

Cardell Care Limited

Joyleen

Inspection report

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Date of inspection visit:
13 October 2016

Date of publication:
09 December 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

The inspection took place on 13 October 2016. This was an unannounced inspection. The service was last inspected in July 2014. There were no breaches of regulations at that time.

Joyleen is one of five homes owned by Cardell Care Limited in Gloucestershire. It provides accommodation for three people with mental health needs and/or a learning disability. There were three people living at Joyleen at the time of the inspection.

There was a registered manager at the service at the time of our inspection. 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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team. The registered manager had carried out the relevant checks to ensure they were employing suitable people at Joyleen.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). The environment had been adapted to meet the needs of people living at Joyleen. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity.

The service was responsive. Care plans were detailed; person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed regularly and people were involved in the planning of their care. Staff had supported people to take part in the activities that they wanted to. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were taking place regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about

management. The registered manager attended various events to maintain up to date knowledge of practice.

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.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

People had sufficient levels of food and drink and this had been recorded.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

People were listened to and supported to take part in a choice of activities.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Good ●

Is the service well-led?

The service was well-led

Regular audits of the service were being undertaken.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

Good ●

Joyleen

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 was an unannounced inspection which was completed on 13 October 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in July 2014. There were no breaches of regulation.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During this inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with three members of staff and the manager of the service. We spent time observing people and spoke with two people living at Joyleen. We spoke with two relatives to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe living at Joyleen. People used comments such as, "It is very nice. I feel safe here", "I like it here, this is home" and "The staff are fantastic. They take good care of me". Relatives told us they felt their relative was safe and comfortable at Joyleen. We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Each member of staff had a direct observation of their practice. The registered manager informed us how this was done discreetly in order to provide an accurate gauge of staff competency. Clear records of medicines entering and leaving the home were maintained. The deputy manager completed a monthly audit of medication followed up by an annual audit from an external pharmacy.

Risk assessments were present in the care files. It was evident from reading the risk assessments that where they related to specific health conditions the risk assessment had been developed with input from relevant health professionals. The risk assessments included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of constipation. Their risk assessment contained guidelines for staff to ensure they were promoting fluid intake on a regular basis. A chart had been implemented to record bowel movements for this person so staff could monitor this and respond to risk levels appropriately. Another person was at risk of malnutrition and their risk assessment contained a detailed overview of their dietary preferences. This person's weight was monitored and staff were instructed to offer the person meals which were listed in their preferences. Another person was allergic to a specific type of medicine and this was clearly recorded in their risk assessment as well as their medicines file. Staff told us this ensured this meant the risk of administering this type of medicine was greatly reduced.

There were sufficient numbers of staff supporting people living at Joyleen. This was confirmed in conversations with staff and the rotas. Relatives commented on how they felt the home was sufficiently staffed. One relative commented that there were always enough staff on duty. The registered manager informed us an 'on call system' was operated. The registered manager and deputy manager were available to support out of hours in the case of an emergency. Staff told us they felt there was a quick response to any call for support and found the registered manager and senior staff always willing to support.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were

suitable and of good character. The registered manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person commencing their role.

The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented a safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report safeguarding concerns to the registered manager or team leaders. Procedures were available for staff to follow and contact information for the local authority safeguarding teams. All staff had received appropriate training. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks such as the fire system were completed on the environment by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures to follow in the event of an emergency and/or fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and any assistance required in the event of an emergency.

Staff told us there was a quick response to maintenance and repairs. Records were kept of all issues requiring work. When looking at the reports there was evidence of prompt responses to maintenance requests.

The premises were clean and tidy and free from odour. Cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. The relatives we spoke with told us they felt the home was clean.

Is the service effective?

Our findings

Staff had completed an induction when they first started working in the home. This included spending a day with the registered manager who would talk the staff members through all of the care files of people who live there and policies and procedures at the home. The registered manager told us this was important as it ensured each member of staff had a good knowledge of the policies and detailed knowledge of people's needs. Staff were also required to complete two shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This enabled them to get to know the person and the person to get to know them. Staff we spoke with informed us they had found the shadow shifts to be good learning experiences. Staff said they were encouraged to request further shadow shifts if they felt they needed them.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The manager informed us staff had access to e-learning.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone living at Joyleen had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff in the home demonstrated a clear understanding of the DoLS procedures.

Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered manager who was always available. There was evidence staff received annual appraisals.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. When one person returned, who had been out on the morning of our inspection, we observed a member of staff asking them what they would like for lunch and what they wanted to do during the afternoon.

The registered manager informed us people and their representatives were provided with opportunities to

discuss their care needs when they were planning their care. Relatives we spoke with informed us they were consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person displayed behaviours which were challenging to staff when they first moved to the home and this resulted in complaints from neighbours. The registered manager worked closely with the professionals involved in this person's care to identify what triggered this person's behaviour. Following the consultation, the person's living environment was adapted to make it soundproofed and sensory lighting was used to relax this person in the evenings.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. Menus were developed during weekly house meetings and records evidenced people's choices were listened to.

One person we spoke with stated, "The food is very good". One relative told us they felt the food was of good quality and people always had enough to eat. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded and were also reflected within the people's care files.

It was evident from our observations the provider had made considerable effort to make the property have a homely feel. The home had a warm and welcoming atmosphere and had been adapted to meet the needs of the people living at Joyleen. There was a secure garden at the back of the property which people were able to access if they wanted to.

Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. For example, one person informed us how the registered manager and a member of staff had met with them prior to their move to Joyleen to discuss what furniture they would like in their room and what colour theme they wanted. The person told us they felt 'very' involved in the process and felt that their room reflected their preferences. The person said "They worked very hard to get to know me and find out what I wanted".

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. People told us they felt staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported.

Health care professionals we spoke with told us they felt the staff provided a high level of care to the people living at Joyleen. They went on to say staff were always helpful and listened to any advice given to them.

Staff treated people with understanding, kindness, respect and dignity. For example, staff were observed providing personal care behind closed bedroom or bathroom doors. When speaking to staff, they were clear in their understanding of privacy and informed us they always knocked and sought permission before entering a person's room. This demonstrated staff were conscious of maintaining people's privacy and dignity.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as 'brilliant, caring and compassionate' were used by relatives to describe the staff.

We observed positive staff interactions and people were engaged. Examples of this were observed throughout the inspection where staff were present in communal areas and engaging with people. For example, one person had been out for a walk in the morning. A short time after they returned, they told the staff they wanted to go and buy some flowers. The member of staff working with this person supported them to do this.

We saw in the care plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Visitors were welcome any time and people saw family and friends in the privacy of their own rooms. Relatives told us there were no restrictions on visiting and they could visit at any time. They went on to say they always felt welcomed by the registered manager and staff whenever they visited Joyleen.

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly.

Each person had a detailed care plan around behaviours which may be challenging. It was evident from reading these that they had been developed with support from the person's representatives and professionals involved in their care. Each plan used colour coding such as green, amber and red to detail the potential severity of specific behaviours. Staff we spoke with were knowledgeable about people's individual behaviours and were able to tell us what they would do in specific situations. Professionals we spoke with informed us they felt staff had received relevant training and had the appropriate skills to manage any behaviour which may be challenging.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We observed the handover process on the day of the inspection. This was detailed and gave a good overview of what had happened in the previous shift. The daily notes contained information such as what activities people had engaged in and their nutritional intake so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff told us they used monthly staff meetings to discuss the needs of people to ensure any changes to people's needs were known to the whole staff team.

We observed staff supporting and responding to people's needs throughout the day. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. People we spoke with stated they liked living at the home. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital admission pack. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to Joyleen. The registered manager stated they used evidence from health and social care professionals involved in the person's care and this was evident in people's care files. For example, one person had a 'my day' profile in their care plan. This provided staff with a complete breakdown of this person's typical day and included information such as what time they preferred to wake up, shower, and eat their breakfast and so on. This also included specific guidelines for staff around how to continue supporting this person with each part of their daily routine if they displayed any behaviour which may challenge. Staff informed us they found this document to be 'very beneficial' as routine was very important to this person.

People were supported on a regular basis to participate in meaningful activities. Each person had their own activities timetable detailing what they were doing during the week. Activities included yoga, sailing, sewing, pub lunches, going out for lunch with people from a sister home, attending gardening club and attending day centre. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. One family told us they felt their relative had lots to do and led an active life. Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had a choice of activities and were able to do the things they enjoyed.

It was evident staff had made considerable effort to get to know people's interests and then support them to participate in these activities. For example, one person showed an interest in sailing. Staff supported this person to attend a sailing club for the disabled. Initially this person would not want to get in the boat and preferred to watch others sailing. Staff supported this person and talked to them about their anxieties of getting in a boat whilst walking along the canal and watching the other people in the boats. Staff would point out to this person how safe they felt the activity was and mentioned the enjoyment people appeared to be having when they were sailing to build the person's confidence. Over time, the staff supported this person to grow in confidence and this person now takes part in the sailing with other members of the club on most occasions when they attend the sailing club.

There was a complaints policy in place which detailed a robust procedure for managing complaints. Although no complaints had been made, the registered manager was able to detail how they would address any issues that were raised and this was in line with the complaints policy. Formal feedback was provided to the registered manager complimenting the care provided. People living at Joyleen and their families were complimentary of the care they received at the home.

Is the service well-led?

Our findings

There was a registered manager working at the home. Staff spoke positively about them and felt the service was well-led. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager said they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager informed us they used staff meetings to discuss changes in the needs of the people living at Joyleen and felt this was beneficial as it enabled them to respond promptly to people's changing needs as well as enabling staff to share their knowledge of how best to support people.

The staff described the registered manager as being 'very hands on'. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. One member of staff stated the registered manager would readily support people with personal care or any other aspect of their daily routine. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the service and were responsive to any requests made by relatives or representatives. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

Quality assurance systems were in place to monitor the quality of the service provided. This included regular audits of the service. There was evidence that where issues had been identified they had been actioned. Annual surveys were sent out to people and their relatives. The feedback from these was positive. People described management as being responsive to any issues raised. One person said the registered manager was "Always willing to listen to feedback". The registered manager told us they had introduced an annual newsletter to update people's families and representatives of what had been happening at the home. The registered manager stated the feedback to this had been positive and as a result they intended to send out a newsletter every six months.

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was important to them as they believed the service "Could not stand still" and had to "Continually develop to ensure excellent care was always provided". For example, the registered manager attended a training event for a week in Manchester organised by the Institute of Applied Behavioural Analysis. The training was aimed at exploring specific techniques to support people who display behaviours which may challenge.

The registered manager was also a member of the Challenging Behaviour Concordat for Gloucestershire. This saw more than 50 statutory, voluntary sector and care provider organisations working with people with learning disabilities join together to make Gloucestershire a more inclusive county for people with learning disabilities. The registered manager told us the aim of the strategy was, to build a supportive network for people who may display behaviours which may challenge, to manage the escalation of these behaviours

and minimise admission to hospitals or the person being excluded from their community. The registered manager was able to explain to us how the learning from these events was passed on to the staff working at Joyleen.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. Staff told us Joyleen was the home of the people living there and they should be at the centre of everything.

The manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.