Jaffray Care Society

Rivendell and Lorien (Marsh Lane)

Inspection report

57 and 59 Marsh Lane
Erdington
Birmingham
West Midlands
B23 6HX

Tel: 01213772800
Website: www.jaffraycare.com

Date of inspection visit:
02 April 2019

Date of publication:
30 April 2019

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

About the service: Rivendell and Lorien provides accommodation and personal care for up to 10 people who require specialist support relating to their learning and physical disabilities. The location comprises of two separate bungalows which sit side by side. Each bungalow has the capacity to accommodate five people. At the time of our inspection 10 people were living at the service.

People's experience of using this service: Risks of abuse to people were minimised because staff demonstrated a good awareness of each person's safety needs and how to minimise risks of abuse for them. The environment was safe, and regular health and safety checks were carried out.

Since the previous inspection the service had reviewed the way referrals were made to local authority safeguarding teams to ensure they were timely and appropriate to ensure people were protected. Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were clearly recorded and regularly reviewed to check they were still necessary and proportionate.

People were supported to develop and maintain their independence and have choice and control over their daily lives. Staff supported people according to their individual preferences and needs. There was a drive to deliver person centred care which focused on getting the best outcomes possible for people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; independence, choice and control over day to day routines and inclusion and involvement in the local community. People's support focused on them having as many opportunities as possible for them to gain new skills and develop and maintain their independence.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff promoted healthy active lifestyles. They worked in partnership with a range of healthcare professionals and followed their advice.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

People gave us positive feedback about the quality of people's care. They said the provider and member of staff were approachable, listened and acted on feedback. The registered manager and staff members were enthusiastic and keen to share their experiences with us. They had high expectations for people and this was evident throughout the inspection.

Rating at last inspection: At the previous inspection the rating was Good. (Report published 11 October 2016).

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive . Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Rivendell and Lorien (Marsh Lane)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult care inspector.

Service and service type: Rivendell and Lorien are two bungalows situated in one location with a 'care home' status. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a registered manager registered with the Care Quality Commission. Registered managers 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: The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that people would be in and the provider was available.

What we did: Prior to the inspection we reviewed all information we held about the service, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

People using the service did not have mental capacity or verbal communication. We used observations to gather examples of people's interactions with staff and others.

We spoke with four family members and asked them about their experience of the care provided to their relatives. We looked at four people's care records and at their medicine records.

We spoke with the registered manager and four members of staff. We looked at four staff members files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from health and social care professionals who worked with staff at the home and received a response from one of them.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- During the previous inspection we identified staff were not sure when they should make a safeguarding referral. This was due to the inspector identifying a potential need for a referral which staff had not identified themselves. Since then the service had reviewed their procedures and updated guidance in line with national guidelines. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- There were effective systems in place to protect people from the risk of abuse.
- Team meetings were used as an opportunity to discuss safeguarding processes.
- Staff supported people to make informed choices in their personal lives. People were encouraged to discuss how to keep themselves safe and recognise when they might be at risk.
- People were relaxed and at ease with staff and each other. There were many positive interactions between people and staff which demonstrated they were at ease.

Assessing risk, safety monitoring and management

- Staff and family members told us that risks were taken seriously and regularly reviewed so people were safe. Comments included, "We [staff] are always checking to make sure service users are safe. We are always reviewing risks because of the complex needs and things can change very quickly," "I am involved in the conversations when [Person's name] needs to have changes made because of their health needs. It gives me confidence and I know [Person's name] is safe here" and "You can never have too many risk assessments. We always keep on top of things."
- People were protected from the risks of unsafe care. Risk assessments were carried out with measures identified to further reduce risks for people.
- Staff understood what support people needed to reduce the risk of avoidable harm. For example, by making a sure a person at risk of seizures had the correct fitting for protective headwear.
- The environment and equipment was well maintained with detailed records were kept of regular health and safety checks. People and staff did regular fire drills to ensure they knew what to do in the event of a fire.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- Some people needed emergency medicines and risk assessments and appropriate staff training had been developed to support this practice.
- Staff were able to describe the action they would take if they identified a medicines error.

Learning lessons when things go wrong

● Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends. The area manager audited the records to identify any trends or patterns.

● The provider and registered manager used significant events, as an opportunity to learn and reduce the risk of recurrence.

Staffing and recruitment

● There were enough staff available to support people according to their needs and individual preferences. Most people had complex needs and it was particularly important they were supported by staff who knew them well. Many staff had worked at the service for several years and it was clear this provided a consistent approach when delivering care and support.

● Staffing rotas showed all shifts were covered as planned.

● Recruitment processes were consistent and background checks were completed before new staff started working at the service.

Preventing and controlling infection

● Staff had completed infection control and food hygiene training. Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks.

Good

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started using the service to help ensure their expectations could be met.
- A detailed assessment of each person's needs was undertaken, and was reviewed and updated regularly as their needs changed.
- The service used evidence based assessment tools to identify people care needs. For example, in relation to skin care, and nutritional needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People had their healthcare needs met, and staff worked closely with local health professionals. People visited their local surgery to see their GP and community nurse, and attended other health appointments regularly.
- When people needed to have invasive health checks the service worked closely with relevant professionals to help people understand the procedure and the value of having it.
- Where a person experienced periods of anxiety or other changes of mood, staff knew how to respond effectively. They recognised triggers, and used positive behaviour support methods, which distracted the person and minimised their distress.
- There was evidence to show the service worked with other agencies to help ensure people's needs were met. A professional who worked with the service told us staff were very responsive and contacted them when they detected any changes.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Where people lacked capacity to make some decisions, mental capacity assessments had been completed. Relatives, advocates and health and social care professionals were consulted and involved in making best interest decisions, as appropriate. For example, about health treatments. Decisions to impose

restrictions had been made in people's best interests in line with the legislation.
● Any restrictions were regularly reviewed and monitored and would be removed is considered safe to do so.
● People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience
● Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were assessed when they started work and after a probationary period. Staff told us they felt the induction process was very good and they felt confident the registered manager and staff took time with them to make sure they understood their role and what was expected of them. One said, "I've worked in other homes but the induction training is very good here."
● Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. The training was regularly refreshed and if staff remained unsure about areas the training period would be extended.
● Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.
● Where possible people were involved in meal planning, shopping and in some food preparation. For example, making snacks and baking.

Adapting service, design, decoration to meet people's needs
● People with mobility difficulties had specialised equipment to help them move around independently. For example, an adapted bath and shower which would accommodate a chair for people with mobility issues.
● There was an external outside space which was level, and safer for people with mobility issues to access.

Good

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence. Ensuring people are well treated and supported; equality and diversity

● Families told us and we observed people were treated with respect and their privacy and dignity was respected. Staff knew which aspects of personal care people could manage independently and what they needed staff support with. For example, combing their hair or washing. This supported people's independence. Families told us, "[Person's name] struggles with most things but the staff always give them the choice and help they need. That's important" and "I've seen many good things, like staff helping [Person's name] to stay calm in a very caring and respectful way. They [really do know how to manage those situations sensitively."

● People were encouraged to listen to one another, and treat other with dignity and respect. The registered manager and staff clearly understood how to respect people's human rights. For example, using easy read booklets to show that everybody is important and not to be mean so that everyone could understand. One staff member told us, "We see it so many times in the community that education is still needed, but we are there to protect service users because we understand and care deeply they are not discriminated against."

● People received care from staff who developed positive, caring and compassionate relationships with them. There was lots of chatting and laughter and the atmosphere was homely.

● People were supported to maintain and develop relationships with those close to them. Families told us they were made to feel welcome at any time.

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

● People's views were regularly sought in ways that mattered to the person through day to day interactions, and through individual care reviews. Staff spent time sitting chatting with people and supported them to make day to day decisions.

●Staff were familiar with the ways people communicated. Some used sign language. A staff member told us that one person had developed their own version of sign language and it was clear this worked as all staff understood the persons signing style. Other people used facial prompts to show if they were happy or sad, or wanted something. A staff member told us that,

"Nine times out of ten, I can get what [person's name] is saying, first time. But I will always persist, and we get there in the end."

● Each person's care plan included a section about their individual communication needs. For example, that one person had their own vocabulary and what those word meant for that person.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included information which was specific to people's individual needs. Where routines were important to people these were clearly described.
- People's care plans were detailed about their individual needs and preferences, and were reviewed and updated as their needs changed. For example, a person's care plan included ways to minimise their risk of falls and keep their skin healthy.
- People's rooms were personalised with things that were meaningful to them such as family photographs, artwork and favourite musicians, and football teams.
- People were supported to pursue their interests and hobbies. there were many examples of people going out to the cinema, shopping, local pubs and restaurants. Families told us their relative would make home visits and they would go out with families regularly where possible.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.
- Monitoring records were used to identify when care and support could be delivered differently in order to better meet people's needs.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, hospital passports contained guidance for hospital staff on how to communicate with people.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.

- Staff ensured people had information in an easy to read and understood format. For example, posters around the service provided information about healthy eating and how to feel safe and protected.
- There were many examples of staff being familiar with using ways of effective communication. This included forms of sign language and lip reading which the person was comfortable with.

Improving care quality in response to complaints or concerns

- People's concerns were listened and responded to. The provider had a complaints policy and procedure in place and families told us they had been made aware of it.
- The service had easy read posters on notice boards around the service to encourage people to raise any worries or concerns. No formal complaints had been received. Family members told us they felt confident the registered manager listened to them and they had never felt the need to raise a formal complaint.

End of life care and support

●The registered manager had undertaken end of life training and was aware of the services available to support staff.
● There were no end of life plans in place which would support staff to identify what peoples last wishes were.

We recommend the service considers good practice guidelines in supporting people with learning disabilities and their families in end of life planning.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● Staff were positive about the way the service was managed and access to the registered manager and senior managers within the organisation. They said, "Very confident with the manager" and "Always there if you need them [managers]."

●There were daily handover meetings, where they discussed how best to support individuals, reviewed any incidents, or concerns and if any changes were required.

● The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

●The service had a range of quality monitoring arrangements appropriate to the size of the service. For example, health and safety and infection control checks, maintenance records, a communication book and daily checks.

● There was good evidence of clear lines of responsibility and accountability in the service. The registered manager, management team and staff were experienced, knowledgeable and familiar with the needs of people they supported.

● Policies and procedures were regularly reviewed and updated to ensure they reflected current good practice guidance. For example, medicine protocol.

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

● People were consulted and involved in day to day decisions about the running of the service. For example, how they would like to personalise their rooms and personal space. If they would like to be involved in domestic tasks and what they would like in the garden area for the summer, such as colours and vegetables.

● Staff meetings were held regularly. These were an opportunity for staff to discuss working practices and any concerns. One member of staff told us; "We are a good group and feel confident to raise any issues. We feel listened to."

● Staff told us they communicated well as a team. One commented; "We are encouraged to be open and talk about things that might affect any of us. Feel communication is very good."

Working in partnership with others. Continuous learning and improving care

● The provider ensured there were policies and procedures in place to support the staff team in their practice.
● There was evidence the management team were proactive in responding to any areas of concern and learnt from incidents to improve how the service was operated. This meant improvements could be made to continue to evolve and provide a good service for people.
● The provider kept up to date with developments in practice through working with local health and social care professionals.