Jeesal Akman Care Corporation Limited

Jeesal Kelling Park

Inspection report

Holgate Hill
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Holt
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Tel: 01603876000

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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

Summary of findings

Overall summary

We conducted an unannounced inspection of Jeesal Kelling Park on 13 June 2016.

At our last inspection on September 2014, the service met all regulations inspected.

Jeesal Kelling Park provides 24-hour care, support and accommodation for a maximum of 14 adults with learning disabilities, physical disabilities, mental health needs or autistic spectrum disorder. There were nine people using the service when we visited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 consented to their support and were involved in the planning and review of their care. The registered manager ensured that people were able to contribute to the running of the service and sought for people to be involved. People living at the home were involved in the training of staff.

Staff were aware of the requirements of their role and safe recruitment processes were in place. Staff supported people safely and knew what to do to protect people from the risk of abuse.

Recruitment procedures ensured staff had the appropriate values when they were employed and gained skills and qualifications shortly after they started work. Ongoing training was provided and staff were encouraged to pass on their expertise to their colleagues through role modelling and team meetings.

People received their medicines in a safe manner and staff recorded and completed Medicine Administration Record (MAR) charts correctly.

People had access to healthcare services and received on-going healthcare support for example through their GP, hospital doctors and specialists. Referrals were made to other professionals such as psychologists and dieticians if the need arose.

Risk assessments and care plans for people using the service were effective, individual, person centred and they included the required information. People's individual care needs were recorded daily in detail and this information was shared with staff so that the care delivered was responsive. There was a strong focus on supporting people in becoming more independent by working together with them.

Quality assurance systems were in place to assess and monitor the service people received. Families were consulted so that their views could be gained. These views were acted upon with actions taken and improvements made. Complaints were appropriately responded to, in line with the providers policy.

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.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required and to keep them safe.

People received their medicines when they needed them

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to provide people with good quality safe care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were supported by the staff to maintain their health.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People were listened to and treated with dignity and respect.

People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were regularly assessed and these were being met.

People had access to a range of community based activities, and were encouraged to maintain their hobbies and interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The manager had promoted an open culture where people and staff felt comfortable to ask for change or raise a concern.

People and staff felt listened to and valued.

The quality and safety of the care provided was monitored and people were regularly asked for their opinions on this.

Jeesal Kelling Park

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 13 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We observed interactions between staff and people who used the service. We spoke with four people who lived at the home, five staff members as well as the manager. We received feedback from a community professional involved with the home.

We looked at three people's personal care and support records, personnel records for three staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

Good

Is the service safe?

Our findings

People living at the home told us that they felt safe. One person told us, "I always feel safe living here, I would speak to [registered manager] if I didn't, I have no concerns at all."

There were appropriate systems in place to reduce the risks of harm. Staff had received training on how to identify abuse and understood both the service and local authorities' procedures for safeguarding people. Staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Posters displayed in staff areas provided staff with immediate access to information and guidance on how to report any concerns about people's safety. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately investigated. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

People's care records showed that risks associated with people's support were assessed with guidelines in place for staff to reduce those risks. Each person's records contained a number of individual risk assessments including managing money, preparing meals, personal care and moving and handling. There were environmental risk assessments in place. These provided information to staff on emergency evacuation procedures and home safety. We saw these were up-to-date and reviewed regularly. Checks included water temperatures, fire safety checks and checking the internal and external environment. Staff had appropriate resources to manage health and safety and with safe care practices.

The registered manager had identified and assessed the risks for each individual. These were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. For example, where there were risks associated with behaviour that may be perceived as challenging. We saw that there was a clear communication plan in place for staff to follow to reduce the triggers. We saw staff followed guidelines available in this person's care records and responded appropriately to the person. We saw that this was consistent with the care plan and risk assessment.

We observed good communication amongst the staff team regarding people's risks, their care, treatment and support needs. The service used a variety of formal and informal methods to communicate people's care including shift handover, team meetings, management supervision, email, people's care plans and risk assessments. This meant that staff had the most up to date information about people that was used to keep them safe.

Staff completed incident forms following each episode of behaviour that could be seen as challenging. The record addressed what had happened before, during and after the incident. This helped staff and the registered manager look for trends in people's behaviours and apply a proactive approach. This enabled staff to minimise risks to people and those around them and achieve positive results with people at the

home.

A person living at the home told us, "There is always enough staff here to support me. I get 1:1 support; staff take me and pick me up from going to watch football with my family. If I feel I need them to come with me, they will do, they give me advice on how to stay safe if my mood is low, or come with me, I'm happy with that." People told us that if they needed additional support, such as during the night time when they didn't usually require it, then this was always provided to help them stay safe. We reviewed staff rota's for the previous month. We saw that all people living at the home received 1:1 support during the waking day. The registered manager told us that peoples needs were assessed prior to their placement starting at the home. This assessment looked at the number of staff needed to provide people with the support they needed. This confirmed that the registered manager ensured that there were enough staff to meet the needs of people.

There were safe staff recruitment practices in place and we saw appropriate recruitment checks had been conducted before staff started work. This was to ensure that people were supported by staff that were deemed suitable by the provider for their role. The registered manager told us that the home had to use agency staff due to difficulties in recruitment. The home had built up a core of regular agency staff who people had got to know well. Agency staff received the same training as the homes permanent staff to ensure that they were able to provide safe support to people.

The provider had a robust medicines administration procedure. Staff told us, and records confirmed that they had received training for the administration of medicines. We saw after medicines had been successfully administered care workers signed the Medicines Administration Record (MAR). We observed that the MAR and stock levels had been counted weekly. This ensured that any mistakes could be resolved as soon as possible. People living at the home told us that they received their medicines when they needed them. One person told us, "I prefer the staff to manage my medicines for me, then I don't have to worry about it, if I need extra medication to help me, then staff stop what they are doing and get it for me really quickly."

Where people had been prescribed medicines to be taken as needed (known as PRN medicines), staff had 'PRN protocol' guidelines for each medicine detailing the circumstances in which it was to be administered and how. These were correctly included and completed in each person's MAR sheets.

Good

Is the service effective?

Our findings

People told us that they were happy with staff and that they had the skills to provide the care they needed. One person told us, "Staff are well trained, they know how to support me." People told us that staff were good at their job, and that they felt that staff were trained very well. We saw that the manager and staff had the skills and knowledge required to support the people living at the home.

Training records showed that staff had received induction training prior to commencing work. The training was tailored to the specific needs of people. This included training with regards to people's health and social needs, people's behaviours and how to manage their behaviour best.

Staff were very positive about the standard of training provided by the provider and confirmed that they received annual refresher training. Staff told us that they had attended training in autism awareness and mental health support from expert trainers. They displayed a good understanding of how to support people in line with best practice particularly in promoting independence. We saw that staff received training in a range of individual communication methods. This included Makaton sign language, objects of reference and Picture Exchange Communication System (PECS). The registered manager told us that they liked to try different methods to engage staff in training so that learning was more enjoyable and effective. We saw that the manager used quiz's and word search puzzles. The registered manager had also worked with people to do this, and showed us a knowledge quiz that one person had devised.

Staff told us that they had received training in de-escalation techniques to support people whose behaviour may challenge. Staff told us that this training has helped them to recognise what could be the cause for people's behaviour to become challenging and taught them safe techniques to manage these behaviours. The training used by the home was accredited through the British Institute for Learning Disabilities (BILD) Physical Interventions Scheme. Staff told us that this had helped them to work with people more positively, and enabled people to still fully participate in activities in the least restrictive way.

Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. The registered manager held additional meetings if required to ensure that all staff received this information. Staff members received individual monthly supervision sessions with their line manager and annual performance reviews. Staff told us that they felt well supported by the registered manager, and that they had had a positive impact since arriving in 2015.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 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.

We saw in people's records that when it had been considered necessary, MCA assessments had been completed regarding the use of restraint, or the management of people's medicines and decisions made in people's best interests. The manager had made appropriate DoLS applications for some people living at the home.

People were in control of their support and made their own decisions where possible. For example, we saw that one person planned their own menu and was supported to go shopping every week. The person told us that they received help to cook their meals. One person we spoke with told us, "Staff always gain my consent, they always ask before helping me with anything." Throughout the inspection we saw staff and volunteers asking people for their consent before providing support to them. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so.

Staff supported people to shop for and prepare meals of their choice. One person living at the home told us, "I get enough to eat and drink, I get supported to go to the supermarket, and I do my own cooking." The menu was discussed every weekend during the meeting for people using the service. Staff told us that they showed people different pictures and people chose what they wanted by saying or pointing at these. Each person living at the home had their own menu planner, and were able to cook and eat as part of a group, or individually. People's dietary needs had been recorded in their care plan as well as information about the support they required to eat independently.

Staff supported people to maintain good health and access health services when required and when this was part of their support. Records documented appointments people had with health professionals and outcomes and actions for staff. Staff sought support from health professionals quickly when they were concerned about a person's health and we saw evidence of this. People said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

Good

Is the service caring?

Our findings

People told us that they had good relationships with staff. During our inspection we observed staff speaking with and treating people in a respectful and dignified manner. One person living at the home said, "Staff are caring, they care for me when I need support with my mood. Staff listen to me, and help me address what I need to, I am confident in them." They also told us, "I make my own decisions about my care." There was a homely and relaxed atmosphere during our visit, and we observed that interactions between people, staff were positive. This showed us that the staff knew the people and treated them in a respectful manner.

People living at the home told us they were consulted about their care and support needs. We saw from the records people had been involved in planning their own care. For example, we saw that the manager had spent time consulting and talking with people to create their care plan. People had written in their own care plan and shared their wishes and views. Care records also used pictures and symbols to highlight and emphasise particular areas, such as the headings for different sections. This helped people to understand and navigate through the document. Staff told us this helped them understand people better at the start when people had just moved in and before staff had a chance to get to know people properly. People told us that they were given the care and treatment that they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them.

There were some people living at the home who used picture symbols to communicate some of the time. Staff including temporary workers knew how to use these symbols, and when the person may choose to use them. This meant that staff had a good understanding of people's needs, which enabled them to communicate how they wanted to when they wanted to. Staff were observed to give people time and space to do the things they wanted and to make their own choices. For example when people returned home from a trip out, staff asked them if they could help with anything, or if the person just wanted to sit down and relax with a drink. People were able to spend time in their own rooms when they wanted to which afforded them privacy.

Staff had a detailed understanding of how people wanted to spend their daily lives. They knew what was important to people and could tell us how each person liked to spend their day. Staff also knew what was essential for them to get the most from an activity. The registered manager ensured that they maintained a visible and relaxed relationship with people living at the home. The registered manager told us they joined people for coffee and a catch up most mornings. They told us they felt this was important in having a positive relationship with people. People we spoke with told us that they were able to make day to day decisions about their lives, and felt that they were in control of them. For example, we saw that people were able to change their mind about how they wanted to spend their leisure time, and were able to do this at short notice if they wanted too.

Staff were able to give us examples of how they maintained people's dignity and privacy. Staff understood that personal information about people should not be shared with others. Maintaining people's privacy whilst delivering care was vital to protect people's dignity. We saw that staff respected people's privacy and dignity when supporting them. For example staff knocked on doors and waited before entering. We

observed that when one person requested some additional medication, this was responded to discreetly and privately.

Good

Is the service responsive?

Our findings

Peoples care needs and preferences had been assessed. These were recorded within their care plans and had been regularly reviewed to make sure the information contained within them was accurate. There was information in place that provided staff with clear guidance on people's individual daily routines and how they wanted to be cared for. Information about peoples likes and dislikes were detailed . Staff told us this helped them understand people better when people had just moved in and before staff had a chance to get to know people properly.

People were able to get up at the time of their choosing. One person we spoke to told us, "I can get up or go to bed when I want, I can do whatever I like really. I am busy five days a week with college and voluntary work. I enjoy this and staff help me get there and back." The person told us that their voluntary work was important to them, and that staff supported and encouraged them to do this. People told us that they felt their independence was encouraged by staff, and that they were offered opportunities to promote this. This included support to live independently within their flat or room, for example with shopping, cooking and cleaning. People were able to access public transport to use independently. Staff helped with the planning of this as well as getting to and from stations with support.

We saw that the home used a daily handover system, in which all changes and incidents were shared. Staff had a 15 minute handover period at the beginning and end of their shift, which allowed them enough time to receive or share the information that they needed to know about people's care needs. We looked at peoples care records with their permission, and could see that these were regularly reviewed and updated to make sure they provided an accurate picture of people's individual needs. The care that we saw provided to people was consistent to that detailed in their plan. This meant people received the care that they needed.

The registered manager ensured that people received person centred care. We looked at peoples support plans. These had recently been reviewed and transferred to a format that was more person centred. Sections within the care plan included monthly reviews of what was working and not working for the person, what makes a good day or a bad day, likes and dislikes as well as a one page profile. Staff told us that this had helped them to get a better view of what was important for people when supporting them with care. We saw that support plans were regularly reviewed, and that this was always done with the person. People signed to say they agreed with their support plan where they could. We saw that people were able to contribute to the review of their support plan, and this contribution was captured within it. When changes to peoples support were made, individual key staff were identified to role model this support to colleagues. This ensured that approaches from staff were consistent.

People were actively involved in a range of activities within the community and at the home. People living at the home told us that they really enjoyed the activities they did. One person told us that they enjoyed following a local football club and that they were supported by staff to do this. Another person told us, "There's loads to do here, archery, karaoke, I like to DJ here for everyone." People were encouraged to organise activities, one person told us that they were working with staff to put on a quiz night and a bingo

night. We saw that people were free to plan their own day. There was a relaxed atmosphere at the home, and people interacted well with each other. There were both group and individual activities on offer for people to choose from. People were not pressured into joining group activities. We were confident that people were able to plan and choose to partake in a range of activities that suited and benefitted them.

The home had a complaints policy and procedure in place. People told us they did not have any complaints but that they felt confident to raise any concerns with the staff or the registered manager. One person told us, "I would talk to [staff] or [registered manager] if I'm not happy about something." We saw that where people had raised a complaint, that these had been dealt with promptly, and outcomes for learning captured. People who complained were written to with detailed outcomes. Where appropriate, an investigation was carried out by a representative of the provider who was not part of the homes staff team. People we spoke with told us that in the past there had been residents meetings, however most people felt that this was something they did not want to partake in. People told us that they would rather engage with staff on an individual basis, and this is what happened.

Good

Is the service well-led?

Our findings

The registered manager had promoted a positive culture that was person centred, open and empowering. They demonstrated good leadership. People and staff told us that the registered manager was approachable. One person told us, "I see [registered manager] every day, I can knock on their door and speak to them if I don't see them around." The registered manager told us that promoting peoples independence was a key area of the support that the home provided. People living at the home told us that they felt that their independence was encouraged and did not feel that this was restricted in any way.

The registered manager and staff were clearly passionate about providing people with care that met their individual needs. The manager's approach meant that people could express preferences and that encouraged them to live the lives they chose. When we spoke with people living at the home, they told us about how much they enjoyed their lives, and how in control of them they felt. The staff we spoke with told us that they felt supported in their role and that morale was good. They had a good understanding of their role and responsibilities and felt they received good guidance and support from the manager. The registered manager was very visible.

Team meeting minutes showed that there was a strong focus on learning from incidents in relation to behaviour that challenge the service. These were discussed during staff meetings and the team looked to find ways to reduce similar incidents from happening again by finding positive approaches in how to pro-actively respond to behaviour that challenges the service before it escalates. We saw that if the team did not have the appropriate skills in doing this, the registered manager sought advice from behaviour specialists to discuss the behaviours with the team and work together with the team to find agreed responses in reducing the challenging behaviour.

There were clear systems in place to monitor and improve the quality of care provided. This included checks which had been carried out by the registered manager and quarterly quality monitoring audits, which produced an action plan. The action plan included detailed outcomes of findings and any further actions that needed to be taken. Extensive checks covered the home and covered areas such as the premises, medicines, health and safety, risk assessments, care plans, staffing and finances. The registered manager had recently commissioned an in depth quality survey to take place conducted by the providers quality manager. They told us they felt that an external view was important to ensure that they did not become complacent.

We saw that the registered manager was active in seeking and acting upon feedback from relatives of those people who lived at the home. We saw in a recent survey that families had fed back that they would like to see an improvement in the homes gardens. We saw that this had been added to the homes ongoing development plan, and that a gardener had been arranged to carry out these improvements.

The service effectively identified, assessed and managed risks to safety, health and welfare of people who used the service, relatives and outside professionals. There was a clear system for the maintenance of the building and equipment in use which ensured the service was safe. These included regular Portable

Appliances Tests (PAT), annual legionella assessments and regular maintenance checks. There were robust systems to record accidents and incidents in place and we saw that these were discussed during supervisions and staff meetings to ensure that the service learnt from these and minimised the risk of such incidences in the future reoccurring.

Staff demonstrated a good understanding of the whistleblowing procedure and told us that they would make use of it if they felt that issues of concerns were not been dealt with appropriately by the registered manager.