

J.E.M. Care Limited

Ann Challis

Inspection report

128 Stretford Road
Urmston
Manchester
Greater Manchester
M41 9LT

Tel: 01617483597
Website: www.jemcareltd.co.uk

Date of inspection visit:
13 November 2019
19 November 2019

Date of publication:
30 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ann Challis is a residential care home providing personal care for up to 23 older people. At the time of the inspection there were 23 people using the service all of whom were female.

People's experience of using this service and what we found

People were happy with the care and support provided and told us they felt safe. Risks identified at the last inspection had been addressed however, other risks had not been fully assessed. We have made a recommendation about risk management.

The home was clean and many areas had been refurbished, however, we found more work was required to make the environment suitable for people living with dementia. We have made a recommendation about making the environment more dementia friendly.

Staff knew people's needs and how to meet them, although this information was not always fully reflected in their care records. Accidents and incidents were monitored although there was no thorough analysis of themes and trends.

People, relatives and staff felt the home was well run. The provider responded promptly to issues raised during the inspection. However, these had not been identified through the provider's own quality assurance systems.

Medicines management was safe. There were enough staff to meet people's needs. Staff were trained and had the required skills to meet people's needs. Staff told us they felt well supported. Recruitment processes ensured staff were suitable to work in the care service. Staff understood safeguarding procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional and healthcare needs were met. People and relatives praised the staff for being kind and caring. We saw staff treated people with respect. People enjoyed a range of activities and events, including going out on trips. Systems were in place to manage complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 December 2018). There were four breaches of regulation and we took enforcement action. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires

improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ann Challis

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day one inspector, an assistant inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector visited.

Service and service type

Ann Challis is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers, the cook and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Overall risks were managed safely although record keeping needed to improve.
- Staff were aware of the risks to people. Risk assessments had been completed however some did not fully consider how to mitigate risks to the individual. For example, an open staircase posed risks to two people who were living with dementia and were accommodated in bedrooms upstairs. Both people were mobile and, on occasions, had been found walking on the stairs. Although neither had come to harm the assessments highlighted risks of falling, particularly at night. Staff regularly checked on these people, however no consideration had been given to other ways of reducing the risks such as the use of sensor equipment or moving to a downstairs room.
- Environmental risks identified at the last inspection in relation to legionella, bed rails and securing heavy furniture had been addressed.
- Safety maintenance certificates were up-to-date and a re-inspection of the electrical wiring installation was booked for 23 November 2019.
- Staff had completed fire training and some had participated in fire drills. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.
- There was lift access to all floors and also two chair lifts. A folding wooden gate was sited at the top of the stairs on the first floor. The gate was folded back and the registered manager told us it was not used, but said it had been used at night in the past. We were concerned as the gate was waist high and if used may present a risk to people climbing or falling over it.

We recommend the provider carries out a risk assessment to determine whether it is safe for this gate to remain in place.

Following the inspection the provider told us they had arranged for staff to receive training in risk assessment, had taken action to reduce the risks to people in accessing the stairs and put systems in place to ensure all staff had participated in a fire drill.

Using medicines safely

At our last inspection medicines were not managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were ordered, stored, administered and disposed of safely.
- Medicine administration records (MARs) were well completed showing people received their medicines when they needed them. Cream application records had improved.
- Protocols were in place to guide staff as to when to administer 'as required' medicines.
- All medicines were in stock and stock levels tallied with those recorded on the MARs.
- No one was receiving their medicines covertly (hidden in food and drink), although one person had been until recently and their care records had not been updated to reflect this change. This was done immediately when we brought it to the attention of the registered manager.
- Staff who administered medicines had completed training and had their competency assessed. This included senior care staff who worked at night.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment processes were followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- Only one staff member had been recruited since the last inspection and all recruitment checks had been completed. This including references and a criminal record check. A full employment history was recorded, there was a recent photograph and proof of identification.
- There were no interview records, however, following the inspection the provider confirmed these had been put in place.
- Our discussions with people, relatives and staff and observations of care confirmed there were enough staff to meet people's needs.
- Comments from people and relatives included; "There's always plenty of staff about", "Staff respond quickly if I need them" and "Always answer the call bell and I know they pop in when I'm asleep."
- At night there were two staff on duty and a manager on call who lived close to the service. The registered manager and a senior staff member started at 7am with the rest of the day staff coming on duty at 8am. The night staff said these arrangements worked well.
- Duty rotas were incomplete as they did not include the full name or role of the staff member or reflect the staff who started at 7am. Ancillary, catering and activity staff were not included on the rota.
- The provider told us staffing levels were adjusted according to people's dependencies. However, there were no systems in place to regularly assess people's dependencies, consider the layout of the building or to use the information to determine safe staffing levels.

Following the inspection the provider told us they had amended the duty rotas to include all staff and had put a dependency tool in place to calculate staffing levels.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to recognise and report abuse.
- Systems were in place to record and monitor any incidents. Appropriate referrals had been made to the local authority safeguarding team.
- People told us they felt safe in the home and with staff. Comments included; "I feel very safe, there's

always lots of staff" and "[My relative's] totally safe here, staff respond immediately and undertake regular rounds."

Preventing and controlling infection

- The home was clean and effective infection control systems were in place.
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed monthly however there was limited analysis to consider themes and trends or look at lessons learned. Following the inspection the provider told us they had put systems in place to address this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider was not acting in accordance with the Mental Capacity Act 2005 and proper lawful authority for deprivations of liberty was not always in place. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Systems were in place to monitor DoLS authorisations and make sure re-applications were timely. One person had a condition on their DoLS authorisation and this was met.
- We saw staff explained to people what they were proposing to do and gained consent before proceeding.
- Capacity assessments and best interest decisions were recorded. However, improvements were required as some assessments were for multiple decisions and one person had a best interest decision for bed rails but no capacity assessment had been completed.

Adapting service, design, decoration to meet people's needs

- Many areas of the home, including bedrooms and corridors had been redecorated and refurbished since the last inspection. Profiling beds with integral bed rails had been purchased for those people who required them. Some areas had new flooring and new chairs had been provided in communal areas.
- On the first day of the inspection water was leaking from the ceiling in the corner of the dining room. This was repaired the next day. The provider said the dining room was the next area to be refurbished.
- People's names and photographs were on their bedroom doors and signs indicated bathrooms and

toilets.

- Walls were decorated with pictures and photographs which gave a homely feel. One area had memorabilia such as books, records and jigsaws which provided a point of interest and discussion for people.
- However, there were areas where improvements were needed. The stairs and hallway were carpeted. This included one bedroom which was accessed up two stairs and on the first and second floors there were stairs between some bedrooms and the landing. The carpet was heavily patterned and the stairs were not defined which could be difficult to navigate for people living with dementia or those who had a sight impairment. There was a handrail next to the two stairs up to the bedroom but this was the same colour as the wall so did not stand out.
- Communal areas were open and interconnected with both lounges leading into the dining room. This provided a feeling of community however there were no private or quiet areas, other than bedrooms, where people could go to perhaps chat with friends or read quietly.

We recommend the provider considers current guidance on making the environment dementia friendly and takes action to update the premises accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs.
- New staff completed an induction and the Care Certificate.
- Training was a mixture of e-learning and face-to-face. The training matrix showed 99.7% of staff were up-to-date with their training which included subjects the provider deemed mandatory such as safeguarding and moving and handling.
- Staff said the training was good. The external training provider was present during the inspection and described the range of training provided to staff.
- Staff said they received regular supervision which was confirmed by the records we reviewed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met. People told us they enjoyed the food. Comments included; "The food is very nice, alternatives are always offered", "I'm vegetarian, they cater very well for me and always offer alternatives" and "Food's very good, there's a choice at every meal and it's home cooked, we have snacks or fruit in between meals if we want."
- People were offered a choice of homemade meals. Late morning the cook asked everyone what they would like for lunch. Some people ate in the dining room, while others chose to stay in their rooms. The food looked appetising and people said they had enjoyed it.
- Staff were kind and patient with people; gently prompting, assisting and encouraging people with food and drinks.
- Drinks and snacks were offered throughout the day and available to people if required during the night.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- People's care records showed health and social care professionals were involved in people's care such as

GPs, district nurses, chiropodists and opticians.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke highly of the staff and were very happy with the care provided. Comments included; "The staff are very nice, they'll always help", "Very good, know how to care for [relative], totally smashing" and "The staff always go the extra mile for us."
- There was a relaxed and friendly atmosphere in the home with many relatives visiting, all of whom were warmly welcomed by staff. One person said, "The staff know all the visitors by first name, it's like being at home."
- People benefitted from a stable staff team who knew them well and had developed positive relationships with them. One person said, "Staff are amazing, lots of consistency, they've been here a long time."
- People said staff were caring and gentle when supporting them and we saw this ourselves. For example, we saw a staff member was very kind and patient with a person who was confused and becoming distressed. They spoke quietly and calmly with the person, reassuring them and staying with them until they were settled.
- The service treated people equally and ensured their rights were protected. It was evident from our discussions with people, relatives and staff that trusting relationships had been established. The service provided support only to older women and the provider also had a separate service for only men.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved and supported in making decisions about their care. Comments included; "I've been involved in the care planning from the beginning, we're always consulted" and "My [relative] is involved with making my care plans too."
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink. One staff member said, "People can get up when they want, they will ask. When they come to us they are asked what is their preferred bedtime. Everybody is different. When we come in there is quite a few who are still in bed, come down whenever they want, there is no set time with anything, some come down as late as half past eleven."

Respecting and promoting people's privacy, dignity and independence

- Confidentiality was not always maintained. Some records relating to people's care needs were stored openly in the dining room. The handover between staff where people's needs were discussed was carried out in the dining room where people were sitting. The provider took immediate action to address these issues when we brought them to their attention.
- People's privacy and dignity was respected. Staff knocked on doors and asked if they could enter. One

person said, "They always treat me with dignity and respect."

- Staff were discreet and sensitive when asking people about their care needs.
- Staff supported people to maintain their appearance, ensuring they were well dressed and groomed.
- People told us they were encouraged and supported to be independent. We saw staff encouraging people to walk, patiently supporting them to do so at the person's own pace.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives were satisfied with the care provided and staff had a good understanding of people's needs and the support they required.
- However, some people's care records lacked detail and did not fully reflect current care needs or preferences. For example, one person's care needs had changed significantly in October 2019 yet their care plans had not been updated to reflect this.
- One person was receiving end of life care and their needs were being met by staff who were attentive in ensuring the person was kept comfortable and pain free. However, care plans we reviewed gave little information about the person's preferences or wishes in relation to end of life care.
- On the second day of the inspection the provider told us of action they were taking to make improvements which included further training for staff in care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and care plans identified how their communication needs should be met.
- Staff were aware of the different ways of communicating with people and recognised the importance of giving people time to respond.
- The registered manager told us information could be provided in alternative formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in regular activities which included accessing the local community and trips out.
- People and relatives told us there was plenty going on. Comments included; "I like to go on the trips and enjoy anything to do with animals", "We like Strictly, we get up and have a dance"; "I enjoyed Blackpool and love to have a sing song", "We play musical bingo" and "There's always something going on."
- One person had recently celebrated a significant birthday and had enjoyed a party in the home with a special cake.
- People were supported with their religious and spiritual needs. One person told us, "I go to church every Sunday." Other people received Holy Communion in the home.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the home.
- The registered manager told us no complaints had been received.
- People and relatives told us they felt happy to raise any concerns with the staff or registered manager and felt confident these would be dealt with. One person said, "If I have concerns I can talk to any of the [staff], they are very good and will sort things out if I need them to."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective processes to monitor and drive improvements to safety within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The nominated individual and registered manager had taken action to address the risks identified at the last inspection. They were keen to make improvements and proactive when issues came to light at the inspection.
- Quality assurance systems were in place. However, these were not always robust in identifying and addressing shortfalls such as those we found during the inspection such as gaps in care records, environmental issues and limited accident/incident analysis.

Following the inspection the provider told us they were taking action to improve the quality assurance systems.

- Staff were clear about their roles and understood their responsibilities. They spoke highly of the registered manager and nominated individual who they described as supportive, visible and approachable.
- People and relatives felt the home was well run and had confidence in the staff team. One person said, "Of course the home is well run, the staff are so good it has to be."
- Communication systems were in place to ensure staff were kept informed of any issues and providing them with an opportunity to raise any matters. Information was cascaded to staff through handovers at each shift change.
- Commissioners from the Local Authority had carried out monitoring visits to the service twice this year and noted improvements at both visits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with people, relatives and staff.
- A monthly newsletter kept people updated about what was going on in the service and there was a suggestion box for people and visitors to feedback their views.
- Testimonials had been completed by some relatives giving positive feedback on the service. However these were undated so it was not clear when they had been submitted.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.