

Janith Homes Limited

Strawberry Field

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 21 September 2016 and was announced.

Strawberry Field provides care for up to 4 people. The home supported people who had a range of learning disabilities. One person lived in a self-contained flat within the service. The home was an extended bungalow in rural Norfolk.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During this report we will refer to the registered manager as the manager. The day to day running of the service was carried out by one senior member of staff.

People benefitted from being supported by staff who were safely recruited, trained and who felt supported in their work by their colleagues and by the manager. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Medicines were administered safely and adherence to best practice was applied. People received their medicines on time, safely and in the manner the prescriber intended. The service regularly audited the administration of medicines, although we found a delay in responding to an issue with one person's medicines. The manager was aware staff needed further training with administering people's medicines. Medicines were stored securely.

Staff knew and understood the needs of people living at Strawberry Field. Staff also knew what was important to each person and how to help them achieve this.

Staff received yearly appraisals. Staff also had regular supervisions. However the supervisions and testing of staff knowledge was not robust. The manager told us they were aware of this and were looking into ways to improve this. The manager observed practice and was involved in the daily running of the service.

Staff told us they enjoyed working at Strawberry Field. We saw that staff assisted people with kindness and compassion. People's dignity and privacy was maintained and respected. People were treated as individuals.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA.

People's care plans contained important, relevant and detailed information to assist staff in meeting people's individual needs. People had been involved in making decisions around the care they received. People's needs had been reviewed on a regular basis. People's care was person centred.

People were supported to maintain good health and wellbeing. The service was proactive in dealing with changes to people's physical and mental health.

The service had links with the local community and the manager planned to continue developing these. The service encouraged people to maintain relationships with people who were important to them. There were planned activities on a daily basis to support people to maintain their interests and fulfil their goals. There was a positive, open culture and a homely atmosphere at Strawberry Field.

There were some systems in place to monitor the quality of the service. However, these were not always robust. We found some short falls in the monitoring of the safety of the premises. We also found that although issues had been identified in some of the audits the management team had completed, there was no plan of action in place to address these. We made a recommendation that the service improved its quality monitoring of the service.

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.

Staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered and stored safely.

Is the service effective?

Good ●

The service was effective.

People benefitted from being supported by trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge of the people they supported and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity and independence.

People were involved in making decisions around the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs, life histories and experiences into account.

The service encouraged people to maintain relationships with those close to them.

There were regular social activities and the service encouraged people's involvement.

The home had systems in place to gain people's views on the service provided.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The auditing systems were not robust. Issues had been identified but no action plan was in place to address these issues before our visit.

The staff and people using the service benefitted from a manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

Strawberry Field

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 was 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 21 September 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is a small service and we needed to be sure that someone would be available to meet with us. Our visit was carried out by one inspector.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with three people who used the service. Observations were made throughout the inspection.

We spoke with the manager and four members of staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and their medicines records. We also looked at records relating to the management of the service. These included training records; health and safety check records, audits, accidents and incidents reports, and two staff recruitment files.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Strawberry Field. One person said, "Yes I do, very safe." Another person answered "Yeah" and smiled at us.

Staff had a good understanding of how to protect people from the risk of potential abuse or harm. The staff we spoke with were able to tell us the different types of abuse that could occur. Staff told us how they would identify if a person was experiencing harm in some way. One member of staff told us if a person started to express behaviour which challenged others, this would be a consideration. Another member of staff said "If someone was withdrawn and not themselves, this could be a sign." The staff we spoke with told us they would inform the senior of the home or the 'lead person for safeguarding people, staff told us who this colleague was. However, most staff did not know of outside organisations they could also report concerns to for example the local authority safeguarding team. This team's contact details were not present when we looked in the staff room or in the home.

We saw that people had thorough risk assessments. These assessments considered people's vulnerability and what actions needed to be taken by staff to ensure people were safe. Some people could express behaviour which may challenge others. We saw there were plans in place to try and prevent this from happening. However, if people did express this type of behaviour there was guidance about how to calm a particular person in order to keep them and others safe.

We looked at one person's records, who had some health issues. There was a detailed and clear plan in place to manage these needs. Guidance had been given telling staff how to do this and what to do if the person's condition deteriorated. We could see in the care notes for this person that staff followed this guidance in order to keep the person safe.

There were plans in place to ensure the building was safe. The home's electrical items, water temperatures and appliances were tested. However, on the day of our visit we found some issues with these tests. We found electrical items in people's bedroom which had not been tested. We also found that on some items the annual recommended test date had expired. The water temperatures and appliances had been tested in August, but they had not been tested on a regular basis before this time. The management team and provider also did not test for Legionella. This is a bacteria which can grow in water supplies, and can cause people to become ill. We spoke with the manager about this who told us they would address these issues.

We found that the service had regular fire tests and there was an evacuation plan. Some of the staff we spoke with and people who lived at the service told us about a recent incident when the alarm went off. A member of staff said, "Everyone got out very quickly."

We were told the service had a business continuity plan to ensure the service could continue to operate in an emergency. The home was in a rural location, the business manager told us about the plan they had if the weather became severe. They said, "We have been here since the 1970's so we know what to do when

the weather turns."

The service had a system to respond to incidents and accidents. A report would be created by the member of staff on shift who recorded how the incident had been dealt with. This would then be passed to the manager for checking the information. If further action was needed the manager said they would ensure this happened. We could see on people's care records that referrals to health and social care professionals had been made. Staff also monitored when people expressed behaviour which challenged others. This information was reviewed monthly to identify any trends or patterns. The manager told us in this situation could not be managed by staff a health behavioural specialist would be contacted. We spoke with this health professional who confirmed to us this is what happened.

There were sufficient staff to meet people's needs and keep them safe. One member of staff was on shift during the day and another staff member 'slept in' at night, so they were available if support was needed. One person who lived in the home required more support than the others. The staff we spoke with said they felt able to provide this support and complete all their other duties within their shift. The manager and staff told us additional staff were used when people wanted to go out, or needed to be taken to individual health appointments.

Safe recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of two members of staff and saw that appropriate checks had been completed. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out.

We looked at people's administration of their medicines. One person self-administered their medicines. This person had a thorough risk assessment in place where the person agreed for staff to audit their medicines on a regular basis. We saw records to confirm this took place. When at the day service we saw a member of their staff observed this person taking their medicines, to ensure they continued to do it safely.

The staff directly supported another person with the administration of their medicines. We looked at this person's Medication Administration Record (MAR). We found that there was a recent missed signature to confirm that, a medicine which was prescribed daily had been administered. We were told this did not always need to be administered and the senior had intended to speak with the GP to have this medicine changed to 'as required'. All other entries in the MAR had been completed and we found this correlated with the remaining medicines. We spoke with the manager about this and later overheard them speaking with the surgery. The manager confirmed that the prescription had subsequently been changed.

All medication was stored securely in locked cabinets in people's rooms. Staff recorded the temperatures of these cabinets. We found the temperatures in one cabinet were sometimes very high. We looked at this person non-prescribed medicine and the manufacturer had recommended it was stored below these temperatures. We spoke with the manager about this, they told us they would address this issue.

We discussed the safe management of medicines with the manager and they told us that they had plans to revisit medication administration training for all staff.

Is the service effective?

Our findings

One person who lived at Strawberry Field told us the staff were effective in their work. They said, "If I had a problem I could talk to any member of staff, especially [named staff individuals]."

The staff we spoke with had a thorough knowledge of people's needs and how to meet these needs. Staff told us they spent time looking at people's care records and plans. Staff also told us they were updated about any changes from the senior member of staff at Strawberry Field. When we asked staff about people's needs their answers were very detailed. We also found people's care plans contained this information. We saw records of staff conversations with the senior about people's needs and how to manage them appropriately.

We looked at the staff training records and we could see staff had completed training in safeguarding, fire safety, first aid, food hygiene, health and safety, and epilepsy awareness. Refresher training was scheduled at three year intervals. We looked at some of the staff's training records and we could see these were within this time frame.

We looked at staff supervisions and we could see these took place on a regular basis. However, these meetings did not test staff knowledge about subjects which were relevant to their work. The service didn't test if the training had been effective or the knowledge learnt had been embedded into staff practice. We spoke with the manager about these two issues. The manager said they agreed the training ought to be refreshed more regularly than three years; they would speak with the provider about this. The manager also told us they had been recently looking at the supervision process and agreed with the issues we had identified. The manager told us they were devising a plan on how to make supervisions a more robust conversation and a way of assessing staff's knowledge about their work.

Staff told us they felt communication was strong between members of staff and the senior member of staff at the home. We observed staff talking with the manager and updating them about people's needs and what they were doing that day. These were professional conversations.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had identified a person who needed to be deprived of their liberty in certain circumstances. The manager had made applications for this authorisation to ensure that

this person's rights were protected. The service continued to ensure that this person was not restricted, any more than necessary, to keep the person safe.

The staff we spoke with had a good understanding of the MCA. Staff told us how important it was to give people choice and where possible respect people's wishes. One member of staff said, "It's a balance between someone's safety and allowing them to live their life." Staff gave examples of how they sought people's permission before supporting them. We looked at people's care records and we could see capacity assessments had taken place and these had been reviewed regularly. We could also see when a person lacked capacity to make a particular decision, a 'best interests' meeting was held. These involved the manager, the person themselves and the person's relatives and their key worker to consider a course of action, to support the person.

We asked people who lived in the home about their views on the meals provided. One person said, "Yeah sandwiches." Another person said, "It's nice, if it's not on the menu, we can change it." We were shown the current and previous menus. There was a wide variety of different meals offered. We were told by the manager and staff that the senior member of staff talked with people at the home to see what people would like. On the weekly menus we could see some of these had been changed and revised, to meet people's choices and preferences.

We looked at people's care records and we could see that staff had made contact with health professionals to seek advice and to make various appointments for people who lived in the home. We spoke with a health professional who told us that staff supported people to attend the surgery.

Is the service caring?

Our findings

The people we spoke with said they enjoyed living at Strawberry Field and they liked the staff. We asked one person if they liked the staff, they said "Yeah." They then jumped up and hugged a member of staff near them, pointing to the member of staff they said, "I love you." Another person we spoke with said, "Staff are fantastic, no grudges we are all friends. They are good people."

Staff told us how they had formed close relationships with some of the people they supported. Staff talked about the importance of building trust within the relationship. One member of staff said, "I'm in [Name's] life a heck of a lot, it will only work if [Name] trusts me."

On the day of our visit we observed staff having warm and gentle interactions with people. We saw staff place their hands gently on people's shoulders as they supported them with a task or asked them a question. We also observed staff and individuals completing a task together. These were also gentle interactions.

The home supported people to maintain relationships which were important to them. One person told us how a member of staff had driven them some distance to see a relative who was very unwell. They said, "I'll never forget what [Name of member of staff] had done for me...very special." Staff told us and we could see in people's records that people were supported to visit their families on a regular basis.

The staff we spoke with had a good knowledge of equality and diversity and explained how they would support people with their diverse needs. One member of staff told us it's about treating people as individuals, "We are not the same, everything is individual to us."

We looked at people's care records and we could see people were involved in their care planning. People had been asked what their likes and dislikes were, what was important to them and what made them feel anxious or distressed. We found this information was very detailed and unique to individual people. We could also see the home had regular meetings where they discussed what was working well and what could be improved upon. Staff told us they involved people with planning meals and the weekly grocery shopping.

We found in people's records, guidance for staff on how to support people with their wellbeing. One person told us how their art and carpentry work helped them to, "Feel good." We could see the service encouraged them to explore and develop this. This person also attended an art group and had their own shed with tools in it. We also saw if a person was distressed before an outing staff would respond to this by suggesting what they could do within the home.

One person in the home said staff promoted and championed what they wanted to do. They said, "If we want to get something done, they'll do everything they can to do it." On people's care records we saw that people had advocate contact details if they wanted this support. The manager said, "It's there in case

people want it."

People told us how staff protected their privacy. One person told us, "They always knock, and if I'm busy they come back later." A member of staff told us about a situation when a person living in the home wanted support to go to see their GP, but they didn't want them present throughout the whole consultation. The member of staff said, "I respected that and waited outside." However, one person told us that some staff had entered their bedroom when they were in the communal area and that staff hadn't asked their permission. They told us they had spoken with the service's senior member of staff and it didn't happen again.

People told us how they were supported to maintain their independence. One person said "I help with jobs in my room." Another person told us, "I generally cook my own meals; I made a rogan josh curry last night."

The staff we spoke with told us how they promoted people's independence. One member of staff told us, "When we go shopping I'll say to [Name] here is £5 can you get this for me." Another member of staff told us how they promoted and encouraged one person to maintain their own environment. We could see in people's care records that plans were put in place which enabled some people to access the community independently.

Is the service responsive?

Our findings

People received care and support that was person centred and responsive to their needs. We looked at people's care assessments and reviews and we could see these reflected people's individual and unique needs. These records provided a picture for staff to get to know people and understand their needs and preferences.

People's care records contained an 'all about me' section, which included prompts for staff about how to identify if a person was anxious or worried about something. It also included people's 'life history' which stated what was important to each person. People's interests were recorded in detail and there was information which explained what could agitate or distress an individual, to help avoid those situations. The care records provided guidance for staff, so they understood a person's daily routine in detail and knew how to support that person in the way they wanted.

People's care records also included pictures of their key worker and the manager. Care plans were also expressed with pictures. In one person's room there was a pictorial guide about how to make a complaint with pictures of staff they could speak to, this included the manager. Some people had also signed to show they agreed to their care plans. We looked at one person's yearly review, which showed the individual person had been very much included in. A member of staff had also spoken with every person that supported this person, to make sure the person was supported to achieve their goals.

One person had experienced a loss of a family member and they explained to us that the manager and the senior member of staff had suggested a memorial garden in the grounds of the home. They told us they were supported to create one so they could visit it when they wanted to. They said "It's helpful to go there."

The manager told us about the development plans for the garden this year. They told us that the people who lived at the home were, "Really excited about getting involved and making the changes." One person told us how they maintained the grounds and how this was a positive experience and important to them.

We spoke with the people who lived at Strawberry Field about the level of social stimulation they received, such as activities and how they followed their interests. One person told us about a play they would be performing in at the neighbouring service. We looked at this person's care records and we could see they were playing a celebrity they were interested in. Another person showed us their art and craft work which the service supported them to sell. They also talked to us about their music and the local 'gigs' where they performed.

One person said, "I never get bored...this place is a learning zone." Another person said, "Bored? No." One person we spoke with worked most days at a relative's business. We looked at this person's care record and we could see how the staff encouraged days of rest and trips out. Some people had chosen to go on holiday and staff had arranged this. We spoke with one person who told us they had asked to go on a day trip at a

recent 'residents' meeting. They told us this had been planned for the coming weekend.

The service had not received any complaints but the manager told us the procedure they would follow if they did receive any. The people who lived in the service told us they felt comfortable speaking with the service's senior member of staff and their key workers. They told us they would raise any concerns they had with these members of staff.

Is the service well-led?

Our findings

There were systems in place which monitored the quality of the service. The manager told us they completed random spot checks during the week and at weekends. We looked at a record of these checks which confirmed they took place on a regular basis. We could also see there were audits for example with the administration of people's medicines.

However, there was a delay in responding to issues discovered in quality checks. The manager had identified staff knowledge with medication administration was variable some weeks prior to our visit, but no concrete plan had been devised by the time of this inspection. The lack of robustness in respect of staff supervisions had also been noted by the manager prior to this inspection. However, no action plan had been developed to address this. We later received an action plan showing how the management team and the provider were going to make the necessary improvements.

The provider had a quality assurance process, which covered all the services they owned. However, although a designated member of staff checked that certain tasks were taking place, there was no system to monitor the actual quality of these tasks. For example, they monitored how often supervisions took place, if people's training was up to date and if electrical equipment was being tested yearly. However, we found short falls in all of these areas.

We were told that the designated member of staff would be alerted when a safety check was due. However, we found that this system had not identified that the fire alarms test was overdue by a month and a half. Also, although the water temperatures had been tested in August, they had not identified that the water temperatures had not been tested on a regular basis before this point. We later received an action plan covering some of these areas.

There was an open and positive culture at Strawberry Field. The staff and the manager made real efforts to make the service people's own home. All the staff we spoke with said the service was a home. One member of staff told us, "It feels no different to my own home." Another member of staff said, "This is their home."

Staff spoke positively about the manager and the senior member of staff who led the service daily. One member of staff said "[Senior] is a marvellous person." Another member of staff told us their views on the manager, "I have a high amount of respect [Name] knows within a minute if something has happened." Staff also told us that the manager was approachable and present in the service. Some staff commented that, despite the manager also managing the much larger neighbouring service, they were fully involved and knew the people well at Strawberry Field. Our interactions with the manager and our observations confirmed this to be the case.

The service had made efforts to build a connection with the local community. The manager told us about a 'fun festival' which took place recently, to which people from the local community were invited. This had included stage performances from people who lived at the Strawberry Field and the neighbouring service.

The manager also told us that, in recent years, students who were involved in the Prince's Trust had visited at the end of their courses, to work on a project with the people living in Strawberry Fields and the provider's neighbouring service.

We asked the manager what the values were of the service. The manager told us that, "Everyone can achieve their potential; we promote people's independence, and their dignity. We look at the person not the disability." The staff we spoke with talked about encouraging people's independence, supporting people to do what interests them and makes them feel good about themselves. We saw many examples of how the staff and the manager supported people with what they wanted to do and promoted what was important for people, who lived in the home.

The manager fully understood their responsibilities and the information we hold about the service, confirmed they reported incidents to CQC as required.