

Mrs P M Eales

# Mrs P M Eales t/a Just Homes - 19 Douglas Close

## Inspection report

Jacobs Well  
Guildford  
Surrey  
GU4 7PB

Tel: 01483537181  
Website: [www.justhomes.info](http://www.justhomes.info)

Date of inspection visit:  
27 June 2017

Date of publication:  
05 September 2017

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Douglas Close is a residential home which provides care and accommodation for up to three adults with learning disabilities including autism. On the day of our inspection three people were living in the home. Some people needed more support as they could become distressed and anxious.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 25 February 2015, the service was rated Good. At this inspection we found the service remained Good.

### Why the service is rated Good

People were safe because staff understood risks involved in people's care and took action to minimise these risks. There was sufficient staff on duty to ensure that people received the care they needed and to keep people safe. Staff understood their roles and responsibilities in keeping people safe and protecting them from harm and abuse. The registered manager carried out appropriate pre-employment checks before staff started work.

Medicines were managed, stored and administered safely. Accidents and incidents were recorded and reviewed with a plan in place to minimise the risk of them occurring again.

People's care was provided by regular staff that knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People's choices and views were respected. Care was provided in the least restrictive way to people.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of dietary restrictions involved in people's care. People's health and well being were managed as they had access to the appropriate health and social care professionals. People who had ongoing conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had developed positive relationships with staff. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families and were able to invite guests whenever they wished. People were encouraged to be independent and were supported by staff to learn and develop new skills.

People and their relatives were actively encouraged to give their views about the service they received and the registered manager responded positively to feedback. Staff were creative in how they supported people

to be actively involved in their care.

People received care that was extremely person centred. People had access to activities they enjoyed and had opportunities to enjoy an active social life. People were very involved in their local and wider community.

The registered manager provided good leadership for the service. They were experienced in their role and communicated well with people, relatives and staff. Staff felt valued and had access to support and advice from the registered manager if they needed it. Staff shared important information about people's needs effectively. Team meetings were used to ensure staff provided consistent care that reflected good practice.

The registered manager's quality monitoring checks ensured people received safe and effective care and support. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed. Records were well organised and up to date.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

### Is the service effective?

Good ●

The service remains Good

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service remains Good

People were well cared for, they were treated with kindness. People's dignity and privacy were respected.

Staff interacted with people in a respectful, caring and positive

way and used individual communication methods to engage with people.

People, relatives and appropriate health and social care professionals were involved in their plan of care.

### Is the service responsive?

**Outstanding** ☆

The service was exceptionally responsive.

Care plans were very person-centred and contained information about what was important to people as well as how staff should support them.

People were listened to and staff actively encouraged people to speak up and to put things right for people.

People had access to a wide range of activities that were important to them. Staff were proactive in supporting people to participate in the local community.

### Is the service well-led?

**Good** ●

The service remains Good

There was an open, positive and person centred culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans ensured these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable. There were systems in place to listen to staff, people and their relatives.

# Mrs P M Eales t/a Just Homes - 19 Douglas Close

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 June was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the registered manager is required to send us by law. The registered manager had completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

People were unable to express themselves verbally, on the day of the inspection we observed the care they received and the interactions they had with staff. We spoke with two people, the registered manager and two members of staff. We looked at the care records for two people. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff, including recruitment and training. We reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the service policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

After the inspection we received feedback from two relatives.

# Is the service safe?

## Our findings

Relatives and people told us that they were safe at the home. One person said "Yes" when asked if they felt safe.

People were kept safe from avoidable harm. Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. For people who became distressed or anxious there were detailed guidelines in place to tell staff what people's triggers were and how to support them. We saw staff follow people's guidelines and supported people positively when they became anxious or distressed.

There were enough staff to keep people safe and meet their needs. There were sufficient staff with appropriate skills and experience on each shift. When people needed one to one support, this was provided by a small staff team to ensure a consistent approach with the person.

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. A staff member told us "There is physical, mental, sexual and financial. We look for changes in people's personality; they could become withdrawn, nervous or tearful if they are being abused. I would report it to the manager, the local authority or CQC."

Staff were recruited safely. The registered manager obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Any accidents or incidents were recorded in detail by staff. The registered manager reviewed all accident and incident reports to ensure that actions had been taken to prevent a similar event from occurring in the future. Actions such as referrals to the falls team had occurred for a person who had fallen. Staff knew how to respond to incidents and accidents to keep people safe.

People's medicines were managed safely. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately. There were detailed guidelines in place that told staff when an 'as required' (PRN) medicine should be administered. Staff had a good understanding of what people's medicines were prescribed for and what side effects they needed to be aware of.

## Is the service effective?

### Our findings

Relatives told us that they thought staff had the right skills and training to support their loved ones. Staff told us that the training was "Very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's freedom had been restricted to keep them safe, some people need continuous supervision and the front door was locked. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

Staff understood their responsibilities under the MCA. A staff member told us "We assess capacity in relation to any decision making. If they can't make a decision about one thing, they may be able to make a decision about another. We assess each decision." Mental capacity assessments and best interest decisions had been made for decisions regarding care, finances and medicines. Staff sought consent of people before providing care and support.

People received support from staff that were skilled and knowledgeable. Staff confirmed that they had good training. A staff member told us "I had a comprehensive induction; I shadowed staff and got guidance from other staff." Staff received supervision regularly. The registered manager had ensured that staff had the skills and competencies to support people effectively. She assessed the staff competencies annually in medicine management, infection control, safeguarding and moving and handling. New staff received an induction and shadowed existing staff for a few weeks until people and the staff member were comfortable.

People were supported to maintain healthy, balanced diets. People could help themselves to food that was healthy. People ate out for lunch on the day of inspection. People were supported to make their own drinks and snacks. Staff were aware of any dietary restrictions involved in people's care. People's weights were monitored frequently and where necessary, dietary controls were in place.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such as dietician, psychiatrist, dentists and optician. People had hospital passports in place. These provide hospital staff with important information about people's health needs if they were admitted to hospital. People had health action plans in place. This is a tool that tells staff and health professionals what is needed to keep the person healthy.



# Is the service caring?

## Our findings

Relatives said that the care that their loved ones got was good. One relative said "The care is wonderful, it's the best place x has been." They went on to say that the care was "Excellent." People told us that the care they received was good. A person told us who their favourite carers were. Another person told us that they liked both their carers.

Staff had developed positive and caring relationships with people. A relative said the staff are "Very caring." Companionable, relaxed relationships were evident during the day of our inspection. Staff spoke kindly of people. One staff member described a person as "X is wonderful and kind." And they said of another person "X is lovely and a happy person."

The registered manager and staff knew people really well. Staff told us about people's likes, dislikes and about their personalities. One person liked to go a shop daily to buy a newspaper. Another person liked to people make cups of tea. On the day we saw staff support people to do the things that people enjoyed. People's bedrooms reflected their personalities and were individualised. Staff respected people's wishes and choices.

People were supported to maintain relationships with their friends and families. A relative said that staff "They [the staff] are very good to me." Relatives told us that communication was good between the home and relatives. A relative told us that the staff supported their loved one to meet with them on a regular basis and they spoke with their loved one frequently. The home held regular events and meals and where people wanted invited their relatives or friends.

People were encouraged to make choices about their care and support. People, their relatives and health and social care professionals were involved in planning people's care. People told care staff what they wanted to do that day and the care staff supported the people in the activities of their choice.

People's dignity and privacy was respected. Staff supported people discreetly and staff support was available without being intrusive. People were encouraged to be independent. People were involved in the life of the home and were supported by staff to manage their own cleaning, laundry and some cooking.

## Is the service responsive?

### Our findings

The care people received was exceptionally personalised and responsive. Staff were clear about the care and support that people needed. One staff member described to us the support that the person needed in the morning and what the person was able to do themselves. "X dresses, dries and does their own oral health. I just help with washing x if x wants me to help them with that." This detail was reflected in their care plan.

Staff demonstrated an excellent understanding of personalisation and people's care records and observed practice reflected this. Care plans were very clear about people's likes and dislikes. They included detailed information that made a difference to peoples such as how many pillows a person liked on their bed and what mattress they liked to sleep on. There were comprehensive plans in place about people's health diagnoses and how the condition impacted on them and how staff should support them with their condition. The plans also included people's individual characteristics, the places they liked to visit, people who were important to them and the types of activities they enjoyed and valued participating in. People told us that staff supported them in line with their wishes and the contents of their support plans.

Staff were creative and very person centred in supporting people to be in control of their care. One person did not want their life history written down at all. This was reflected in their care plan, as it stated that the person preferred to talk about their life story but did not want it written down anywhere. Another person did not want to use the home's written care plan, so staff supported the person to design their own care plan using photographs and pictures to help ensure it reflected the care they wanted to receive. This demonstrated a commitment to a personalised approach from staff that was responsive to people's individual needs.

Staff empowered people to make decisions about their own care. People wrote their own daily care records when they chose to. We saw that one person recorded this and noted they explained what they had done and how they felt about how the day had been for them. This demonstrated that staff supported people in a very person centred way and fully supported them to be involved in their care.

People were supported to choose what they wanted to do with their day and evenings. People told us that they were happy with the choice and range of activities on offer. They led active lives and fully participated in their local community. One person told us that they liked going to the church and was a member of the local choir whilst another person had an interest in cinema. They were supported by staff to go to the cinema regularly. At the elections in May 2017 people had been supported by staff to vote if they chose to.

Staff proactively supported people to be involved in the wider community. One person wanted to raise money for a charity and had been supported by staff to do so. They had baked cakes and raised money by selling them. Following this people wanted to raise more money for the charity as one person had been diagnosed with a condition the charity represented, so staff supported people to complete a sponsored walk. People told us that they were very proud that they had achieved this and raised money for a charity close to their hearts. Staff told us that they had helped people achieve their goal by supporting people

outside their normal working hours. Staff were passionate about helping people raise awareness of the chosen charity in the community.

Staff were extremely responsive to people's changing needs. One person's health had deteriorated and they required extra support from staff to keep them safe and comfortable. Staff worked extra hours to support the person to ensure that the care was provided. Staff told us that they wanted to support the person during this difficult time and to ensure that their wishes of remaining in the home were met. A health care professional commented that "Staff went the extra mile..." to ensure that the person received the care they needed.

People were supported by staff to lead fulfilling lives. Through staff support, a person was now able to access the community and join in activities they had not done before. A person required support with their anxiety and in times of distress. Prior to the person moving in, they were heavily medicated and were not able to participate in any activities in the community due to their significant levels of distress. Staff at Douglas Close, spent time with the person, got to know them, found out what their interests were and worked with them to find out what triggered their anxieties.

Staff identified the triggers and reason for their distress and advocated on their behalf to the health professionals involved in their care to reduce the medicines they received. An exceptionally detailed behavioural support plan was developed which guided staff on how to support the person to reduce their anxiety. This hard work and commitment from staff meant that the person's medicines had been significantly reduced and they had had far fewer episodes of distress. As a result of this the person was now able to participate in many activities in the community on a daily basis. The person had recently been on holiday and been on various day trips to places they had always wanted to visit, but never had. The support from the staff had been life changing for this person. A health professional wrote a letter to the home that they were very impressed with how the staff supported the person to reduce their anxiety and distress. A relative told us that they thought the staff had worked really hard with the person and that they knew them very well.

Staff supported people to set goals for things that they would like to achieve in the short and long term. Staff had frequent meetings with people to ensure that people were happy with their care and to make necessary changes should they want to. One person told us that they liked to Hoover and re-cycle. Another person told us that they liked to bake and to clean. People told us that they received the support they needed to do these activities. A relative told us that for their loved one, a goal was for them to put weight on. The relative told us that this had been achieved and they said "This was amazing."

People were actively encouraged to speak up if they were unhappy or needed something to change. The staff listened to people and their relatives; learning from people's experiences was seen as a positive. Staff listened and took action when they needed to, to make things right for people. For example, a person had complained that the staff were not re-cycling rubbish correctly. Items were going in the wrong boxes and this made the person very unhappy. Staff enabled the person to teach the staff in how to improve the re-cycling and to make sure the items went into the correct boxes. The person told us that they were very pleased and happy with the response. Staff told us that they wanted to support the person to do this, to increase the person's sense of well being and improve their self esteem.

People were very much involved in the running of their home. There were regular house meetings and one person was the chair of the meetings. Minutes of the meeting indicated that activities and maintenance issues were discussed. A person said "We talk about the cleanliness of the home." Staff had supported people to clear a room out at the request of people. People discussed what they would like the room to be

used for. People discussed ideas such as a visitors room or a room for activities.

## Is the service well-led?

### Our findings

Relatives and staff told us that the home was well managed. One staff member said "The manager is supportive and approachable. She wouldn't ask us to do anything she wouldn't do." A person said "The manager is nice."

There was an open and person centred culture in the home. A staff member told us that the manager encouraged staff to speak up. When we arrived at the home, the staff ensured that we were introduced to the people who were at home; because they understood it was their home, and not just a place they stayed to get support. Staff were aware of the home's values, one staff member said "This is a home for life, we are here to care. To support people to live fulfilling lives."

The registered manager ensured that they regularly got feedback from people. One person said "They make me feel good and they feel like my family." The provider ensured that they obtained regular staff and relative's feedback. Comments were positive. The most recent feedback commented on how well the manager listened to staff's opinions and staff felt there was good team work. Recent relative's feedback was positive, comments ranged from "Everyone is so positive." And that people were happy and active.

Staff told us that they felt valued for the work they did. The provider had a staff recognition award system in place. One staff member had won 'keyworker' of the year in the organisation. The registered manager told us, "I am so lucky to have a great staff team. I want the staff team to be recognised." Staff told us the registered manager provided good support to the staff team and to the people living at the home. Staff meetings were regular, items such as training; people's needs, roles and activities were discussed.

There was an established system of quality monitoring that ensured people received good quality care and support. Staff completed regular audits of people's care plans, training records and incidents. Regular and frequent checks were completed on health and safety, care records, medicines and infection control. Information obtained from these audits were used to improve the service or the home environment. For example, it was identified that one staff member had not completed training in personal care; the staff member has now completed this training.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the CQC and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the PIR matched with what we found and saw on the day of our inspection.