Janith Homes Limited

St Brannocks

Inspection report

7 Cromer Road
Mundesley
Norwich
Norfolk
NR11 8BE

Tel: 01263722469
Website: www.janithhomes.org

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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

The inspection took place on 3 August 2016 and was announced. The service provided accommodation for persons who require nursing or personal care, all of whom were living with learning difficulties. There were eight people living in the home when we visited.

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. There was a registered manager in post.

People were safe living in the home and staff understood their responsibilities to protect people from harm. They had received relevant safeguarding training, and knew who to report any concerns to. Staff were confident in reporting incidents and accidents should they occur.

There were effective processes in place to minimise risk to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. People received support to take their medicines safely. The environment in which people lived was safely maintained.

Staff were trained in supporting the people who lived at the home. Staff were supported with supervisions and to obtain care qualifications. Staff had knowledge of gaining consent from people and sought this before providing support to them.

People were supported to eat and drink sufficient amounts, and could make themselves drinks whenever they wished. People had regular on-going access to healthcare and staff supported them to attend appointments if needed.

People were supported by a consistent team of compassionate staff who cared about everyone's wellbeing, and knew them well. Staff had built strong relationships with people and always respected people's dignity and privacy. People were supported to maintain their relationships with their loved ones, who were always welcome to visit them.

There were many opportunities available to people to go out to do activities and access the community. Their health needs were responded to in a timely manner and the records contained a great deal of detail of information about people's needs.

The manager was supportive to the staff in the home, who worked well together as a strong team. There were many systems in place to assure quality of care through the auditing and monitoring of specific areas.

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 aware of their responsibilities to protect people from harm and they knew who to report concerns to.

Risks to people, and the home, were assessed and mitigated appropriately. People were supported to take their medicines as prescribed.

There were enough staff to meet people's needs, and they had been recruited with processes to ensure that only people deemed suitable worked in the home.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles, and support to gain care qualifications. They also received regular supervisions.

Staff supported people with their dietary requirements and people were able to eat and drink sufficient amounts.

People had full support with accessing healthcare whenever they needed it.

Is the service caring?

Good

The service was caring.

The staff were kind and knew everyone well. Staff supported people to maintain their independence.

Staff respected people's privacy, dignity and their family lives. People and their families were kept involved in their care.

Is the service responsive?

Good

The service was responsive.

Care records contained details about people's preferences,

histories and hobbies. People were supported to follow their interests and engage with the local community.

Staff consulted people about their care. There was a complaints procedure in place; people and relatives felt that they could raise any issues and that they would be dealt with.

Is the service well-led?

Good

The service was well-led.

The registered manager regularly worked closely with people living in the home and did care shifts. The team worked closely, with an open culture.

There were effective systems in place to gain feedback from people as well as carry out audits to monitor the quality of the service provided.

St Brannocks

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.

We gave the home 24 hours' notice. This was because it was a small home and we wanted to make sure that people were in. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information when planning our visit.

During the inspection, we spoke with three people living in the home, two relatives, three care staff and the registered manager.

We reviewed care records and risk assessments for two people who lived at the home and checked all the medicine administration records. We reviewed a sample of other risk assessments, quality assurance records and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives said they felt safe at St Brannocks. One relative we spoke with told us, "[Relative] gets the care that I would want for them." They went on to say they felt reassured that their relative was safely looked after as they lived far away. Staff were able to tell us what kind of concerns they would report, if they had any, and who they would report them to. They had received training in safeguarding and had good knowledge of how to keep people safe from harm. There were safeguarding contact numbers available in the staff office. This meant that staff were able to easily contact somebody if they had a concern.

The care records we looked at contained detailed risk assessments for each individual's needs. One person living in the home told us, "I need staff with me when I go out now, because I need a walker." They confirmed that as their mobility had changed, risks were discussed with them and that they understood them. Assessments included risks associated with health conditions, and daily living tasks. They included people's health conditions, finances and accessing the community. These risk assessments gave guidance to staff on how best to mitigate risks, whilst supporting people to be independent. Staff told us about individual risks to people and how they supported them. We saw that risk assessments were reviewed regularly and updated when needed. Additionally, when people had accidents or an incident occurred within the home, these were recorded in detail and staff took action. Actions included updating care plans or trying different approaches with people to help them to maintain their independence safely. We looked at environmental risk assessments and maintenance health and safety checks concerning the home and found these to be up-to-date. We saw that evacuation plans were in place in the event of a fire, and a fire inspection had recently been undertaken.

There were enough staff to support people in the home. The people we spoke with living in the home said that there was always someone available to support them if needed. We observed during our visit that there were staff available to meet people's needs when they required support. We saw from staff rotas that there were enough staff to support people, and the manager also ensured that staffing was flexible in case people's needs changed. The usual number of staff when everyone was at home was three, and the rota reflected this. Staff were available to keep people safe, support people to go out and assist with personal care when people needed. The staff and the registered manager confirmed that they always used their own staff to cover sick leave or annual leave.

The registered manager told us about the recruitment process and what checks were carried out. The service had systems in place to ensure they checked if staff had the appropriate skills and qualifications to care for people before offering them employment. For example, we saw people had completed application forms and the manager had completed structured interviews. The required checks had been completed to ensure that staff were deemed suitable to work with people who used the service.

People's medicines were managed safety and they received them as prescribed. This included secure storage and administration processes, and staff had received relevant training. Some people living in the home managed their own medicines or took them when prompted, which was risk assessed appropriately.

We saw in care records that there was a page detailed with each medicine and possible side effects, which supported staff if there was an emergency with medicines.

We looked through all of the medicines administration records (MARs) and found that each one had a photograph of the person. This meant there was a very low risk of medicines been given to, or recorded under, the wrong person. Each MAR was appropriately completed by staff and additionally staff recorded the times people received medicines. This meant staff could check and minimise the risks of too much medicine being administered. Where people had 'as required' medicines, they were recorded and stored appropriately. There was also a comprehensive process for ordering and returning medicines monthly.

Good

Is the service effective?

Our findings

A relative told us, "[Relative's] care is very good." One member of staff said that they had received training with regard to supporting people who could become distressed, and said this had given them more confidence in their role. Staff had also received epilepsy training, and were able to tell us how they would support people living in the home with problems associated with epilepsy. Staff told us that they received a range of training that better supported them in their roles, which included first aid, and person-centred planning. We saw that training records confirmed this, and that it was regularly reviewed. The registered manager confirmed that they worked on shift with staff often and carried out informal observational supervisions on staff during shifts.

Staff said they felt well supported at work and received regular supervision with their manager. Supervisions allowed a chance for people to discuss any concerns with their manager, or further training needs. If they did not already possess a relevant qualification, this was supported, and staff were also supported to complete the Care Certificate during their first three months of work. This is a current qualification in health and social care which teaches people about expected standards in care roles.

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 interest and as least restrictive as possible. People can only be deprived of their liberty so they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff explained that they always sought consent from people. Staff had received training in the MCA although they were not able to explain the formal details. They were able to explain how some people in the home had variable capacity, and how they helped people regain capacity by communicating with them in the way they needed. This reassured people and enabled them to make informed decisions following a period of distress. Staff also explained how they helped people to make informed decisions. There was no mental capacity assessment showing situations in which people may have variable capacity to make a specific decision, however the registered manager assured us this was because people could make daily decisions. The care records confirmed what staff told us, and contained details of when people may have variable capacity, and how staff should communicate with them to assist them in making decisions. The registered manager was able to give an example of somebody who would have a capacity assessment in order to help them make a decision related to their health.

The registered manager told us that they had applied for a DoLS for one person, however they were awaiting authorisation. In the meantime, the registered manager confirmed how they were using the least restrictive methods to keep people safe. The registered manager explained how they would involve people's family in a

best interest's decision, and when this would apply. The home was working in line with the MCA.

Staff had received training in safe restraint, however staff explained that they had never had occasion to use this, as they knew how to reassure people if they became distressed. The training had also covered ways in which to cope with different situations which minimised the likelihood of using restraint.

One person living in the home described some examples of food they chose when staff discussed this with them. All three people we spoke with felt that they were consulted about the food, and that it was always good. Another person said, "Last night it was delicious." There was a monthly menu decided upon with a meal for each night which was based on things people said they liked during 'house meetings'. We asked about the possibilities in the event of someone changing their mind, and a staff member said, "If they don't like it, we'll cook something else." We observed that the staff member offered choices to people for lunch.

A person living in the home told us about their dietary requirements, and told us that the home provided food that they needed. A relative we spoke with said, "They [staff] are so good with their special diet." We looked at the person's care plan, which specified their dietary needs, which confirmed details of what the person could and couldn't eat. The people living in the home we spoke with confirmed that they could get a drink whenever they wanted. Most people living in the home were able to make themselves drinks, and two people had their own kitchens in which they could make drinks. Where people needed support, staff provided this.

One person confirmed that a chiropodist visited them regularly to attend to their foot care, and we could see that records confirmed their visit. People were supported to access other healthcare services such as the GP or dentist. Relatives we spoke with said that they felt people were supported to access health care.

Good

Is the service caring?

Our findings

One person we spoke with described living in the home as, "It's fun! They look after me well." A relative we spoke with said "They give [relative] a real sense of wellbeing and family. That's what I wanted for [relative]." All of the relatives we spoke with spoke of their faith in the staff being caring towards people. One relative said that the consistency of staff contributed to the homely feel, saying, "I really value the fact that it's the same people there, it makes so much difference to [relative]." A staff member said, "It's so happy here." Throughout our visit we observed positive and kind interactions between people and the staff member when we inspected.

"[Staff] know [relative] really well, and they are always there. The staff give [relative] stability." Another relative said, "They [staff] are people, [relative] can relate to [them] and can talk to [them]." The relatives that we spoke with both gave examples of the impact the staff's approach had on their family member's wellbeing. One explained that when their relative was distressed, "[Staff member] is just brilliant with [relative]. They just sat with them and had a good talk." This had made the person feel safe and calm, and enabled them to express the way they felt. This was reflected by a member of staff who told us, "Any problems they know they can tell us anything." We observed the staff member adapting their communication with different people who lived in the home, to allow for their different needs.

The relatives we spoke with told us that staff regularly kept in contact with families. One relative told us how they felt that staff went the extra mile to help their relative, and took them to London in order that they could visit a sick relative in hospital. Another relative explained how the registered manager went with someone to their appointments and meet their family members there so they could all support the person together. They said that this helped them to feel comfortable with attending appointments. People also had a one page 'grab sheet', which they could take out with them to inform people of their needs quickly if they needed to, which helped communicate to others what support people needed.

A family member told us, "[Relative] is becoming more independent." They went on to tell us how staff helped the person integrate into the community, and how they worked with them, and their relative on the person's initial support plan. The person confirmed to us that they now regularly went into the local town and attended the organisation's day centre. We saw in the care records that the person had previously had problems with anxiety when visiting the community. The care record included details of how staff should support the person if they became distressed, and this had been found to be effective. The approach used by staff had enabled the person to go out with staff regularly. Their relative told us that this person's confidence had grown with the support of staff. We also saw that another person took their medicines with staff supervision to locate the right day on the blister pack which contained medicines, and took them out themselves. This enabled the person to keep their independence whilst taking them safely.

Other relatives and people we spoke with said they had been involved in making decisions with staff and planning their care, one explaining that they had a lot of contact with their relative's key worker. They told us how they had been involved in care plan reviews and discussing their relative's care if there were any changes. We saw that people had contributed to the assessment of their care needs, and that they made

decisions with staff about every aspect.

People living at the home confirmed that staff offered them choice. People could get up and go to bed when they chose, one person saying, "If I'm not going to day service I get up when I choose." Staff confirmed this, although one person received prompting from staff at times to remind them what time it was.

People's privacy was well respected – one person confirmed that they went to relax in their room when they wanted. Staff confirmed that people went to bed when they wanted and they would knock on people's doors if they needed to speak with them. Staff supported some people at the home with their personal care, and stated that they would always encourage the person to do what they could for themselves, and ensure their dignity was upheld.

Two people we spoke with said that their families visited when they wanted. This was confirmed by a relative we spoke with who said, "I can visit whenever I want and I know I can stay over." Relatives confirmed that they were made to feel welcome, and staff confirmed this.

Good

Is the service responsive?

Our findings

A relative we spoke with said, "I can go to them about anything. And they get hold of me if there's anything." This covered if staff had a query about somebody, or if there had been an incident their relative wanted staff to make their family aware of.

The care records, which staff had completed, had input from people and their families. We saw in one person's care records that they had discussed their daily routine with staff, who facilitated their individual requirements. For example, if someone chose to have a bath at particular times, the staff would support this to happen and it was in their care plan. Records also included information about what people liked and disliked in terms of food and drinks, and how they preferred their personal care. They had also discussed people's sensory requirements with them such as visual or hearing aids, and people's emotional needs and communication. Staff were able to tell us about these individual's needs, and they demonstrated that they knew people well. They said they only consulted the care records for information when they needed to. Staff confirmed that any new staff would seek guidance from care plans. People received care that was responsive to all aspects of their requirements, therefore enhancing their wellbeing.

Care records contained information about when people would attend day centres and what their interests were. The care records we looked at were detailed with information about the individuals, including their preferred routines, their life histories and spiritual requirements. We saw that staff had discussed people's end of life wishes with them where appropriate, and recorded their wishes. Each person living at the home had a key worker who would go through and regularly discuss their care plans with them. The key workers and other staff would also discuss holiday ideas with people and what they wanted to do, based on their own personal preferences.

One person was supported to live in their own flat in the home. They were able to prepare their own meals, and another person had their own kitchen area which they used to get their own drinks. A staff member we spoke with told us that some people enjoyed participating in preparing meals for the home, such as chopping vegetables, or helping to clear up, and staff encouraged this.

The home was responsive to individual's interests and hobbies. We saw in one person's care records that they had achieved a great deal with their artwork since living at the home, and won prizes. Staff told us about this and how they supported the person to continue their needlework and artwork as much as possible. Other people were supported to do arts and crafts and games or puzzles within the home. One person living in the home explained how they did a lot of arts and crafts at day centre rather than in the home, and that they preferred to spend time watching television or in their room when they returned, and staff respected this.

One person living in the home told us that staff supported them to attend church weekly, and day services during the week as well as keep fit. They also explained that staff took them to a sanctuary to visit some donkeys that they had adopted, which they really enjoyed. A staff member we spoke with explained that they had taken people on holiday recently, and gave examples of other outings recently undertaken.

Another staff member said they found it rewarding supporting people to go out to things they really enjoyed, and they were looking forward to taking them to more specific events in the summer.

The home supported links within the local community. For example, the registered manager told us that they had built a good relationship with the local café, who knew some people who came in regularly from the home and were aware of their dietary requirements. They also visited the pub and went to the local hotel for tea on occasion.

Although the home had received no complaints, there was a complaints procedure in place. All of the relatives we spoke with said that they found the manager to be approachable, and some had already had regular contact. They said if they had any concerns they would feel happy to raise them. People confirmed that they were consulted about things and gave feedback. They had meetings within the home where they could discuss any concerns. People we spoke with said they felt comfortable speaking with any of the staff if they had any problems.

Good

Is the service well-led?

Our findings

One relative said, "They are a team. They work as a team." They also said, "I couldn't praise it enough." All of the relatives we spoke with confirmed that the staff and registered manager were approachable. The staff confirmed that they worked well as a team, supported each other and felt confident that if they raised concerns with the registered manager, they would be dealt with. There was information on 'whistleblowing' available to staff, which informed staff how to raise concerns outside of the home if they had any.

There were regular staff meetings. We saw records of these where staff had discussed people in the home and their needs, as well as updated each other on any changes to people's needs. All of the staff we spoke with explained that they were a close team, and found the manager very supportive. One said, "[Manager] is always on the end of the phone, even when they're not working." They reflected that they felt their manager would support them with any problems.

The registered manager often worked directly with the people living in the home and on shift. The team communicated well with each other, and feedback was sought from staff. The registered manager confirmed that they did regular spot checks on staff to check on their competencies, and that there had been no recent concerns.

The registered manager confirmed that they felt supported by the organisation they worked for. They received visits from one of the directors every three months, and during these, they would complete supervision, where they could discuss on-going updates within the organisation and any issues regarding the home. The registered manager also updated the director regarding quality assurance monitoring during their visits. The registered manager confirmed that they completed a monthly medicines audit, and that no problems had arisen recently. As the home was small, other ways of monitoring quality assurance through feedback were informal, for example by asking people about different aspects of their care, and ensuring they were happy with things. The relatives we spoke with also confirmed that they were asked for feedback about their relative's care regularly. The registered manager would then respond to anything raised in the appropriate manner.

The home kept close links with the day centre within the organisation where people visited the day centre regularly. They also kept close links with the local community and other managers within their organisation. The registered manager said they could share any updates as well as get extra advice when they needed. This demonstrated to us that the service maintained contact with others to share updates, ideas and concerns, which contributed to the service improving.

The home sought views from people living there, and their relatives through an annual survey which was due this September. The surveys we looked at from the last two years showed positive feedback about the service. The home held regular meetings for people living there so that they could discuss any on-going items such as the menu, or raise any issues.

The registered manager completed any required notifications to send to CQC and was aware of what things

they had to inform us of.