

Selwyn Care Limited

Jasper Lodge

Inspection report

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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

About the service:

Jasper Lodge is a residential service, which provides accommodation and personal care for up to 11 adults living with learning disabilities and autistic spectrum disorders. Jasper Lodge provides accommodation for people in individual flats. At the time of our inspection there were 11 people using the service.

People's experience of using this service:

People received care and support from a staff team who knew them well. People had a core support team, which meant there was consistency in who supported them, and this allowed for trusting and close working relationships to be formed.

People received their medicines safely, and staff understood people's individual support needs in that regard.

People received effective care that was in line with good practice. 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's independence was encouraged as much as possible. People received person-centred care, which was tailored around their individual preferences, needs and wishes. People were encouraged to enjoy their hobbies and interests.

The staff team felt valued, motivated and positive about the running of the service. This helped to create a harmonious working and living environment, which benefited people living at Jasper Lodge. The provider's and registered manager's vision for the service were known and shared by the staff team.

The registered manager and provider routinely monitored the quality and safety of the care provided at Jasper Lodge, with feedback and complaints used as a way of making continuous improvements.

Rating at last inspection:

Good (report published 31 August 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Jasper Lodge

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 under 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:

This inspection was carried out by one inspection manager.

Service and service type:

Jasper Lodge is a care home without nursing that provides a service for up to 11 people living with learning disabilities and autistic spectrum disorders. The Care Quality Commission (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.

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. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Notice of inspection:

This inspection was unannounced and took place on 04 March 2019.

What we did:

Before the inspection, we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We also contacted the Local Authority to request feedback.

During the inspection, we observed how staff interacted with people. We spoke with two people who lived at Jasper Lodge. We looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, deputy manager and three members staff.

After the inspection, we spoke with two relatives to obtain their views of the service.

Is the service safe?

Our findings

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

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

Systems and processes:

- Staff had received training in safeguarding and were able to explain to us different types of abuse, and possible indicators abuse was taking place. They were able to describe to us how individual changes in behaviour would alert them to possible harm or abuse taking place. Staff also understood about self-harm, neglect and self-injurious behaviours. Individual support plans were in place to help minimise this risk of self-harm or neglect for people.
- Staff knew how to report any witnessed or suspected abusive behaviour, and understood their roles and responsibilities in this regard. The provider had a "Tell Us- something wrong at work" whistleblowing policy, which staff were aware of. One member of staff told us, they "knew for sure" that any whistleblowing concerns would be acted upon.
- We observed people looked relaxed, at ease and comfortable with staff and the management team.
- Relatives said they felt their family members were safe with the staff. One relative we spoke with told us, "They understand [person's] hypersensitivity to light and noise, which is an important part of keeping [person] safe."

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their health and care provision.
- The risks associated with people's individual care and support needs had been assessed, with risk assessments in place for areas such as the management of finances, seizures, oral health and choking. Staff were aware of these risk assessments and were able to explain to us how they adhered to them to minimise the risk of harm to people. For example, staff could tell us in detail about triggers for individuals' seizures, and signs they were about to have one. A relative we spoke with told us, "They (staff) manage the financial risk well. They keep very tight records of all monies in and out, and we can rely on them."

Staffing and recruitment:

- Required staff recruitment checks were carried out to ensure people were protected from having unsuitable staff care for them.
- There were enough staff to safely meet people's needs. People had individual "core teams" in place, to provide consistency with their care. One relative we spoke with told us, "[Person] needs routine and familiarity, and this is in place now with his core team." Another relative told us, "It takes a long time for [person] to trust staff, but this has been established now because there is a consistent core staff team."
- The registered manager, staff and relatives told us agency staff were no longer used by the service. This was because there were now sufficient staff employed at the service to cover shifts.

Using medicines safely:

- People's medicines were handled safely. Medicines administration record sheets (MAR) were up to date and had been completed correctly by the staff administering the medicines. Staff understood people's individual support needs in terms of their medicines. For example, one person was known to ask for pain killers even though they were not in any pain. Staff knew how to divert this person's focus and prevent the risk of them having medicines they did not require.
- People's allergies were recorded clearly, as well as any side effects and contraindications of their medicines. Only staff suitably trained and assessed as competent administered people's medicines.
- Detailed PRN ('as required') protocols were in place for medicines required on an when needed basis, such as for pain relief. Staff we spoke with were knowledgeable about these protocols and how and when to consider offering 'as required' medicines to people.

Preventing and controlling infection

- Staff received training in the control of infection.
- People were supported to maintain a clean and hygienic standard of living in their apartments.

Learning lessons when things go wrong:

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation.
- Appropriate action was taken promptly after incidents to prevent reoccurrence.

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.

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 received effective care and support from staff who knew people's individual needs and preferences. One relative we spoke with commented, "Staff really understand how to speak with [person], and when. They are very much in tune with each other."
- Individual support plans were in place, which set out people's medical, social and emotional needs. These support plans were kept under review and updated where people's needs changed.
- An external health and social care professional had recently provided feedback to the service which stated, "I am extremely pleased with the way in which [person] is being looked after. [Deputy manager] is particularly good in the way he has taken the time to study and understand [person's] autistic behaviours. As a result, [person] is very happy."

Staff support: induction, training, skills and experience:

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles.
- Relatives thought staff had the necessary skills and knowledge. One relative told us, "They [staff] do seem very well trained. They always know how many seizures [person] has had, what type of seizure and so forth."
- Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The Care Certificate is a set of 15 standards that health and social care workers need to complete during their induction period.
- Staff received training in areas that included diabetes, epilepsy, the Mental Capacity Act, safeguarding and medication.
- Bespoke training was also arranged for staff to enable them to meet the specific, changing needs of people living at Jasper Lodge. This included catheter care training, and training in Pathological Demand Avoidance (PDA). One relative we spoke with told us, "The staff did a PDA course and they have learnt not to give [person] a command. They know how to communicate with [person] to get the best out of him."
- Staff told us they had regular supervisions and team meetings, and records we saw confirmed this. One member of staff told us, "We have monthly supervisions and annual appraisals. Supervisions are used as a way to help you develop, and for management to let you know what you are doing well." Observational supervisions were also carried out by the registered and deputy manager, with feedback then provided to staff about their day-to-day practice.

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

- Where people needed specialist diets, these were catered for. This included gluten-free diets, and meals

suitable for people with diabetes.

- People were supported and encouraged to eat a varied, nutritious and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- One relative told us, "They have been making every effort to refer [person] to a specialist dentist and to improve [person's] oral hygiene. [Registered and deputy manager] have been driving this."
- People's care plans contained evidence of access to a range of healthcare professionals, as required. These included specialist nurses, the community learning disability team, psychiatrists, and the speech and language therapy team.

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. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights to make their own decisions were protected. This included people's right to make 'unwise decisions.' Unwise decisions are decisions that could put a person at risk.
- Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. Staff understood that capacity is decision-specific, and can fluctuate. People's decision making abilities were appropriately assessed. Where people did not have capacity, specific decisions had been made by the relevant parties in the person's best interests.

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

- People were able to personalise their flats, and we saw these were all decorated and designed very differently, depending on the needs and preferences of the individual.
- People enjoyed access to the grounds, and the close proximity to the town centre.

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.

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

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

- People enjoyed positive and respectful relationships with staff. We observed a natural ease, humour and rapport between people and staff. One relative we spoke with told us, " [Deputy manager] is the most lovely guy I have ever come across. He is so caring and loves the guys (people living at Jasper Lodge). He is very genuine and warm."
- Staff had taken the time to get to know people well, and respected all people's needs in line with the equality and diversity. Staff told us working with people with diverse needs allowed them to recognise people's individuality. One member of staff told us, "I love the [people living at Jasper Lodge]. They are all so different and enjoy doing different things."
- Relatives were positive about the care provided. One relative told us, "They are nurturing [person's name]." Another relative told us, "I am really, really pleased with the care. They manage [person's] needs well, particularly when he is unsettled."

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

- One relative told us, "I am involved in reviews of [person's] care and goal setting for him. I have written my own notes and care plan records, and [registered manager] has taken the time to read all of them."
- Staff understood people's individual communications styles, needs and preferences. A relative we spoke with told us, "They are excellent with [person's] communication needs. They can read [person], and [person] can read them." One person had developed their own particular sign language, which staff understood and used to communicate with the person. This meant people's individual communication needs had been recognised and respected.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected. Staff explained to us how people indicated they needed time alone in their flats.
- We observed people's individual needs around their privacy were managed sensitively and discreetly.
- People's independence was promoted. One person had never allowed food to be kept in his flat, and would throw any raw cooking ingredients into his bin. Staff had worked with this person over a period of time, and he now cooked meals for himself, with the support of staff.

Is the service responsive?

Our findings

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

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:

- Staff and the management team knew people's needs, preferences and interests, and these were recorded in individuals' support plans. One relative we spoke with told us, "They [staff] all have a different role for [person], and staff know this and manage it well."
- Support plans contained sections called "what is important to me" and "how best to support me", which set out people's personalised needs and preferences. For example, one person aspired to be a manager, and had an interest in roles of authority. Staff had provided this person with a home office in their flat, and referred to them as "the boss", which we saw the person enjoyed. Staff we spoke with understood the importance of person-centred care. One member of staff told us, "We promote their individuality. They are given the freedom to express themselves and live how they want to."
- People were supported to enjoy their individual hobbies and interests. One person we spoke with told us, "I go for coffee, clothes shopping, and I like to ride my bike." One relative told us, "They [staff] are looking to increase [person's] outings and activities now the is comfortable with his staff team." On the day of our inspection, one person told us they had been swimming and to the gym earlier in the day. These hobbies were an important part of the person's routine.
- The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances, to their carers. The communication needs of people were recorded in a way that meets the criteria of the standard.

Improving care quality in response to complaints or concerns:

- There was a system in place for capturing, investigating and responding to complaints, comments and feedback.
- People knew how to complain, should the need arise. One person we spoke with told us, "If I am unhappy, I tell [registered manager.]" One relative we spoke with told us they were "100% comfortable" about raising any concerns. Another relative told us, "I find the upper tiers of Care Tech [registered provider] to be responsive."

End of life care and support:

- At the time of our inspection, no one living at Jasper Lodge was receiving end of life support.

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.

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; and how the provider understands and acts on duty of candour responsibility:

- Relatives were positive about the care and support provided by the team. One relative we spoke with told us, "It's a very upbeat staff team. [Person] is very happy there." Another relative we spoke with told us, "[Registered manager] knows her stuff." People we spoke with knew who the management team were and told us they felt they could always approach them and speak with them. At the time of our inspection, the registered manager had been shortlisted as a national finalist at The Great British Care Awards 2019, for the registered manager of the year award. This was in recognition of what they had achieved with Jasper Lodge and its sister homes.
- The provider had a Duty of Candour policy in place, which included a form for recording events, actions taken, and where improvements should or could be made.

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

- The registered manager and provider had quality assurance measures and systems in place to monitor the quality and safety of the care provided.
- Audits were effective in identifying any shortfalls in the service, and in rectifying these. Relatives told us they had noticed improvements in the quality of care provided since the registered manager had come into post. One relative we spoke with told us, "It's [Jasper Lodge] is on the up and up now. I feel very optimistic for [person's name]."
- The registered manager understood their legal and regulatory responsibilities in regard to submitting statutory notifications to the Care Quality Commission, and visibly displaying their current rating.

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

- Staff we spoke with were positive about the management team and style. One member of staff told us, "I have learnt so much from her [registered manager]. She is so knowledgeable and organised, and has brought structure to the home." Another member of staff told us, "You are never alone and are given lots of encouragement. The service has developed so much, and continues to develop. Our vision is all about progression, and people progressing as far as they can. Those we support, and staff as well."
- Equality and diversity was embedded in ethos of the running of the service. One member of staff told us,

"It's a very open-minded place to work and we would all challenge any form of discrimination."

- People were involved in the running of the service, as much as possible. For example, one person was drawn to the idea of being the manager of the home. The registered manager and staff team had found ways to give the person roles in helping to run the home. We spoke with the person, who told us about the health and safety checks they carried out. They told us, "I check the skips and do my paperwork."

Continuous learning and improving care:

- The registered manager and staff team were always looking for ways to develop and improve the care provided. They saw any feedback as an opportunity to improve the service further. For example, during our inspection, we referred them to Care Quality Commission resource guides, which they were receptive to and told us these would be shared with the staff team.

Working in partnership with others:

- The registered manager and staff team worked in partnership with other healthcare professionals, families, and community organisations to ensure people received high-quality care.
- People were an important part of their local communities, with people being involved in local groups and organisations. For example, people had been involved in a recent fundraising event for a local community project.