The Disabilities Trust

Jane Percy House

Inspection report

Brockwell Centre
Northumbrian Road
Cramlington
Northumberland
NE23 1XX

Tel: 01670590333

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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

Jane Percy House is registered to provide accommodation and personal care to a maximum of 26 people. Nursing care is not provided. Care is provided to people who have learning disabilities and/or a physical disability.

At the last inspection in March 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were enough staff to provide individual care and support to people. Staff received opportunities for training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed. People received their medicines in a safe and timely way. People who used the service received a varied diet and had food and drink to meet their needs.

The acting manager was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. 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.

People were provided with opportunities to follow their interests and hobbies. They were supported to contribute and to be part of the local community. Staff had developed good relationships with people, were caring in their approach and treated people with respect. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Records showed people were supported to maintain some control in their lives. They were given information in a format that helped them to understand and encourage their involvement in every day decision making. There was regular consultation with people and/or family members. A complaints procedure was available and people we spoke with said they knew how to complain but they hadn't needed to.

Staff said the acting manager and management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance

processes that included checks of the quality and safety of the service.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Jane Percy House

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 checked 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 5 June 2017 and was unannounced.
It was carried out by an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with seven people who lived at Jane Percy House, the acting manager, two members of catering staff, eight support workers including one senior support worker, one team leader and the maintenance person. We looked around the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for four people, recruitment, training and induction records for five staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who lived at the home told us they were safe. One person told us "I feel safe here." Another person said "I'm well looked after and staff are around when I need them." Other comments included "I feel safe and secure living here" and "Staff are hard working and do the best they can, I do feel safe with them." During the time we spent with people we saw they appeared comfortable with staff.

There were sufficient numbers of staff available to keep people safe and provide individual care. One person told us "Staff are prompt to answer buzzers." Staffing levels were determined by the number of people who used the service and their needs. There were five staff on duty during the day and four staff members during the evening, these numbers included a member of the management team to provide senior support. The acting manager was not included in the staffing levels. Overnight staffing levels included two waking night staff. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased or decreased as required. For example, a person received one to one support at all times during the day and we saw another person received one to one support to go swimming.

We looked around the communal areas and saw a lounge carpet and the hallways had debris on them that remained there during the day. There was also an unpleasant odour in one bedroom. We discussed this with the acting manager who told us no domestic member of staff was on duty that day to clean them. We were told the manager was actively trying to recruit more members of domestic staff to cover for holidays and absences but this was proving difficult because of the small number of hours involved. We were told support staff carried out basic domestic tasks when domestic staff were not on duty. However, this needed to be reviewed to ensure there were arrangements in place for a standard of cleanliness when domestic staff were not on duty and at the same time not detract from the provision of direct care and support by support staff. An action plan submitted straight after the inspection showed us that this would be addressed.

We also observed some hallway carpets were showing signs of wear and tear and tape had been placed over areas where the carpet had worn and it was placed there in the interests of health and safety. We noted this had also been identified in a health and safety audit carried out by the provider's representative. The acting manager told us the building was in need of refurbishment but as the building may be undergoing some structural changes a refurbishment was not taking place at this stage. The maintenance person was carrying out work around the home to ensure it was appropriately maintained and to reduce the wear and tear to the décor from motorised wheelchairs.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs.

Risk assessments were in place that were reviewed monthly and evaluated in order to ensure they remained

relevant, reduced risk and kept people safe. They included risks specific to the person such as for pressure area care, choking, distressed behaviours and moving and assisting. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks to help increase their independence. Our discussions with staff confirmed that guidance had been followed.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. The care plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging.

There were personal evacuation plans for each person in the event of an emergency. Regular health and safety checks were carried out by the home staff. Certificates of maintenance for the premises were up to date such as for gas and fire safety to ensure the premises were safe and well maintained.

Regular analysis of incidents and accidents took place. The acting manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. A weekly report was submitted to head office that included information about any accidents or incidents that may have occurred.

Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

The provider had robust recruitment processes which included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant the provider made sure only suitable staff were recruited.

Good

Is the service effective?

Our findings

There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. Training courses included care planning, epilepsy, dignity awareness, nutrition and wellbeing, equality and diversity, mental capacity, dementia care and team leadership. The staff training matrix showed planned training included brain injury. The acting manager told us end of life care was also planned. One staff member told us "I'm doing an National Vocational Qualification (NVQ) (now known as Diploma in health and social care), team leader course in management." Another staff member commented "There are lots of opportunities for staff development."

Staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff for a number of days. They were then enrolled onto training towards a national care qualification. Records showed staff received regular supervision from the management team, to discuss their work performance and training needs. They also received an annual appraisal to review their work performance. One senior staff member told us "I do some supervisions, I have five staff to supervise." Another staff member commented "I have supervision every two to three months."

People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. People required different levels of support. Some people received support from staff to help them plan their menu. They would then be supported by staff to help make their meal and drinks. Some people had specialist needs regarding how they received their nutrition and staff received guidance and support to ensure these needs were met. The kitchen was well-stocked and we saw people enjoyed home baking.

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 Mental Capacity Act (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. The acting manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that one person was currently subject to such restrictions.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Staff had received training in the MCA and the related Deprivation of Liberty safeguards (DoLS). Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. Peoples' care records showed when 'best interest' decisions may need to be made. People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For example, one care record signed by the person stated 'I have read and understood all aspects of my support plan. If I am

uncertain with any aspects of my plan I can discuss with support staff, team leader or management.' For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

People were supported to access community health services to have their healthcare needs met. Their care records showed that people had access to GPs, behavioural team, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance and records were kept of visits. Care plans reflected the advice and guidance provided by external professionals.

Good

Is the service caring?

Our findings

During the inspection there was a relaxed and pleasant atmosphere in the home. People moved around as they wanted. Staff interacted well with people, sitting with them and spending time with them. Camaraderie was observed amongst the people who used the service and they were supportive and caring of each other. One person told us "We all get on, we care about each other." Another person said "This is the best place I've been in." Other people's comments included "Staff are polite to me and very caring", "I'm very well looked after" and "I feel respected by staff and listened to."

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Care plans provided information to inform staff how a person communicated. Examples in care plans included, 'I am able to verbally inform staff if I am in pain and require medicines.' Another care record stated 'If I have a headache this is a sign my shunt (specialist equipment) may have blocked and I need to call a GP or 999.' This meant staff had information to inform them what support the person required and was communicating to them.

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example when to get up and go to bed, what to eat, what to wear and what they might like to do. One person told us "I stay up late and like a long lie in bed in the morning." Another person said "I like to go into Newcastle."

Staff used pictures, signs and symbols to help people make choices and express their views. We saw information was available in this format to help the person make choices with regard to activities, outings and food. Care plans included details about peoples' choices. This encouraged the person to maintain some involvement and control in their care. Care plans contained details with regard to how people liked and needed their support from staff. For example, one care plan stated 'I make my own choices for toiletries and clothing.' Another care plan recorded 'I prefer to lie on my left hand side facing my room not the wall because I like to see my surroundings.'

Staff were kind, caring and respectful. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.

People's privacy and dignity were respected. People looked clean and well presented. We saw staff members asked people's permission and knocked before entering their bedrooms. Care plans also provided information for staff to promote people's privacy and dignity. Records were held securely in people's own bedrooms and policies were available for staff to make them aware of the need to handle information confidentially.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of

the registered manager or senior staff any issues or concerns. A more formal advocacy arrangement was in place with a local advocacy group to assist people with some of their decisions and to promote their views at meetings about their care and support needs. Advocates can represent the views of people who are not able to express their wishes. Information about the use of advocates was displayed in the home.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. Some people accessed the local community independently. One person commented "I like going shopping and to the Metro Centre." Another person told us, "I've been to a Bon Jovi tribute concert at the Arena." People had opportunities to go out in an evening and at weekends to social or sports activities such as swimming, bowling, karate, pub visits, shopping, cinema or meals out. A range of activities were also available in the service and these included gardening, Tai Chi, (exercise to music), cardio wall game (interactive game for person to carry out exercise for their heart), snooker, socialising in the in-house bar, painting, board games, memory lane and craft work. People's choices about whether to engage in activities were respected.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Records showed preadmission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Care plans were developed from assessments that outlined how these needs were to be met. Care plans provided instructions to staff to help support people to learn new skills and become more independent in aspects of daily living whatever their needs were. For example, with regard to nutrition, personal care, mobility, travelling and communication. One person told us, "I've got my independence here. I feel confident to go out locally on my own now.' Another said "I go out by myself, I've learned to use public transport." A third person commented "I do my own washing."

People's care records were kept under review. Monthly evaluations were undertaken by care staff and care plans were updated following any change in a person's needs. A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, one care plan stated 'I have two guinea pigs and I clean the cage weekly. I look after them on a daily basis with help from service users.' Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Some people had been supported by staff from the service for several years. People were involved in discussions about their care and support needs. Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. One staff member told us "[Name] is supported to use Skype (Information Technology) to contact their family." One person told us "I go to stay overnight at my mother's."

Records showed regular meetings took place with people. Monthly meetings took place to discuss menus, activities, entertainment, meal times, staffing and to keep them informed and involved in the running of the service. Agenda items were also brought up by people who used the service.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A copy of the complaints procedure was available for each person which was written in a way to help them understand if they did not read. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. One person told us "I'd talk to the staff if I had any concerns."

Good

Is the service well-led?

Our findings

A registered manager had registered with the Care Quality Commission in 2017. However, we were informed by the acting manager they had gone on long term leave the previous week and arrangements were being made for another person to become registered temporarily in their absence. 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.

The acting manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

The acting manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and provider's representative, who attended at the end of the inspection, was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The acting manager said they were well supported in their role by the provider and area manager. They informed us discussion about best practice and the sharing of ideas that took place at the home managers meetings attended by home managers.

The atmosphere in the home was relaxed and friendly. Staff and people we spoke with were positive about their management. Staff said they felt well-supported. Staff comments included, "This is the best place I've worked" and "We're a team, we support each other."

The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff told us staff meetings took place four weekly and minutes of meetings were available for staff who were unable to attend. Staff meeting minutes showed topics discussed included infection control, health and safety, resident well-being, safeguarding, staff performance, complaints and incident reporting. Staff meetings kept staff updated with any changes in the service and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. The acting manager told us if an incident occurred it was discussed at a staff meeting. Reflective practice took place with staff to look at 'lessons learned' to

reduce the likelihood of the same incident being repeated.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, catering, health and safety, medicines, finances, incidents and accidents, falls, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

Regular visits were carried out by a representative from head office who would speak to people and the staff regarding the standards in the home. They also audited and monitored the results of the audits carried out by the acting manager to ensure they had acted upon the results of their audits. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned. They also audited a sample of records, such as care plans, staff files and the management team's audits to check follow up action had been taken by staff. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

Feedback was sought from people through meetings and surveys. The acting manager told us feedback was also obtained from visiting professionals and visitors to the service. We saw recent survey questionnaires that showed people had responded positively to service provision.