

St Anne's Community Services

St Anne's Community Services - Jenkin Lodge

Inspection report

Jenkin Lodge
New Road, Ingleton
Carnforth
Lancashire
LA6 3JL

Tel: 01524241745
Website: www.stannes.org.uk

Date of inspection visit:
03 July 2018

Date of publication:
30 August 2018

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

This inspection took place on 03 July and was announced.

St Anne's Community Services – Jenkin Lodge is a residential care home for 5 people with a learning disability. People in care homes receive accommodation and 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 provides residential and personal care in a purpose built bungalow. There were five people living at the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were cared for safely by staff who were trained and knowledgeable about their needs. There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were confident that the registered manager would address any concerns. Staff received regular supervision meetings and appraisals and staffing levels were sufficient to meet people's needs. There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work.

Medicines were administered safely by staff who were trained and assessed as being competent to do this. People were provided with sufficient food and drink to maintain their health and wellbeing and staff supported people to access healthcare professionals and services.

People's needs were assessed and reviewed and care records contained information about people's needs, preferences, likes and dislikes. Staff understood people were individuals and would not tolerate discrimination. People received person centred care, their independence was promoted and they had access to a wide range of activities

There were positive interactions between people and staff. Staff knew people well and promoted their independence. Care was person-centred and people were provided with choice. Staff were kind and treated people with dignity and respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The premises were well maintained to keep people safe and the provider had a system in place for responding to people's concerns and complaints.

There were positive working relationships with other professionals which promoted people's well-being. The registered manager and provider monitored the quality of service provided to ensure that people received safe and effective support which met their needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Anne's Community Services - Jenkin Lodge

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 comprehensive inspection took place on 03 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

The provider had completed a Provider Information Return (PIR). We used information the provider sent us in the PIR when planning the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Due to the complex needs of the people living at Jenkin Lodge we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with the registered manager and three staff. We spoke with one relative who was visiting the service and four by telephone. We also spoke with two health and social care professionals to gather their feedback about the service.

We looked at a range of documents and records related to people's care and the management of the service. We looked at three care plans, two staff recruitment records, training records, quality assurance audits, minutes of staff meetings, complaints records, policies and procedures.

Is the service safe?

Our findings

Relatives and health care professionals we spoke with told us people were safe and well looked after. One relative said, "They keep a close eye on [Name] and they are so well looked after." Another said, "The staff look after people very safely, I have no concerns at all."

Risks to people's individual health and wellbeing were assessed to enable them to remain safe. Assessments included information on how to manage risks to ensure people received care they needed in a safe way whilst promoting their independence. For example, we saw people being encouraged and guided by staff when moving independently or when using a wheelchair.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. Medicines were managed safely and administered by staff who were trained and assessed as competent to do so. The service had a process for ordering and checking there was sufficient stock. Medicines no longer required, were returned to the dispensing pharmacy. We saw medicines administration was regularly audited to ensure that people had received medication on time and as prescribed.

People were protected from abuse by staff who had undertaken training in safeguarding and whistleblowing and knew who to inform if they had concerns. Staff were confident that the registered manager would listen to any concerns raised and take action to protect people. One told us, "Our manager would absolutely take any concerns seriously." There had been one safeguarding concern in the previous 12 months which had been dealt with appropriately.

On the day of our inspection there were enough staff to meet the needs of people who used the service and keep them safe. Staffing was arranged flexibly and based on an assessment of people's needs. For example, on the day of our inspection, the registered manager had made an additional staff member available to visit a person they supported in hospital.

Appropriate arrangements and checks were in place to ensure that the right staff were employed at the service. These included pre-employment interviews, previous employer references and a full work history was provided within the application form. Disclosure and Barring Service check (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We looked at records which confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers and electricity safety. We saw that personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency. The service was clean and risks of infection were minimised by health and safety control measures. We observed staff wore personal protective equipment when people needed support with personal care.

Incidents and accidents were recorded by staff. The registered manager and provider reviewed these to look

for trends. The provider encouraged staff to read about lessons learnt from any errors or shortfalls and case studies were available for staff to read in the office. This meant best practice was shared across the service.

Is the service effective?

Our findings

Arrangements were in place to assess people's needs and choices so that care was provided effectively. Assessments were detailed and considered issues in relation to equality and diversity, such as their cultural or religious needs.

People were supported by staff who received regular supervision and appraisals to enable them to provide a service that met their needs. Staff told us and records confirmed they received appropriate training in topics such as safeguarding, moving and handling, positive behaviour support and fire safety. One relative told us, "The staff know what they are doing and who needs what and when. They deserve a medal." Additional training was provided to ensure best practice guidelines were followed. For example, a health care professional told us staff had received training to help them identify and take action if a person's skin was at risk of breaking down.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 that appropriate applications had been submitted to the local authority when required. Documentation was in place for people who lacked capacity and staff understood the importance of gaining consent before offering support. The registered manager and staff we spoke with had a good understanding of the principles of the MCA. One said, "I always give choice. I let people decide for themselves."

People were supported to eat healthy meals and their likes and dislikes were known. During our inspection home cooked nutritious food was prepared and people were provided with the support they needed. The dining experience was pleasant and calm and we observed positive interactions between people and staff.

Staff were knowledgeable about people's health needs and worked closely with health care professionals. Records showed health care professionals were contacted in a timely way when people's needs changed. Staff could explain how they noticed changes in a people's facial expressions or behaviour which indicated that they may be in pain or unwell. One health care professional told us, "Staff are very proactive and do everything they can when people's needs change."

The environment was calm and ordered to reduce anxiety and people had their own spaces to go to if they needed or wanted time on their own. The decoration and signage in the premises supported people's needs and enabled easy navigation, which promoted their independence. Arrangements were in place to ensure

people had access to the environment around the home.

Is the service caring?

Our findings

People were supported in a kind and caring manner by staff who knew them well and were familiar with their needs. We observed staff showed kindness and interacted with people in a friendly and reassuring way. For example, a person who needed reassurance was given time and supported with an activity which distracted them and helped to reduce their anxiety. A health care professional said, "I often turn up when staff don't know I'm coming. They have always been very kind and caring and I have never had any concerns."

We could see for ourselves and relatives told us staff treated people with dignity and respect. Comments included, "The staff very much respect [Name's] dignity" and "It's just the way they care for [Name]. They are always well presented." A member of staff, who is the dignity champion, explained how they co-ordinated an event which involved the local community. Phrases and words were written to highlight what dignity and respect meant to people and were then displayed in the home.

As far as possible people were involved in making decisions about their support which promoted their independence. For example, one staff member explained how important it was for people to choose their own clothes or pick out a favourite DVD. They said, "It doesn't matter if the interaction takes an hour as long as people are involved." Another told us how they could tell if [Name] wanted to wear their favourite football shirt by their facial expressions.

Information about a local advocacy service was available and records showed people were supported to access their advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

The registered manager and staff understood the importance of treating people as individuals. For example, if people had a specific need relating to their religion or sexuality. One member of staff told us, "The best thing about working at the home is the people. They all have different personalities."

We observed staff communicated well with people who had specific communication needs. Staff gave careful explanations, as to what was going to happen next or where they were going in a sensitive and considered manner and gently supported people around their home. We saw people laughed and smiled and clearly enjoyed the company of the staff.

Confidentiality was well maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

Is the service responsive?

Our findings

People's care plans were specific to their individual needs and guided staff on the how support was to be provided. Care plans were personalised, reviewed and updated when people's needs changed. We saw health care professionals and relatives were involved in reviews and what was important to people was recorded. For example, one record showed how a person enjoyed foot spa's, music and aromatherapy. Information was available in easy read formats which included pictures and symbols to aid communication.

The registered manager explained that the staff were working collaboratively with a GP to better understand the needs of a person with a complex health need. Their care was being reviewed and staff were receiving training to enable them to give specific medication with the aim of reducing the need for them to be admitted to hospital. A health care professional we spoke with confirmed this and explained how the staff were very responsive to this person's needs.

Staff knew people well and were able to tell us about their individual needs, likes and preferences. Relative's told us, "Staff are excellent. [Name] is so well looked after and they really matter to the staff" and "The staff know [Name] so well they can tell when they need time away from the other residents."

Arrangements were in place to meet people's social and recreational needs. People had a wide range of activities they could participate in. Activities were personalised to ensure they were meaningful. One person enjoyed spending time in the corridor so they could see what was happening. Staff had made an area just for them with music and lights. Another person was in the sensory room enjoying music and had access to games and DVD's. People were supported to use the computer tablets to take photographs and play games. Trips out either individually or with others were regularly organised. A relative explained to us that staff did not make judgements about what activities people enjoyed doing or what gave them comfort.

The registered manager understood the importance of being responsive to people's needs and wishes and respecting how people wanted to live their lives. They said, "We would always ensure that people's diverse needs were met and this is always considered." Staff were confident action would be taken if they thought people were discriminated against.

Relatives we spoke with felt they were involved with decisions about the care provided at the service. Comments included, "I feel the staff involve us. If [Name] is under the weather, they keep me in the loop" and "I have been involved in reviews and always updated."

People were supported to maintain relationships with their families. Relatives were encouraged to visit and told us they felt welcome. One said, "The minute I walk in I am made to feel welcome. Relatives understood there was a complaints procedure and would approach the registered manager or staff if they had concerns. One told us, "I have never felt the need to complain. I have complete peace of mind about the care provided."

At the time of our inspection, nobody was receiving end of life care. The registered manager explained that

end of life care plans would show how people's needs were to be met and records showed where specific arrangements had been made.

Is the service well-led?

Our findings

The home was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The registered manager was complimentary about how hard the staff worked and how well they worked together. One member of staff told us, "Everybody pulls together and we share ideas." Team meetings were held regularly and minutes showed staff were involved and encouraged to contribute to the development of the service.

Staff were complimentary about the registered manager and were confident with the support they received from them and the provider. Staff enjoyed working at the service and were motivated to provide good quality care. One told us the culture of the service was open and friendly. The registered manager told us they were committed to improving the service and looked at ways to achieve this. For example, they were looking into how language describing people's needs could be developed further and how this could change within the service to ensure it was always respectful.

We saw that the registered manager had submitted statutory notifications as required by law for incidents such as safeguarding concerns. This meant they understood their responsibilities under the regulations.

There were systems in place to monitor the quality of the service provided. The registered manager and the provider completed a range of audits, which included health and safety, equipment, documentation and medicines administration to ensure systems and processes were safe and people received good care. Shortfalls were identified and if actions were required they were signed and dated when completed.

Relatives told us they were asked for their opinions about the service and the care provided. Comments from a survey included, "Staff are very caring and always make me feel welcome when I visit" and "Thank you all for your hard work and dedication. [Name] is extremely well cared for."

There were positive working relations with other professionals which promoted and supported people's needs. Health care professionals commented on the good working relationships they had with the staff and gave examples of how staff enabled them to undertake examinations or medical interventions by putting people at ease. One told us the, "The team is very good. If they have any concerns in between our arranged visits they always contact us and are good at following advice."