Jeesal Residential Care Services Limited

Vicarage Road

Inspection report

13 Vicarage Road
Cromer
Norfolk
NR27 9DQ

Tel: 01263514747
Website: www.jeesal.org

Date of inspection visit:
20 October 2016

Date of publication:
07 November 2016

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

Vicarage Road is registered to provide accommodation and care for a maximum of six adults who have autism and/or learning disabilities. At the time of our inspection there were five people living in the home.

The registered manager had been in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were systems in place to ensure that people lived and worked in a safe environment. Risks to people's health and wellbeing were identified and mitigated. Detailed risk assessments informed staff of how to minimise the risk of harm to people. There was consistently enough staff on duty to safely support people with their care needs. There were safe practices around staff recruitment in order to recruit suitable staff to work in the home.

Accidents and incidents were recorded and reported appropriately. Root cause analysis was carried out to learn from incidents and highlight any action that the manager needed to take.

Medicines were managed, stored and administered safely and people received their medicines as prescribed. Staff's competency in the administration of medicines was regularly reviewed.

People were supported by staff who were skilled and knowledgeable in their role. A comprehensive induction was completed by all staff and staff were able to access training to support people with their specific support needs. Staff were further supported through regular supervisions and annual appraisals.

Staff had an understanding of the principles of the Mental Capacity Act 2005 and how to support people who lacked capacity to make some decisions. The service had identified that some people may need to be deprived of their liberty to keep them safe. Applications had been made to the authorising body to ensure that people were protected. Staff supported people to make choices about their care and day to day activities.

Prompt and timely referrals were made to relevant healthcare professionals where there were concerns about a person's health or wellbeing. Guidance from professionals was reflected in people's support plans. People were able to choose what they wanted to eat and drink and they were supported to maintain a sufficient dietary intake.

People were supported by caring staff who treated people according to their individual needs and preferences. People were treated with respect and dignity and their right to privacy was upheld.

Detailed support plans and care records were written with people so their views and preferences could be

sought in every aspect of their life. Support plans and risk assessments were reviewed and updated regularly to reflect people's most current support needs.

Staff supported people to maintain their independence by encouraging people to pursue their interests and get involved in daily household tasks. People were able to have relatives and friends visit them and visits home and to family occasions were facilitated by staff.

Complaints were dealt with appropriately and in a timely manner. People felt able to raise a complaint if needed.

The service was well run and the manager was approachable. They maintained open and frequent communication with people and the staff who worked in the home.

There were systems in place to monitor and assess the quality of the service being delivered. The manager carried out regular audits, as did the provider's quality assurance manager. Remedial action was taken in response to any findings from the audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of how to report any concerns around abuse.

Risks to people were identified and minimised and there were enough staff on duty.

There were procedures in place to ensure that suitable staff were employed.

Medicines were stored, managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and skilled in their work. Staff were supported in their work through relevant training and supervisions.

Staff delivered care and support in accordance with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards.

People were supported to have sufficient amounts to eat and drink and prompt referrals were made to relevant healthcare professionals where necessary.

Is the service caring?

Good

The service was caring.

Positive and caring relationships had been developed between staff and the people who they supported.

People were supported to be as independent as possible.

People were treated with respect and their right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and people were involved in planning their care as much as possible.

People were supported to take part in activities of their choosing.

Complaints about the service were dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well led.

The manager was approachable and open to discussion.

Staff felt supported which enabled them to provide a good quality of care.

There was a robust quality monitoring system that promoted change and improvement within the service.

Vicarage Road

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 unannounced inspection took place on 20 October 2016 and was undertaken by 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, what the service does well and improvements they plan to make. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we observed the care that was being provided to people and met with five people who were living in the home. We also spoke with the manager and two members of staff.

We looked at the care records of two people living in the home and their medication records.

We also looked at the staff member's personnel files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person told us, "There's no dangerous tenants here." We saw that people were supported and for cared safely and that steps were taken to reduce identified risks to people's health, safety and wellbeing.

Staff we spoke with demonstrated that they had a good understanding of what constituted abuse. Staff were aware of the procedures to follow if they needed to raise a concern about abuse and what external agencies could be contacted to report any concerns. Training records confirmed that all staff had received training in safeguarding.

Detailed risk assessments had been completed based on people's individual needs. The risk assessments had clearly detailed what steps staff needed to take in order to mitigate the risk and support the person safely. For example, the assessments detailed how people could be supported in managing their emotions and actions. We asked people how staff support them with managing risk and one person told us, "[The staff] make sure we look left and right on the roads." Staff we spoke with were able to tell us how they managed people's specific risks. We noted that risk assessments were reviewed and updated regularly to ensure that they reflected people's most current support needs.

We looked at the staff rotas and saw that there was consistently enough staff on duty in order to meet people's individual needs. One person we spoke with told us, "There's always staff about." Staff we spoke with told us that they thought that there was always enough staff on duty to safely support people. We noted that some people required one to one staffing during their waking hours to support them. This enabled people to be safely supported when going out or with their daily activities. The manager told us that they cover staff absence using their own staff, or staff from another home run by the provider will cover shifts if needed. This is so people could be safely supported by staff who were familiar with them and their specific care needs. People's dependency was constantly assessed and this ensured that the appropriate number of staff could be deployed.

There were procedures in place to ensure that suitable staff were recruited to work at the home. We looked at staff personnel files and saw that appropriate references had been sought and that all staff had a satisfactory police check before they started working in the home.

We saw that accidents and incidents were recorded and reported appropriately. The manager told us that copies of the accident forms were sent to the provider's head office where they were analysed for any patterns or trends. The manager told us that adjustments would be made as necessary to mitigate any future occurrence.

Medicines were stored, managed and administered safely. We observed two people receiving their medicines and saw that staff explained to people what was happening. We saw that staff would wash their hands before and after administering people's medicines and would use gloves when administering topical treatments such as eye drops. Two staff administered people's medicines. One staff member would read out

what medicine was to be administered and the other staff member would administer the medicine. We looked at the Medicine Administration Record (MAR) charts for two people and saw these were completed accurately. We also looked at the amount of medicines that were held for two people and saw that they tallied with what was recorded on the MAR chart. In addition to this, we saw that a clear record was kept of what medicines had been received and returned every month.

We spoke with staff about how their competency in the administration of medicines was assessed and they told us that they had their competencies assessed every year and are sometimes observed by the manager when administering medicines. We looked at the records of staffs' competencies in this area and saw that staff were required to have in depth knowledge of medicines and their safe management. For example, staff were assessed on the uses and effects of various medicines that they administered. The manager told us that if staff were not competent in a certain area then they would be given support and extra training so they could meet the competency.

Good

Is the service effective?

Our findings

During our inspection we observed that people were supported by staff who were skilled and knowledgeable in their work. Some people wanted staff to support them when they spoke with us and we saw that staff were willing to support people when requested.

The provider had a comprehensive induction process in place which all new members of staff had to complete. New staff would complete all relevant training for their role during this time and would also spend time shadowing more experienced members of staff. New staff would then be observed in their practice before they could work independently. Staff told us that this was so they could acquire the necessary skills and confidence before supporting people without direct supervision. Staff we spoke with spoke highly of the training they received. One member of staff told us, "It's good at preparing me to come to do this job."

We looked at staff training records and noted that all staff were up to date with their training. Staff were able to access specific training which enabled them to better understand people's individual and sometimes complex support needs. For example, staff would attend courses in epilepsy, sign language and Non Abusive Psychological and Physical Interventions (NAPPI). NAPPI is a course which helps staff to understand and support people if they become confused or show behaviour that challenges.

Staff were further supported through one to one supervisions and annual appraisals. Staff told us that this meant they could discuss their training needs and any concerns that they had. New staff members would receive monthly supervisions throughout their six month probationary period. The manager told us that this was so their progress in their role could be discussed and any training needs highlighted. Supervision records we looked at confirmed that staff received regular supervision.

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 so that they can 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. The manager told us that DoLS applications had been made for three people who were living in the home. We saw that some people's MCA assessments had been completed by external MCA assessors. The manager told us that they were waiting for external assessors to complete MCA assessments for people who had not yet had one. Where people had not had an MCA assessment, the manager completed MCA assessments around specific areas such as going out alone.

Where it had been assessed that people did not have the capacity to make their own decisions in certain areas, we saw that a best interests decision had been documented. We saw that the people themselves, their relatives and staff were involved in the process of making a best interests decision.

Staff we spoke with were unclear around some aspects of the MCA but they were able to tell us how they supported people to make choices and when a person may need a best interests decision to be made. Staff told us that they would ask for people's consent. We saw examples of this such as when staff were administering medicines they would ask people if it was okay if they administered them.

People were supported to have enough to eat and drink. We saw that people were able to make a drink for themselves and had the choice of making their own breakfast and lunch. The staff prepared the evening meal. People we spoke with told us that they could choose what they would like to eat, "We choose what we want at the tenant's meeting." Where people were not able to communicate verbally, they could choose their meals from a selection of pictures. There was a menu board in the kitchen which could be accessed by people and it clearly displayed pictures of what the meal would be that day.

We saw that most people chose to eat together at lunch and they were supported by staff to make their own lunch. We observed lunch to be a relaxed and sociable time where people would either sit at the dining table or have their lunch in the lounge. Staff sat with people and the manager also joined people to have something to eat.

People's weight was checked regularly and recorded. This information was audited so that action could be taken if there was a concern about people's dietary intake. We asked people if they were supported to attend healthcare appointments and one person told us, "[The staff] always do that, I went to the dentist not long ago." We saw from people's daily notes that their health and wellbeing was assessed on a daily basis. Where concerns were raised, we saw that prompt referrals were made to relevant healthcare professionals such as the GP, community learning disability team and the physiotherapist.

Each person had a health care record which documented all of their individual healthcare needs. We saw that when people had been for an appointment with a healthcare professional, the dentist or optician, the outcome and any guidance given was documented. We saw that any guidance given was reflected in people's support plans. This ensured that people were cared for effectively.

Good

Is the service caring?

Our findings

People we spoke with told us that they were happy living at Vicarage Road. One person we spoke with told us, "I like living here, I'm happy here." Another person we spoke with explained, "Staff speak to me nicely." We observed staff to have a good rapport with people and treated people in a warm and kind way.

We noted from feedback forms that visiting healthcare professionals were complimentary about the care that was provided at the home. One social worker commented, "A very welcoming home with caring staff. Tenant's individual needs are met accordingly, whilst the home remains a homely, secure base for all."

During our inspection we observed staff to be aware of people's needs and feelings. We saw that staff responded to people in an empathic way when people wanted to discuss any concerns. People were given the opportunity to discuss their concerns in a confidential space and staff took their time to speak with people.

We asked staff what they understood by person centred care. One member of staff we spoke with told us, "It's about who people want in their lives and who people want to help them." Another member of staff we spoke with explained, "It's all about the person, the care is all about the individual."

We saw that each person had a communication profile. This detailed people's preferred method of communication and how they would behave when they were experiencing certain emotions. There was guidance on how people would like staff to communicate with them and how staff could support people with communicating their needs and wishes. We saw that staff spoke with people according to their communication needs. For example, one person liked their information to be given to them in short and clear sentences. We saw that staff interacted with the person according to their communication needs.

People we spoke with told us that they were involved in planning their care and how they want staff to deliver their care. One person we spoke with told us, "Staff sit with me and go through my support plans." We asked staff how people were involved in the planning of their care. One member of staff we spoke with told us, "People are always asked what they want to do." Another member of staff we spoke with commented, "Staff sit with people and go through their care plans."

People told us that they were supported to be as independent as possible but that they felt able to ask staff for support when they needed it. One person we spoke with explained, "[The staff] only help me on the days that I do need help." Staff told us how they encouraged people to be as independent as possible. One member of staff explained that some people used gestures along with verbal communication to make choices. For example, "I'll hold up three t-shirts for [Person's name] and they'll point to the one that they would like to wear." We also noted that people had kitchenettes in their flats so they were able to prepare their breakfast and lunch if they wished.

We saw that people were involved in the daily cleaning of the home. We saw one person being supported by a member of staff to clean the living room whilst another person helped to dry the dishes after lunch. We

heard people asking if they could help staff with various tasks. Staff were encouraging whilst they supported people and thanked people for their help.

People were supported to maintain relationships with their family and friends. We saw from people's care records that they were supported by staff to visit family and the manager told us that there were no restrictions on when people could have visitors to the home.

We observed that people were consistently treated with dignity and respect and their right to privacy was upheld at all times. We observed that staff would knock on people's door and wait for the person to answer before entering their room. Staff were able to tell us how they would protect people's dignity when they assisted people with their personal care needs.

Good

Is the service responsive?

Our findings

We looked at the care records of two people who lived in the home. People's care records were written in a person centred way and communicated to the reader clearly what people's individual needs and preferences were. People's care records contained details of people's personal history and how people communicate their likes and dislikes. We noted in people's records that there was a list of dates which were important to them. This included religious festivals and family and friends birthdays. Staff told us that they supported people to buy cards and gifts to take to their family on special occasions.

Our observations throughout our inspection confirmed that people were treated as individuals and that the care and support provided was specific to their needs. When we spoke with staff, they were able to tell us about people's individual needs and how they would support people in their everyday lives. We saw from people's care records that it was detailed what people were able to do for themselves and what they would like staff support with. For example, we saw that one person likes to participate in the same activities, but they would like staff encouragement to try new activities.

We saw that support plans and risk assessments were reviewed and updated regularly to reflect people's changing needs. We noted that reviews of care plans were documented and staff would discuss with people what was working well and what needed to change to make the plan better. This demonstrated that staff worked collaboratively with people and continued to explore ways of effectively meeting people's support needs.

People were supported to pursue their interests. One person we spoke with told us, "I just say when I want to go to the gym." Another person we spoke with explained, "I can go walking anywhere I like." During our inspection we saw that people would often go out. One person we spoke with told us how they had been to another of the provider's homes for a coffee and that they also attend a gardening group twice a week. People were supported to access local amenities such as the library and swimming pool. People spoke to us about how they had been supported to go on holiday recently.

People we spoke with told us that there was a meeting every week for people who lived in the home. We saw from the meeting minutes that people discussed meal choices and where they would like to go for days out. An easy read version of the meeting minutes was displayed on a noticeboard in the hallway. We also noted that easy read versions of fire safety procedures were displayed throughout the home.

We saw that there was a complaints procedure in place which detailed what steps needed to be taken to address a complaint. Details about how to make a complaint were available in an easy read format and this was also displayed on the noticeboard. People told us that they would be comfortable in raising their concerns. One person we spoke with told us, "I'd be happy to make a complaint if I needed to."

We saw that the service had received one complaint in the past year and we saw that appropriate steps had been taken to address the complaint.

Good

Is the service well-led?

Our findings

People we spoke with were positive about how the home was managed. One person we spoke with told us, "It's well run here." Staff we spoke with told us that they felt the manager was approachable and supportive. One member of staff told us, "If you've got a problem [Manager's name] is approachable, if you've got an issue you can speak to them.

We asked staff what the morale was like among the team. Staff spoke with passion about their roles. One staff member told us, "I love it, it's great working with the tenants and taking them on activities." Another member of staff commented, "I've not had any problems with anyone here." Staff told us that there was open and frequent communication from the manager. The manager told us, "I like to make sure that the staff are aware of everything that I'm aware of."

We noted that the manager was a visible presence and they worked alongside the staff. One staff member told us, "[Manager's name] likes to get their hands dirty." The manager told us, "We all muck in together." They added that working alongside the staff allows them to monitor the day to day culture of the home and address concerns as and when they come up.

There were systems in place to monitor and assess the quality of the service. We saw that people who lived in the home were given the opportunity to express their views via a survey every year as were people's relatives. The manager told us that they liked to ask for feedback from visiting health professionals. We saw that a number of feedback forms had been completed and returned to the manager.

We saw that staff meetings took place and the minutes showed that staff were consulted on their views about the service and people's care. We noted from the minutes that issues such as people's care needs and staffing were discussed.

We saw that a range of weekly checks took place. This included checking the internal and external environment to ensure that there were no risks to people's health or safety. We also saw that people's care records and MAR charts were checked to ensure that records had been reviewed and updated.

The provider's quality assurance manager would carry out in depth audits of every aspect of the service, for example, people's care records, health and safety and staff training. We noted that the most recent audit stated that there was no action needed. In previous audits, we saw that action plans had been given to the manager showing what action needed to be taken. We saw that the manager took steps to address the areas highlighted by the audit.

The manager was aware of what incidents they needed to report and to whom. We looked at the statutory notifications that we had received and saw that all incidents were reported to the CQC. In addition to this the manager told us that they are required by the provider to complete their own root cause analysis report on an incident. This meant remedial action could be taken and learning from the incident took place.

We asked the manager how they were supported to manage the service. The manager told us that they had regular supervision and that they spoke with the managers of other homes owned by the provider.