

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:
04 June 2019

Date of publication:
26 June 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:

Vicarage Road is a residential care home that provides personal care to up to six people with a learning disability. At the time of the inspection, five people were living in the service.

People's experience of using this service:

People received a person-centred service that respected their wishes and choices and supported them to reach their potential. Staff were committed to their roles and supported by a management team that were knowledgeable, experienced and skilled.

People were supported by staff who knew how to keep them safe and protect them from avoidable harm. There were enough safely recruited staff to meet people's needs on an individual basis and the staff were flexible in their approach. Risks to people and others had been identified and managed. People received their medicines safely and as prescribed as staff had received training and followed good practice guidance. The premises were clean, and staff followed infection prevention and control procedures.

People's needs were assessed and care and support was planned with individuals to achieve their wishes. Care was delivered by staff who were well trained and knowledgeable about people's needs. Staff felt supported and empowered in their roles. People chose what they wished to eat and drink and were supported to make choices to aid a healthy lifestyle.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us staff were kind and supported them in their lives. We saw that interactions were warm and engaging and there was a calm and friendly atmosphere within the home. People's dignity and privacy was maintained, and they were supported to be as independent as possible. Staff supported people to be fully involved in the care and support they received.

Staff were responsive to, and knowledgeable about, people's needs, wishes and personalities and care was planned accordingly. People were involved in decisions around their care and reviews were regular and in-depth. Communication was tailored to each individual and information was available in different, accessible formats. Staff supported people to engage in their hobbies and interests.

The service continued to be well-led by experienced and skilled managers. They supported an environment that was open, positive and inclusive. Systems were in place to monitor the service and make improvements

as necessary whilst taking into account people's views. The service worked well with others and respected their input.

Rating at last inspection:

At the last inspection the service was rated good (report published on 7 November 2016).

Why we inspected:

This was a scheduled comprehensive inspection; its timing based on its previous rating.

Follow up:

We will continue to monitor the intelligence we receive about this service until we return to visit as per our inspection schedule. We have made a recommendation around Disclosure and Barring Service (DBS) checks and will follow this up at our next inspection.

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 ●

Vicarage Road

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 inspector.

Service and service type:

Vicarage Road is a care home. People in care homes receive accommodation and nursing or personal care as a 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 service can accommodate up to six people in one adapted period building. At the time of this inspection, five people with learning disabilities were receiving care and support.

The service has been developed and designed in line with the principles and values that underpin 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 coordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection and the provider was not aware of our inspection prior to our visit on 4 June 2019.

What we did:

Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority quality assurance and safeguarding teams to seek their feedback. Other placing commissioning bodies were also contacted offering them the opportunity to provide us with feedback on the service.

A Provider Information Return (PIR) is key information providers are requested to send us on their service, what they do well and improvements they plan to make. The information helps support our inspections. We reviewed the PIR we had requested, and received from the provider, in September 2018.

We spoke with four people who used the service. We also spoke with the registered manager, the deputy manager and two senior support workers. Relatives were also offered the opportunity to provide us with feedback.

We reviewed the medicines administration record (MAR) charts and care planning documents for two people who used the service. Documents associated with the management of the service were also viewed including staff personnel files, audits and maintenance records associated with the premises.

After our inspection, we asked the provider for further information and this was received within the requested timescale. These were reviewed and included as part of this inspection.

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

- All the people we spoke with who used the service told us they felt safe.
- Staff had received training in safeguarding adults and, through discussion, were able to demonstrate their knowledge. They described possible symptoms of abuse and what actions they would take if they had concerns. Staff told us they were confident that the management would address any concerns.
- We saw that the registered manager had made safeguarding referrals to the local authority as required and, subsequently, to the CQC as required by law.
- Information on safeguarding adults was on display within the home for those that used the service, staff and visitors.

Assessing risk, safety monitoring and management

- The individual risks to those that used the service had been identified, managed and reviewed. Risk assessments had been completed to identify risks such as accessing the community, using equipment in service user's flats and any behaviour that may challenge or cause distress. These were reviewed regularly, and we saw appropriate mitigating actions had been recorded and taken.
- Those people that used the service had been fully included in identifying, assessing and managing associated risks and had signed to say they understood what had been agreed.
- Staff demonstrated through discussion that they knew the risks to people and what support they required to reduce that risk.
- Risks associated with the premises and working practices had also been identified and managed. These included areas such as the risks associated with Legionella disease, falls from height, fire, using equipment and moving and handling. Regular maintenance checks and equipment servicing was in place to ensure the safety of the premises and equipment.
- Personal emergency evacuation plans were in place for each person who used the service that described what support they required in the event of an evacuation. Staff told us they received weekly fire drills and practiced evacuations of the building on a regular basis. Records confirmed this.

Staffing and recruitment

- The people who used the service told us staff were available to assist and support them. One person said, "Staff help me when I need it."
- All the staff we spoke with told us there were enough staff on shift to provide person-centred and flexible care and support. We observed this to be the case during our inspection. We saw that people received support as they needed it including several trips out of the home as they chose.
- Staff told us they worked flexibly and collaboratively to meet the needs of people who used the service, and this was observed. We saw effective team work that prioritised the needs of the people who used the service.

- Safe recruitment practices were in place to ensure staff were appropriate and safe to work with those people that used the service. This included the completion of checks with the Disclosure and Barring Service (DBS) at the start of their employment. A DBS check helps employers make safer recruitment decisions. However, we noted that some staff had worked at the service for decades without having had additional checks completed with the DBS. This put people at risk of receiving care and support from people who were potentially inappropriate for their roles.

We recommend that the provider reviews its processes around ongoing DBS checks for staff and the risks these pose.

Using medicines safely

- Medicines were stored, managed and administered safely and as per good practice guidance.
- Medicine administration record (MAR) charts demonstrated that the people who used the service received their medicines safely and as prescribed. We saw that regular stock counts were completed to further enhance the safety of medicines administration. Two staff completed medicines administration, and this further mitigated the risk of medicine errors occurring.
- In addition, the service completed regular medicine audits to ensure adherence to good practice, policies and procedures. This also ensured any errors or discrepancies were identified promptly.
- Staff had received training in medicines administration and their competency had been regularly assessed and recorded.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection including ensuring staff received training in this subject.
- We saw that cleaning schedules were in place to ensure staff and the people who used the service systematically and regularly cleaned all areas of the home.
- The environment was visibly clean, and we saw hygiene tasks being completed during our inspection.
- A health and safety resource folder gave staff information on various infectious diseases and we saw that the provider encouraged immunisations for staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the provider had processes in place to analyse these to help prevent further occurrences.
- Few incidents had occurred within the service however the registered manager explained what actions they would take in the event of certain incidents. This demonstrated an understanding of the importance of review and investigation to mitigate the risk of future occurrences.

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 evidence demonstrated this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The people who used the service had their individual needs met through regular assessment and reviews where their preferences, needs and likes were considered. Care was planned based on these and delivered in line with people's individual needs, wishes and choice.
- The outcomes for the people who used the service were good. We saw that they participated in their local community and followed their hobbies and interests. They were supported to lead fulfilling lives and become as independent as possible.
- The service used nationally recognised good practice guidance to meet people's needs and we saw that staff had access to this.
- We saw that timely and appropriate referrals were made to other professionals and that recommendations were followed. For example, the service was working with several professionals for one person who was presenting with behaviour that challenged.

Staff support: induction, training, skills and experience

- Staff told us that they received training appropriate to their roles and to assist them in supporting people's individual needs. For example, staff had received training in autism and epilepsy. A number of topics other than what the provider deemed mandatory were available to staff.
- During our inspection we observed staff to have the appropriate skills and experience to support and communicate with people effectively, both with those that used the service and each other.
- Staff told us they felt fully supported in their roles and received regular formal and informal support. They told us they could rely on their colleagues for guidance and assistance and that the management team were accessible, visible and encouraging.

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

- The people who used the service told us they liked the food provided. One person said, "I like all the food."
- People were fully involved in making decisions around what they had to eat and drink. Menus were discussed in weekly meetings and decisions made on what meals were to be served for the coming week. Meeting minutes confirmed this as did the feedback we received.
- People had choice over what they had to eat and drink, when this occurred and where they liked to take their meals. Food options were displayed on a board in pictorial forms to help people make choices.
- People's nutritional needs had been assessed and they were encouraged and supported to lead healthy lifestyles.

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

- The people who used the service had their own private spaces as well as communal areas to socialise with others.
- People's private spaces were spacious and decorated to meet their individual needs, interests and hobbies. Each was personal to them, decorated to a high standard and included personal possessions. People had been encouraged to decorate their flats and rooms to represent them and their individual natures.

Supporting people to live healthier lives, access healthcare services and support

- The people who used the service had access to several healthcare professionals and staff were available to provide support as required.
- The care plans we viewed demonstrated that healthy lifestyles had been considered and staff support was available to achieve this.

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.

- Staff obtained people's consent before assisting them and we saw through the interactions we observed that people were in control of what care and support they received and when.
- Staff had been trained in the MCA and demonstrated a good working knowledge of its principles and how to apply them.
- Where people's capacity was in doubt, an MCA assessment had been completed in line with legislation and the best interests decision making process followed and documented.
- DoLS applications had been made and processed as required and, where these were coming up to the expiry dates, applications had been resubmitted in good time.
- At the time of the inspection, there were no conditions associated with a DoLS in place.

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.

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

- The people who used the service told us that staff were kind towards them.
- We saw that interactions between staff and those that used the service were warm and mutually respectful. Where required, communication was adapted to suit people's individual needs and care plans were in place giving staff information on how best to support people with communication.
- There was a calm, inclusive and friendly environment within the home and through discussions and observations it was clear staff understood that they were there to assist people in their own homes to lead fulfilling and independent lives. One staff member told us, "I like seeing people moving forward and gaining confidence." Another said, "I get enjoyment from seeing [people who used the service] lead fulfilling lives."
- Staff clearly knew people well and we saw that the interactions were comfortable and kind-hearted. Staff could tell us about people, their histories, their personalities and interests. This enabled them to engage well with people and develop meaningful relationships.

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

- People had been fully involved at every stage of the care planning process and decisions required around this. Their voice was weaved through documents and those with capacity had signed their agreement and to indicate their involvement.
- Care plans were kept in people's rooms, so they had access to them at all times.
- From observations, we saw that staff encouraged those people that used the service to express their views and thoughts. For example, when we asked a person who used the service if they would like to chat with us and show us their room, staff supported this person to make this decision themselves whilst offering encouragement and information.

Respecting and promoting people's privacy, dignity and independence

- The people who used the service were not able to tell us whether staff were respectful or maintained their dignity however observations confirmed this to be the case.
- We saw staff knock on people's doors and waiting for an answer before entering, respecting people's privacy and personal spaces. When assisting and interacting with people, we saw that staff were respectful in their manner and empowered people to make decisions for themselves.
- Staff had received training in person centred care and professional boundaries which assisted them in maintaining respectful relationships with the people who used the service, and this was observed.
- Staff supported the people who used the service to be as independent as possible. This was observed during the inspection and confirmed by the care planning documents we viewed. For example, on the morning of our inspection, we saw staff supporting people to clean their flats.

Is the service responsive?

Our findings

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

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

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

- The people who used the service had their needs met in a tailored, person-centred and flexible manner taking into consideration their personal choices, wishes and interests. The feedback the service had received from one professional stated, "Each [person who used the service] is treated as an individual. Their personal needs and preferences are considered and met. Staff enable people to reach their full potential."
- Support was provided by staff who had a good insight and empathetic understanding of people's care and support needs and their individual personalities which contributed to the individualised care people received.
- The care planning of people who used the service was thorough and provided staff with detailed information on how best to support people to meet their needs and aspirations. The focus was on treating people as individuals and them being in control of the care they received.
- Care plans had been reviewed on a regular basis and included the person that used the service and any other relevant individuals.
- The service was meeting the Accessible Information Standard (AIS) which applies to people who use a service and have information or communication needs due to a disability, impairment or sensory loss. We saw that information was available in accessible formats for people such as pictorial and large print easy read.
- Full information was available to staff in relation to people's life histories, relationships, interests and personal preferences assisting them in building relationships with those that used the service.
- The people who used the service were supported by staff to regularly participate in the hobbies they enjoyed. For example, one person visited the gym and enjoyed attending the local swimming baths. People enjoyed holidays each year and the locations were of their choosing. Some people holidayed together whilst others were supported on an individual basis.
- For one person who used the service, staff had arranged, and supported them, in travelling to another part of the country for them to be with a family member at the end of their life.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and on display including information in an accessible format for those that used the service.
- The service had received few complaints or concerns. We saw from the last one received that this had been investigated and appropriate actions taken. Records showed that the complainant was satisfied that their concerns had been addressed.

End of life care and support

- The people who used the service were young and in good health so end of life care had not always been discussed in depth with people. However, basic end of life information was recorded.

- The registered manager told us that they were considering introducing advanced care plans for people and explained what factors they would consider and record. This included people's preferences of where they would like to spend their last days, cultural and spiritual wishes, who to include in the decisions dependent on people's capacity and ensuring a dignified and pain-free death.
- The registered manager talked through the impact death could have on others that used the service and explained what support they would provide. This included arranging counselling if needed and attending people's funerals if they so wished. The service had also made available to people accessible books on palliative care, health diagnosis' and bereavement.

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

- The provider had a 'Philosophy of Care' and the values that underpinned this were demonstrated by staff and the outcomes people received. It put emphasis on people consistently being at the heart of decision making and staff providing a gently teaching role. This was evidenced on our inspection.
- All the staff we spoke with demonstrated a commitment to delivering person-centred care and supporting individuals to reach their full potential. Staff told us the enjoyment they achieved in supporting people to gain confidence, fulfilment and independence.
- Regular staff meetings were held, and this was a forum to discuss any issues or incidents in order to reflect and improve the service delivery. Staff spoke of the open, supportive and cohesive nature of the service and staff team.

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

- Staff were clear on their roles and this was demonstrated through our discussions with them. They presented as accountable and understood the responsibilities they held. This was further enhanced by having a key worker system in place and delegating tasks to staff.
- The registered manager had worked for the provider for many years and was confident in their role. They managed two homes and shared their time between the two. This had not impacted negatively on the service which was seen to work effectively due to staff showing accountability, strong team working abilities and skill in their roles.
- The service and registered manager had met their regulatory responsibilities and the registered manager told us how they kept their knowledge up to date. This was through partnership working, regular provider meetings, alerts and newsletters. They demonstrated knowledge in their role.
- The management team and provider completed a full range of effective quality audits, and other tools, on a regular basis that covered all aspects of the service. These were used to drive improvement, ensure safety and monitor the service people received.

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

- The people who used the service were at the heart of the service delivery and this was evident. The service had sought people's views and gave people a number of informal and formal opportunities to voice their thoughts and opinions.
- Meetings were held each week for those people that used the service. Minutes showed that people were

encouraged to talk about their views on the home and supported to make decisions involving it.

- Staff told us they felt well supported and appreciated in their roles. They told us they had continuous support both on a formal and informal basis including regular supervisions and meetings. However, they told us they did not need to wait for a formal arena as the management team were always available and open to discuss matters with them.
- Surveys had been completed to gain people's views on the service and these had been sent to the people who used the service, their relatives and professionals. Feedback from the surveys completed in December 2018 was positive.

Continuous learning and improving care; Working in partnership with others

- We found an open and encouraging culture within the home where staff were enthusiastic about the service and the people they supported. They wanted to provide a good service to people in partnership with them.
- The registered manager had a development plan in place that sought to make improvements to the service and environment. We saw that a number of objectives had already been achieved for this year.
- When we discussed observations from the inspection with the management team we found them open and receptive, acknowledging aspects that could be improved. When we highlighted the potential risks associated with irregular DBS checks, the registered manager promptly brought this to the attention of the provider and told us they would formalise it at the next management meeting.