

## The Disabilities Trust

# Jane Percy House

### Inspection report





Brockwell Centre  
Northumbrian Road  
Cramlington  
Northumberland  
NE23 1XX

Tel: 01670590333

Date of inspection visit:  
10 March 2020  
12 March 2020

Date of publication:  
03 April 2020

### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Jane Percy House is a residential care home providing personal and nursing care to 24 people at the time of the inspection. The service can support up to 26 people who have a physical disability.

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

Staff were exceptionally caring and motivated to support people to live independent, dignified and fulfilled lives. People were empowered by staff who supported and encouraged people to live the life they wanted, to achieve their goals and have a voice. A care manager said, "I feel Jane Percy House strives to make residents wishes a reality and does everything within their ability to improve the lives of each resident they provide care to."

The registered manager had established a culture which place people, their hopes and aspirations, at the centre of the service. Staff worked to support people to achieve exceptional outcomes, including securing employment and independent living. People's opinions were sought and valued and acted upon. Initiatives included people being members of health and safety committees, lobbying the local MP for improvement transport and being decision makers around staff recruitment.

Everyone we spoke with commented on how the staff and management worked together as a team which was often described as, "a family." The whole staff team were approachable, knowledgeable, supportive and welcoming. There was an absolute focus on providing high quality care and support for people. This was achieved by listening and responding to people's views and opinions as well as various quality assurance systems and audits. One person said, "The staff are great, they try their best for everyone, nothing is too much trouble."

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 needs were incredibly well understood by a chef who took great care to make sure people's dietary needs were met. Staff had an in-depth understanding of people's complex needs and how each person wanted and needed their needs to be met. People were involved in all aspects of their care and support, as well as being involved in decision making around the environment, equipment and health and safety. People had been supported to lobby the local MP in relation to the provision of accessible public transport.

People said they felt very safe with the staff who were able to meet their needs well. Staff understood safeguarding procedures and any risks had been assessed and minimised. People were supported to take positive risks, particularly where this enhanced their independence, confidence and quality of life. Medicines were managed safely and people were supported to manage their own medicines where possible.

Procedures were in place to prevent and control the risk of infection. People commented on how clean the home was.

People received individual care that was provided by staff who knew people, and their preferences well. Communication needs were assessed and understood by staff who adapted their communication to meet the needs of others. A range of activities were on offer, one person said, "I really enjoy the activities now."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Jane Percy House

## **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

The inspection was completed by one inspector.

### Service and service type

Jane Percy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, including the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority 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. We used all of this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the registered manager, assistant manager, activities co-ordinator, team leaders, support workers, the chef and administration staff.

We reviewed a range of records, including three people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including staff training and supervision, policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two relatives, a previous employee and a care manager from the local NHS Trust. We also emailed the full staff team for feedback.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to minimise the risk of abuse.
- Staff had attended safeguarding training and knew how to report any concerns.
- People told us they felt safe. One person said, "I feel very safe here, I wouldn't be here if I didn't."

Assessing risk, safety monitoring and management

- Risks were assessed, and actions taken to minimise any concerns.
- People were supported with positive risk-taking and commented this had supported their independence.
- Appropriate safety checks of the premises and equipment were completed. Personal emergency evacuation plans were in place and mock fire evacuations were being completed.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Safe recruitment practices were followed, and people were fully involved in interview panels and decision making in relation to job offers.

Using medicines safely

- Medicines were managed safely. Some people managed their medicines themselves and appropriate risk assessments were in place. One person said, "My medicines are always on time and right."
- Staff were knowledgeable about people's medicines and administration guidelines.

Preventing and controlling infection

- Systems were in place to prevent and control infection. Staff had been trained and wore personal protective equipment where necessary and supported people with regular hand hygiene.
- Contingency plans were in place in the event of an infectious disease outbreak.

Learning lessons when things go wrong

- Regular meetings took place which included identifying learning and improvements in relation to health and safety, safeguarding and accidents and incidents.
- Lessons had been learnt in relation to the need to complete body maps in a timely manner following any accidents.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was designed with people's complex physical needs in mind and was fully accessible for people using wheelchairs and other mobility equipment. Staff and people had raised funds to develop the technology available for people at Jane Percy House. This had included doing a sky dive.
- People had been involved in the design of a fully accessible training kitchen which had been developed to completely fulfil their needs so people could develop their cookery and household skills in a safe environment. One person said, "We have a great kitchen which makes us more independent."
- Staff adapted their communication style to meet people's needs, including learning one person's individual sign language and developing a communication dictionary so the person could be understood by everyone.

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

- People's nutritional needs were exceptionally well managed by a chef who understood everyone's dietary needs. They were passionate and focused, making sure people had a choice of good quality, tasty meals that met their individual needs and preferences.
- A relative said, "[Person] had lost so much weight and given up on eating when they moved in. Staff took such an interest in preferences and likes and encouraged and supported so they are now almost back to their usual weight, they have made a fantastic difference."
- People were fully involved in decision making around menus and personal meal preferences.
- Specific dietary requirements, including specialist diets and allergies were well understood and catered for with contingencies in place should the chef be on leave or absent.

Staff support: induction, training, skills and experience

- Staff were very well supported with robust induction, mentoring and ongoing development.
- People told us staff were well trained. One person said, "They know what they are doing." Staff had attended training specific to people's complex needs which meant they had an exceptional understanding of people's emotional and physical needs. This was used to support people in individual ways to achieve positive outcomes and build confidence and self-esteem.
- Staff were provided with individual support to enable them to their jobs, for example in relation to dyslexia and visual aids.
- People had said they would like to take part in first aid training so the registered manager was working with the training provider to develop a bespoke first aid course for people who used wheelchairs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other



agencies to provide consistent, effective, timely care

- People were supported to live healthier lives that benefited them physically and mentally. One person said, "I used to have lots of anxiety and nightmares, but the staff have supported me and it's much better now."
- Staff understood people's healthcare needs and worked with other agencies to ensure people were involved in timely care and support provision. This included working with speech and language therapy, specialist nurses and consultants as well as physiotherapy, occupational therapy, GPs, dentists and chiropody.

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

- People were involved in holistic assessments of their needs and preferences which detailed how they wanted their care and support to be provided.

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.

- Staff had a good understanding of capacity, consent and best interests decision making.
- Staff said people had the capacity to make their own decisions, so no one was being deprived of their liberty.

# 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 has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were exceptional at helping people express their views with confidence. People were in control and made decisions about their care and support, recruitment and the environment in which they lived. One person said, "I'm very independent and tell staff what I want, and if I want it changed, I wrote my own care plan. We are valued, part of a family, it's a real community."
- Staff used creative and inclusive ways to communicate with people. One person used a very individual way of communicating by signs which staff had taken time to learn. Innovative assistive technology was used to make sure they were involved, and their voice could be heard. People's decisions were fully acknowledged and respected by all staff.
- People were encouraged and supported to be part of organisational decision making, including being members of various committees and working groups.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service. People were supported in a discrete and sensitive manner by staff who showed genuine compassion and understanding for people's feelings.
- Staff were highly motivated to develop people's confidence, independence and quality of life. People were encouraged to live full, active lives and achieve their goals. For example, going into the local community independently, broadening their social network and travelling further afield.
- Some people were being supported to achieve their goals of moving out of Jane Percy House into more independent living environments. For others, this had already been achieved.
- People had wrist worn alert systems and could seek staff support using a silent system which activated to phones held by staff so there was no audible alert that people needed support. One person said, "The nurse call is silent so it maintains my dignity and doesn't tell everyone I need support and it also helps me sleep and there are no nurse call bells going overnight."

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

- People were treated with the highest regard by staff who valued their individuality and treated them as equals. One person said, "Its excellent, staff involve me in everything and treat me like someone normal, as an equal. I am the decision maker, they always ask how I like things done and if I have a particular need how I want it to be met."
- People and staff had formed exceptional relationships which focused on respect, kindness, compassion, empathy and fun. There was a huge amount of laughter and appropriate banter between people and staff

who were clearly comfortable and at ease with each other. One person told us, "Staff are lovely, kind, caring and respectful but you can have a laugh and a joke at the same time."

- A relative said, "Staff say how much they like [person] which has never been said before. They completely understand [person] and treat them with absolute respect. I would recommend it to anyone."

# 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

- People received personalised care that met their needs in the way they preferred.
- Staff knew people exceptionally well. A staff member said, "People are at the forefront of everything, it's amazing." One person told us, "I have been involved in writing my own care plan, staff try to involve everyone in care planning. I'm independent so tell staff what I want."

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 had been assessed and individual needs were met. Staff and people had an excellent understanding of each other's communication needs.
- Information was available in alternate formats if needed.

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 chose the activities they took part in and were supported by an enthusiastic activities co-ordinator who tailored events to people's needs.
- People were supported to develop and maintain friendships and relationships, which were fully respected.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and appropriately followed.
- People and relatives said they had nothing to complain about. One person said, "I have complained in the past and I was listened to and taken seriously." They added they were happy with the action that had been taken following an investigation by the registered manager.

End of life care and support

- Where appropriate people were supported to make decisions about their preferences for end of life care.
- Staff had attended end of life care training and understood the importance of good end of life care.
- Examples of compassionate, respectful and sensitive end of life care were shared with us.

# 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 good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone worked to an ethos of inclusivity and empowerment. People were at the heart of decision making and everyone worked together to promote individualised support.
- People were encouraged to have aspirations and were supported to achieve exceptional outcomes. This included enabling and empowering people who had been immobile and completely socially isolated to live independent, sociable lives. People were supported to develop the confidence to achieve their goals, to find work and to move to more independent living.
- People had been concerned about the possible discrimination and isolation they faced due to the lack of wheelchair accessible transport, including buses and taxis. The registered manager had facilitated a meeting for people with the local MP. This was discussed and raised at local government level which resulted in additional, smaller buses being added to routes.
- Staff understood the values of the organisation and described the best achievements as being "increased mobility and independence for people," "increased confidence" and "making a difference to people's lives."
- People told us, "We are included in everything and our views really matter" and "staff involve you and talk to you as an equal."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staff structure and staff understood their roles and responsibilities. One staff member said, "There is no hierarchy, we work as a team to provide the best support for people." Other comments included, "we are all one team" and "management team are absolutely fantastic."
- A range of audits and quality assurance systems were in place to make sure people received good quality care that met regulatory requirements. One person was a member of the health and safety committee and was involved in audits, assessing the environment for people at Jane Percy House. They had identified people were speeding in their wheelchairs which created a hazard for others so had imposed a speed limit to make sure everyone's needs were met.
- Two people were members of a personalisation group, leading the way in reviewing and updating policy and quality assurance, so their voices were heard in relation to the provision and management of care and support.
- The registered manager said, "We have the best staff in the North East. Gone are the days of being a care assistant, it's all about supporting people to achieve goals and motivate people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were fully engaged and involved in the service. People said, "I'm involved in everything" and "[registered manager] includes us in decision making." People were able to voice their opinions on a day to day basis, in meetings and various committees they were part of, including health and safety, personalisation and the building and environment.
- One person said, "I was part of writing new questions for staff and updated them to be in line with policy and recruitment criteria. I have sat on interview panels and give an opinion on what I think of people at the end of the day. My opinion is included in the decision-making meeting, if we disagree, we have a long discussion about it and can always use the three-month probation period if needed."
- Staff had regular team meetings and said they could raise anything. One staff member said, "We can say whatever we need to, and we are listened to and taken seriously."

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on training and staff development to improve care. People had told the registered manager they wanted to be first aid trained. The registered manager was working with a training provider to develop a bespoke first aid course for people who used wheelchairs which would enable them to provide immediate help in an emergency situation.
- Staff worked in partnership with other professionals to achieve best outcomes for people and to learn from various situations. A care manager reinforced how the staff work in partnership with other professionals and family members. They said, "The home maintains good communication with the resident's relatives/carers, and they are made aware of anything to do with their loved ones as it happens."
- There was regular attendance at provider meetings and internal management meetings to share good practice and lessons learnt.

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

- Staff understood the principles of the duty of candour. The registered manager said, "We learn from things. If we make a mistake be open and honest, we change our practices, and look at what we can do better."
- Staff had attended training in duty of candour and said, "There is no blame culture, everyone makes mistakes and it's best to say and learn from them."