

Mrs R Dhyll

The Jennifer Home

Inspection report

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Date of inspection visit:
22 March 2016

Date of publication:
26 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 22 March 2016 and was unannounced. The previous inspection on 30 May 2013 found the service met all the standards inspected with the exception of supporting workers. The service was inspected again as focussed inspection with regard to this standard in 2 October 2013 the service met the regulation.

The service is registered to provide accommodation for up to six people who require nursing or personal care. The service is for people who have learning disabilities and autistic spectrum disorders and/or mental health. At the time of inspection there were five people living at the service.

There was a registered manager at the service. 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.

We found that although medicine was administered appropriately medicines were not stored in a safe manner. People using the service told us they felt safe at The Jennifer Home and that they were "well looked after." We found the provider had systems in place to manage safeguarding matters which helped to ensure people's safety. Care plans addressed the safety risks identified for individuals. The staff team could demonstrate they were knowledgeable about the people living in the service and knew what steps to take to keep people safe.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found the management had an understanding of MCA legislation and DoLS but staff and the management team had not received formal training.

People said staff were kind and respectful. We observed staff approached people in a friendly manner and gave people time to express themselves. We saw staff respected people's privacy by knocking at bedroom doors and they did not enter without permission. Staff kept people's information in a confidential manner.

Each person had a person-centred plan reviewed on a regular basis. Care planning responded to the diverse needs of the people using the service. The service encouraged people to undertake individual and group activities they enjoyed. People were encouraged to raise concerns and complain if they were not happy with the service they received.

There was evidence of good leadership this included regular auditing of processes such as care records and medicines to ensure the service adhered to the correct procedures. Staff received regular supervision and team meetings.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation

12 Safe care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. There were systems in place for the safe administration of medicines but the medicine storage area was too hot on occasions to store medicine safely.

There was enough staff to meet people's support needs.

The provider had systems in place for the safe recruitment of staff.

The service had systems in place to protect people from hazards and abuse.

Is the service effective?

Good ●

The service was effective. The registered manager could demonstrate an understanding of the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards (DoLS). However managers and staff had not received MCA training.

Staff received training and supervision to equip them to meet people's support needs.

There was evidence of effective health care and people's nutritional needs being met.

Is the service caring?

Good ●

The service was caring. Staff were respectful and caring in their approach to people.

Staff treated people with dignity and maintained their privacy.

The service kept information in a confidential manner.

Is the service responsive?

Good ●

The service was responsive. People had person-centred plans that were reviewed and updated on a regular basis.

People were given choice of individual activities and group and supported to be independent where possible.

The service had systems in place to address complaints

Is the service well-led?

Good ●

The service was well- led. Staff said they were well supported by the management team.

There was evidence of the registered manager monitoring the quality of the service given.

The Jennifer Home

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 22 March 2016 and was unannounced. The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met the five people living at the service and spoke with four people. We reviewed five people's care records including care plans, behavioural support plans and risk assessments. We observed one person's medicines administration, looked at five people's medicines administration records, and checked the storage of medicines in the service. We met two support staff and interviewed one support staff. We spoke with the registered manager and the deputy manager throughout the visit. We looked at four staff personnel records. We spoke with a health and social care professional and an activity instructor during the visit.

Is the service safe?

Our findings

People told us "staff are good at keeping us safe" and "I love it here, I am so happy." Staff told us how they would keep people safe.

We saw there were safe procedures for the administration of medicines. The registered manager and deputy manager who administered medicines had received appropriate training. There was a policy about the administration of medicines. We observed one person being administered their medicine appropriately. We checked people's medicines and medicine administration records (MAR) and found no errors. We saw medicine that was prescribed fortnightly was administered and recorded appropriately. Medicines prescribed as and when required (PRN) medicines were used only occasionally and were signed for appropriately; there were clear guidelines for the use of PRN medicines. The registered manager audited medicines on a regular basis, to ensure no errors had been made.

We saw that medicines were stored securely in a locked cupboard in a locked environment and the temperature was recorded daily some recordings showed temperatures were too high at times. On the day of inspection the room was hot and the temperature in the medicines cabinet was 27.5C this was above the safe temperature for the storage of medicines and could reduce their effectiveness. The registered manager explained that when they are in the office they open the medicine cupboard and put a fan on in the office to bring the temperature down when the room is hot. This was not an appropriate solution as staff could not be in the office throughout all of the day. We spoke with the registered manager who said they would consider moving the storage area. We spoke with the deputy manager following our visit and the storage concerns in relation to the medicines had not been addressed.

This is a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they would report a safeguarding concern and explained to us what abuse was and how they would recognise possible signs of abuse. Staff told us they would report a safeguarding concern to the deputy or registered manager. New staff had received induction training to protect adults from abuse and there was yearly safeguarding adult refresher training for staff and management. There, were safeguarding protocols for staff to follow and a safeguarding adults policy. The service had given each person using the service a copy of their safeguarding adults from abuse procedure to empower them to report concerns.

People told us there were enough staff on duty to meet their support needs. On the day of inspection there were staff on duty as per the staffing rota; one support staff and the registered manager and deputy manager. We also met the night staff who was just leaving having finished their sleep in shift. The staff team was small we were told that staff absence and weekends were covered by the registered manager or the deputy manager and the sleep in staff member. We viewed staff personnel records and saw Disclosure and Barring Service (DBS) checks for four staff members and an activity instructor who ran two activity sessions each week. The recruiting process was adhered to for example application forms were received, an interview took place, two references were requested and proof of ID was received before employment commenced.

This demonstrated there were recruitment checks in place to ensure staff were suitable to work within the service.

There were detailed risk assessments for people using the service. Staff knew about people's individual risks and the actions they would take to keep people safe. For example, staff told us how one person who used the service required support to avoid choking hazards when eating.

Their risk assessment described the risks and detailed the protective measures in place such as staff supervision when they ate their meals. Staff were able to tell us what the measures were, describing staff encouragement not to rush their meal and to eat slowly and only soft foods were served. Risks assessments were reviewed and updated on a regular basis.

Staff kept the service clean and free from mal-odour. Staff had received infection control training. There was disposable personal protective equipment available for use when supporting personal care and there was antiseptic hand-wash and paper towels available throughout the service. Posters reminded staff and people to wash their hands thoroughly. There were colour coded mops for use in the service and colour coded chopping boards to prevent cross contamination. Food was stored appropriately in the cupboards and fridges. Staff had all received food safety training as part of their induction training programme.

The service had systems for the general management of equipment and premises. There was a fire prevention policy that the new staff member had signed to say they had read and understood. There had been a satisfactory fire officer visit in November 2015. Throughout the service there were fire alarm call points and fire extinguishers. Fire exits were clearly marked. There was a fire action poster to advise every one of the plan in the event of a fire. People had individual fire safety plans. There was also a fire safety risk assessment. The service had records of weekly fire alarm tests. Portable electrical equipment had taken place in November 2014. Emergency lighting had been tested in August 2015.

Is the service effective?

Our findings

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. 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.

People told us "staff give us choices" and "staff listen to our requests and go out of their way to help us." Care plans had been signed by people to say they agreed to their support plans. Staff explained how they asked consent when working with people and how they gave people choice "I ask what people would like, give them their choice, if you don't do that you don't respect them." People in the service had the capacity to agree to their care and treatment and could go out by themselves if they wished to. Therefore appropriately the registered manager had not made DoLS applications. The management team told us how they would assess people's capacity if needed and understood their role in the DoLS. However the management team and the staff had not received MCA or DoLS training. We talked with the registered manager who confirmed that this was recognised as a training need for the whole staff team.

The registered manager commissioned an external company to advise them on meeting the team's training needs and to deliver training. We saw that management and staff had received training in core topics including safeguarding adults, health and safety, food safety, infection control, basic life support, first aid, manual handling and medicine administration and a mandatory refresher in 2015. They had also received training in risk assessment and managing behaviour that challenged the service. The recently appointed staff member had an NVQ level three in promoting independence and previous experience of delivering care and support. They were able to tell us about how they would meet people's physical and mental health support needs describing for example symptoms of schizophrenia. They told us correctly people in the service that had this diagnosis and what change of behaviour they would look for and that they would report any concerns to management. The staff member had an induction programme that detailed when policies and procedures were read and understood and documentation such as care files read. The registered manager told us that they had requested the core training for this staff member.

Staff received regular supervision. Staff described supervision as supportive and explained they could discuss their concerns with their supervisor, identify their training needs and look at their involvement and role in the service.

People told us "staff help with my medicines and give me something if I am in pain" and that they "tell them if we have personal issues and can talk in private". A health and social care professional told us the staff were well informed about people and proactive in contacting the appropriate agencies. We saw

evidence of the GP being contacted when people were unwell and referrals to appropriate consultants had been made for both physical and mental health conditions. There was evidence of regular reviews and care planning approach (CPA) meetings for people. We saw staff had acted in a proactive manner by contacting health and social care professionals when a person's health and mobility had deteriorated, a meeting had been arranged with the person present and follow up appointments had been facilitated and attended by the staff. We saw in people's records that routine medical checks had been encouraged including well woman checks, opticians and dentist and that people had been supported to have regular weight recordings.

People were supported to eat and drink healthily. The kitchen was well -stocked with a variety of food stuffs and there was fresh fruit displayed for people to help themselves. People also had their own cupboard shelf where they kept food snacks they had bought for themselves when out on shopping trips. There was a range of drinks for people to choose from and regular soft drinks were encouraged. People told us they decide what they want to eat the day before describing it was their choice and they would all go shopping with staff to get ingredients if necessary. We saw at lunch time people had their choice from a range of alternatives. One person recorded what people had eaten for their main meal. This record was kept by the service to ensure people ate a balanced diet. People had some specific dietary requirements and these choices were respected. For example one person liked a vegetarian diet some of the time but at other times ate meat staff catered for them. Some specific foods were purchased so people could eat favourite cultural dishes for example from a West Indian cuisine, also people described they went out on a regular basis to restaurants of their choice for African food or for a curry. One person required a soft diet to remain healthy and we observed staff support them with this offering them the appropriate cutlery as stated by the speech and language therapist instructions. Support staff told us what people were able to eat and what they should avoid as per their care plan.

The service is situated in a three storey residential house there are no lifts available inside the house but bannisters are in place along the stairs. People living in the service can use the stairs. The garden had been made fully accessible to people with the use of sloped pathway to the seating areas and pond.

Is the service caring?

Our findings

People told us "staff are respectful of me" and said "brilliant staff" and they are "patient and caring." We saw that both management and staff spoke with people in a respectful and caring manner. People's care records were worded appropriately using respectful language.

Some people had lived in the service for many years and described they had watched the provider's family grow up, and regarded the service completely as their home telling us they wished to always remain there. Everyone told us they were happy with their bedrooms. Some people gave us permission to enter their bedroom inviting us in. Their rooms were clean, well kept, personalised and with comfortable seating people confirmed they had chosen the furnishings. One person had a large room that had been intended as a shared double room however because they did not wish to share this had been agreed and the room was theirs alone. One person proudly told us "they had the best room in the house with the best views." People were encouraged to take an active role within the service for example one person told us they and another person had chosen the colour scheme, the rug and sofa and chairs when the lounge was re-decorated. One person told us they helped with the gardening in the spring and summer months. They told us what flowers were in season at the time of inspection and what was due to flower each month throughout the year. The garden was well-maintained and inviting to walk in, people told us how they liked to sit outside when it was warm enough to do so.

We asked a staff member how they show people they respect them, they told us "I don't just jump in and speak, I give them time to explain what they want." The staff member explained they guide people when they need support but gave people as much independence as possible. People told us staff and managers are supportive and said they "are honest and say it like it is, in a kind way".

Staff maintained people's dignity people were encouraged to dress appropriately for the occasion for example staff encouraged people to change for a Pilates session into comfortable exercise clothes. One person was supported to wear a clothing protector apron to avoid their clothes becoming soiled when they ate this was removed immediately after their meal. Staff maintained people's confidentiality and were careful not to discuss people in communal areas. Staff knocked on people's bedroom doors and asked permission before entering. People's care records were kept in a secure and confidential manner.

People's care records recorded their diversity for example relevant social and medical history, naming important life events and their ethnicity, faith choices, sexuality and cultural choices. Staff and management described how they were aware of people's faith choices and gave examples of supporting one person to attend their place of worship. Staff and management also described how they don't just make assumptions about people describing how one person actively dislikes a national dish so they never offer it to them. We saw that relevant cultural festivals were celebrated and people's birthdays were celebrated by giving cards and presents.

Some people's plan detailed their end of life wishes stating for example that they wished to have a burial service. Some care plans stated that people did not wish to think about what they would want to happen at

the moment.

Is the service responsive?

Our findings

We saw people had person centred care plans that detailed what support needs they had and detailed how they wished to be supported. Care plans were signed as agreed by the person and reviewed on a regular basis. We saw examples that some people required support with their personal care, their plan stated one staff member support was required and what specific support was needed. Other people required support and encouragement to socialise and not become isolated as historically isolation had contributed to mental health symptoms developing. We saw staff left one person to have some time in their room to relax but then encouraged them to join the group in going out as stated in their care plan.

People had individual activities such as listening to their radio in their room, watching TV or cooking with support. Other people enjoyed activities such as going to college courses twice a week. All people in the service joined in a Pilates class. The registered manager explained this was so popular they agreed to have two classes in the service each week led by a qualified instructor. People told us they "love it." We observed a Pilates session. The instructor encouraged participation from all people and tailored the exercises for one person who was less agile. Both staff and the registered manager joined in each session. People were laughing throughout the session and the class ended with drumming and dancing. Other group activities included weekly trips to get the shopping, going to cafes and restaurants and visits to the cinema.

People were encouraged to be as independent as possible. People took responsibility at meal times for various aspects such as laying the table, stacking plates or washing up after the meal was over. People took turns to sweep the dining area floor. Staff supported people to maintain their bedroom environment. People went with staff to do the weekly shop this ensured people maintained their independent living skills and learnt new skills.

People told us "We can tell them anything if we are not happy." The registered manager told us people were encouraged to raise complaints either in person or by letter to the registered manager or deputy. Residents meetings took place once every two weeks and people were encouraged to speak up if they had concerns or suggestions. People described these meetings as "useful, once a week or once a fortnight, they keep in touch with us and discuss all different things". Another person said "At the residents meetings they ask how we are feeling and if there is anything we need." We saw that the service had a complaints policy and everyone had a copy of the policy in their bedroom. There was a complaint log book but no complaints were recorded. We asked the registered manager about this and she said that there had been no complaints made. The registered manager said people raised concerns and they were addressed before they reached a complaint stage.

Is the service well-led?

Our findings

There was a registered manager in post who was also the proprietor of The Jennifer Home. People told us that the registered manager and deputy manager were approachable. A visiting health and social care professional told us they thought The Jennifer Home was a "well run home."

A staff member told us they felt well supported by the registered and deputy manager. The staff team was small and there was communication with staff when they came on duty and throughout the day, there was a verbal handover each day at the beginning and end of each shift. Health records were amended if people's health or behaviour deteriorated. People's appointments such as reviews and clinic appointment were entered into a diary for staff information. We saw that there was an accident and incident book there had been no recordings since the last inspection. The manager explained there had been no recent incidents to record but they would when necessary record appropriate incidents or accidents. There were no daily notes made as a matter of course. We raised this with the registered manager and deputy manager. They told us that daily notes had not proved necessary as the team was so small information was shared routinely. The registered manager agreed to consider daily notes for the purposes of reference. Following our visit the deputy manager confirmed daily recording where now being made for each person.

There were regular staff meetings each week that both the day and night staff attended. A staff member confirmed that meetings took place and were informative. The staff member told us that if they did not know something they asked the registered manager or deputy manager and they would discuss with them and support them with the information they required. The deputy manager told us she was undertaking her NVQ 4 in management to equip her in her role of the day to day management of the service.

We asked the provider how they quality assure the service they provide. The deputy manager explained they always put in the diary when a review is required and when any documents such as risk assessments or care plans require updating. These documents are updated on a regular basis. We saw this ensured that record keeping was always up to date. The registered manager audited the documents, medicine administration and ensured environmental checks and alarm testing took place on a regular basis. The registered manager asked people at the resident's meeting what they thought of the service and asked what could improve the service. The deputy manager explained they used to send out questionnaires but had not since 2012/13 however they had designed service user, family and professionals questionnaires with the intention of sending them out in June 2016. We were shown the draft copies. They planned to produce a report and distribute this when the results were collated.

There was an existing service user guide given to service users when they began living at The Jennifer Home that included the service statement of purpose, how to report concerns and complaints and gave information about what to expect in terms of standards from the service and staff. We were shown an updated resident's hand book draft copy that had not been published yet but was almost ready to be sent to the printers. It was full of relevant information with a good use of pictures to engage people's attention.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The storage of medication was not safe as the storage area was too hot on occasions.

The enforcement action we took:

N/A