information about each person to staff coming on duty. All staff spoke with a caring and sensitive manner and clearly knew the people well. They spoke about people's health care appointments and also about their physical, psychological and nutritional needs.

Is the service caring?

Our findings

Throughout our inspection we saw care that was kind, caring and compassionate. We saw positive examples of how caring staff were and people told us that staff were kind to them. One person said, “The staff are good and kind.” Another person said, “I like it here. The staff are really nice.” They also told us, “Everything is nice since I’ve been here. It’s all been good.”

Visiting health professionals told us that staff were caring in the way that they treated and spoke to people. They described how staff seemed to know the people well and that people were comfortable in staff company. They also described how staff promoted people’s privacy and dignity by closing doors and curtains when they were receiving treatment provided by them.

We looked at care records and these showed that people were involved in planning their care and support wherever possible and they signed their care plans to show their involvement. Family members were also involved in the planning of care and treatment so that people received individualised care. One person told us, “I didn’t want to rush into it when I first came here but I’ve been involved in my care plan and writing it all down.”

We carried out observations throughout our inspection and listened to the interactions between staff and people using the service. We saw that staff knew each person very well and understood the things that were important to them including their wishes and aspirations.

Interactions were positive and relaxed, with people being given time to understand what was being said to them and to respond. People were not spoken to in a condescending

way but were spoken to in a polite and respectful manner. Staff were seen and heard encouraging people to be as independent as possible and to make choices for themselves.

Our observations showed that behaviour that challenges was managed well in the dining room by staff offering discreet distraction and encouragement to the person so that their dignity was maintained. Staff ensured that people’s dignity was promoted whilst eating their meal, however we saw one member of staff wipe food from a person’s mouth without telling them that they were going to do so. Staff were also seen putting clothes protectors over people’s heads without alerting them they were going to cover their head first.

People were consulted about aspects of day to day living and regular meetings took place. People also spoke to us about how they were involved in making decisions about the home and the environment. The registered manager explained how people were supported to choose the colour schemes for their rooms by using mood and colour boards. This enabled people to directly influence their personal space so that it reflected their preferences and personality. People were seen to be freely making choices and decisions that were respected by staff. These included choices about the food they ate, how they spent their time and with whom. People were also involved in planning and reviewing their care, treatment and support so that they received individualised care that they agreed with.

People looked well cared for, with some of the ladies wearing matching accessories and nail polish. Some were wearing makeup and staff encouraged the efforts of one person who had applied their makeup unaided. All personal care and support was provided in private so that people’s privacy and dignity were promoted.

Is the service responsive?

Our findings

We observed the care and support being provided to people throughout the day. People told us they were very satisfied with the care and support they received. One person told us, “It’s very nice here. Everyone is very friendly.” Another person said, “It’s a nice place to live. It’s nice and quiet.” Throughout the day there was a sense of warmth and positivity amongst the people and staff.

The care records were very focused on the individual and identified how specific needs and aspirations should be met. They considered all aspects of the person’s health, social and psychological needs. They gave staff clear guidance about how the person wished to be cared for and supported. Assessments were completed monthly to see if changes in the person’s needs had occurred. Monthly goals and aspirations were recorded, with interventions in place in order to support people to attain their goals. Each plan was reviewed and updated monthly or more frequently if the person’s needs changed. People told us that staff discussed their care and treatment with them and that they were involved in writing their own care plans and agreed the contents.

Care records showed that the service regularly consulted with professionals such as the learning disability team, psychiatrist, physiotherapist and speech and language therapist. Care records were updated as a result to show that people received the right care and treatment that met their needs.

Our observations showed that people were able to take part in social activities and follow their interests and hobbies. For example, on arrival we saw that a regular

knitting group had met in one of the lounges and was led by a volunteer worker. The group sat together and was very inclusive, with people chatting and enjoying each others company and the activity they were engaged in. Another person had been playing board games in the dining room. During the day we were aware of some people helping out in the grounds and with the pet rabbits and guinea pigs. One person told us, “There are lots of activities to do here. We play with jigsaws and cards and we go on outings to Hemsby.” Another person said, “I’m happy here. I’m not bored as there’s lots to do.” Another person spoke about how they got out into the community telling us, “Three of us get the bus into Yarmouth...and we go clothes shopping.” Another person referred to the activities they liked to do, “I spend time in the garden and sweep up the leaves. I like being outdoors.”

During the inspection we were invited into some people’s bedrooms. Most of the rooms were well decorated and showed us that people were able to personalise their rooms to their own individual tastes.

People we spoke with knew who to speak to if they were not happy with the service. One person told us they would raise their concerns with the registered manager and felt comfortable about doing so. Care records also referred to copies of the complaints procedure being explained to people and being given to them. No complaints had been received by the provider but we saw that they had a robust procedure in place that included details about how to escalate concerns if the complainant was not satisfied with the response. The complaints procedure was not displayed in the home because a person tended to remove it from the wall.

Is the service well-led?

Our findings

We spoke with people throughout our inspection and they told us what it was like to live at this home. They described very positive experiences and expressed high levels of satisfaction with the service and the staff.

Our observations told us that the care and support provided was person-centred and was based on the needs and aspirations of the individual. Staff knew the people well and understood how to support people to have good experiences that met their expectations.

This is a family run home with members of the family working day to day in key roles within the service. We asked staff what it was like to work at a service where the management team were all family members and they were all very positive about this. One member of staff told us, that they liked working at the home because it was a family business. They said that the management team were very good. Another staff member commented on how the managers work as a team. None of the staff we spoke with felt that the management structure caused any conflict within the service and all said that they could approach management with any concerns. The management team were described to us as, “professional.”

We saw that the registered manager spent time working alongside people and staff so that the culture of the home was clearly understood. The registered manager told us that they operated an open door policy for people living at the home, their relatives and staff.

Staff told us that they felt well supported by the registered manager and the management team. They spoke about

receiving regular supervision and annual appraisal, when personal development was discussed and feedback was given about what they did well and what they needed to do to develop. Staff knew the provider’s whistle blowing policy and they told us that they felt able to raise concerns and queries with the senior team or management.

People were asked for their views about the service on a regular basis. Regular meetings were held when day to day matters such as menus and social activities were discussed. The registered manager provided us with the results of the recent quality assurance questionnaire, where people were asked for their views about the service. We saw that some of these had been completed by people with assistance from staff in July 2014. The views and opinions of friends, relatives and health professionals were also sought. One comment read, “From what I have seen...they don’t need to improve.”

Audit processes were in place to assess and improve on the quality and safety of the service. For example, regular weekly audits took place of the arrangements in respect of medicines. We saw that the actions taken were recorded where deficits were identified. All care and medical documents were reviewed each week to ensure required actions were being followed.

Regular audits of the environment also took place including infection control and equipment safety. Fire safety systems were regularly checked, with comprehensive risk assessments in place. We saw that all policies, procedures and generic risk assessments were kept under review and updated as required.