Guinness Care and Support Limited

Jack Sears House Residential Home

Inspection report

Dartmouth Road
Paignton
Devon
TQ4 5BH

Tel: 01803408556
Website: www.guinnesspartnership.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 20 and 21 September 2016 and was unannounced. Jack Sears House is a residential care home and provides accommodation for people who require a care home service without nursing, for up to 24 people. On the day of the inspection 15 people lived in the home. Jack Sears House is owned by Guinness Care and Support Ltd.

A registered manager was employed to manage the service. 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.

People's medicines were administered in people's preferred way and on time. However, there was no guidance for staff about when to administer people's medicines that were prescribed to be taken, 'as required' The registered manager told us they would ensure this information was recorded. When staff administered medicines, they left the keys for people's medicine's cabinets along with information about their medicines, in the corridor. This meant they were not held safely. The registered manager told us they would ensure, in the future, that staff kept confidential records, and keys to people's medicines cabinets, with them at all times so no-one else could have access to them.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Due to recent difficulties recruiting sufficient numbers of staff, the registered manager and provider had decided not to accept new people to the home, to ensure the continued safety of the people already living there. The recruitment process of new staff was robust.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "The staff are very professional" and "The staff are lovely and caring. They'd do anything for you. You know they'll look after you."
The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Deprivation of Liberty (DoLS) applications had been made appropriately. The registered manager told us they would ensure that, where necessary, people had mental capacity assessments in place and related guidance for staff was added to people's care plans.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were

supported by other senior staff who had designated responsibilities.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly undertaking a range of audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People received their medicines correctly and on time. The registered manager told us they would ensure staff kept medicines records and the medicine cabinet keys with them at all times, in the future.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting the registered manager or senior staff to raise concerns or ask advice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and promoted choice and independence whenever possible. Appropriate DoLS applications had been made and the registered manager told us they would put MCA assessments and related care plans in place as soon as possible.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People's records were not always kept securely. The registered manager told us the office door would always be locked in the future when no staff were in the office.

People said staff protected their dignity.

Is the service responsive?

Good

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were evident in decisions about how the service was run.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Jack Sears House Residential Home

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.

The inspection took place on 20 and 21 September 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included notifications completed about the service. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with five people. We reviewed three people's records in detail. We also spoke with four members of staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires, minutes of meetings and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People's medicines were locked in cabinets in their rooms; however staff looked after the keys to the cabinets, on people's behalf, and left them in a trolley in the corridor, along with people's medicines records whilst administering medicines to other people. This meant others could have access to people's medicines and medicines information. The registered manager told us they would put a new system in place that meant the keys and records were with staff at all times. People had not been asked for their consent for staff to keep these keys. The registered manager told us they would consult everyone and record their consent to hold the keys to their medicines cupboards.

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff had recently attended training which highlighted the importance of accurate recording; this had included the recording of medicines and medicines administration. The registered manager told us, since the training, the completion of records had improved. Where refrigeration was required for medicines, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

People told us they received their medicines correctly and on time. Staff were knowledgeable with regards to people's individual needs related to medicines and care plans gave clear detail about how people preferred to take their medicines. However, when people were prescribed medicines to be taken, as required, there was no guidance for staff regarding when the person would need this medicine and how staff would know they needed it. The registered manager told us, they had recently discussed this with the GP and would put this information in place as soon as possible. A local pharmacist had recently completed an audit of the home's medicines procedures and the registered manager was in the process of acting on advice given.

People told us they felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Relatives also felt it was a safe place for their family member to live.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff told us they would be confident in reporting any concerns. They felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel their concerns had not been dealt with appropriately, such as the local authority or the police.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. This included detailed information about how to evacuate people or keep them safe if there was an emergency during the day or night. There was equipment easily available to help people get down stairs in an emergency.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff

confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were enough competent staff on duty to meet their needs and keep them safe. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. For example, on the first day of the inspection, one person had an appointment they needed support to attend, so an extra staff member was put on the rota for that time, to help ensure everyone's needs were still met. The registered manager had recently had to use agency staff to ensure the correct level of staffing was in place but they told us they monitored how many different agency staff were being used, in order to maintain as much consistency for people as possible. They also explained they knew which people did not like receiving care and support from staff they didn't know, so agency staff did not support these people. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom.

Some people became upset or anxious at times and the registered manager confirmed staff supported people in a compassionate way. However, even though the anxiety was detailed in people's care plans, there was no guidance for staff regarding the best way how to reassure the person and alleviate their anxiety. The registered manager told us this would be added as soon as possible.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. The registered manager told us the health and safety team of Guinness Care and Support Ltd, looked at all incident forms to check they had been recorded properly, recommended any further actions that needed to be taken and checked actions were taken promptly. The registered manager told us this helped them have a good overview of incidents or errors and helped them identify and take action on any trends that were appearing.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "The staff are very professional."

New members of staff completed a thorough induction programme, which included being taken through the home's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. One staff member told us, "I did training for over a week as part of my induction. So when I started, I had done all the training I needed to use." New staff members completed the care certificate. The care certificate has been introduced to train all staff new to the care profession, to nationally agreed level. One staff member told us they had found this a very useful part of their induction.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dysphagia and dementia. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "If I ask for training or development, the manager finds it." A relative confirmed, "They're [the staff] trained and they know what they're doing." Staff we spoke with were working towards qualifications appropriate to their role. One staff member told us they had requested the opportunity to complete a further national qualification and the registered manager had been supportive. Another staff member told us, "When I'm settled in my role, I'd like to do more training. The manager's keen that I learn but not do too much at a time."

Staff told us they felt supported to carry out their roles effectively. They confirmed supervisions were carried out regularly which enabled them to discuss any training needs or concerns they had. One member of staff told us, they had recently moved into a more senior role and had received all the support they needed from the registered manager and their colleagues. They explained, "I'm still being supported now. I'm learning things as I go along. The manager didn't want me to take on too much and become overwhelmed. I've never written care plans before but I'm coming in early at the weekend with a senior colleague, who will help me update them. Then, the manager said when we get someone new moving in; they'll sit with me and show me how to write the whole care plan."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff were aware of which people lacked capacity. However, there was no record of why an individual was deemed to lack capacity, nor guidance for staff about how this affected the way they supported people to make decisions. The registered manager told us they would put these records in place as soon as possible.

People can only be deprived of their liberty to 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). The registered manager had applied appropriately for DoLS on behalf of people.

People told us staff always asked for people's consent before commencing any care tasks and gave them time to respond at their own pace. This included when administering medicines and personal care. Staff offered to come back later if the person did not want support at that time. People had been asked to sign to confirm they consented to the care they received, as described in their care plan.

People told us they liked the food and were able to make choices about what they had to eat. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet, were also clearly recorded in their care plans. Residents meetings were used to discuss people's meal preferences so they could be incorporated within the menu. People had commented that when they ate in their rooms, their food wasn't always hot. In response, a heated food trolley had been purchased to help ensure this no longer happened.

The staff were aware of people's dietary needs. These were recorded in the kitchen for all staff to refer to when preparing food and drinks for people. When people were felt to be at risk of weight loss, their food and drink intake was carefully monitored by staff. Where necessary, further advice was sought from relevant health care professionals. The registered manager had recently noted records of people's food and drink intake were not sufficiently accurate to give a clear picture. As a result, the form for staff to complete was updated and measuring devices purchased to help staff be more accurate in their recording. The following quality and compliance audit, carried out by a senior manager, noted the recording of food and drink had shown a marked improvement.

Care records highlighted where risks with eating and drinking had been identified. A staff member told us staff had recently identified someone was coughing excessively after drinking. They told us they reported this to the registered manager who made a referral to a speech and language therapist (SALT). Other people had previously been referred to the SALT service and recommendations to minimise the risk to them had been added to their care plans. For example, after a choking incident, the SALT team had recommended one person ate pureed food and staff stayed with them whilst they ate, to help ensure their safety. Staff confirmed this was followed in practice. The registered manager explained they had sought advice about how to make pureed food look more appetising to help ensure the person still enjoyed their meals. They told us the person had been really happy with the results.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One staff member commented, "If a customer is not themselves, staff know. They report it straight away. They don't just leave it. Staff are very responsive to any changes." A family member confirmed they were confident that healthcare professionals were contacted as their family member needed them. One person liked to contact the GP themselves, when necessary. This was respected and support was provided if and when needed.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. People appeared happy and contented and we heard staff laughing and joking with them. People told us, "You couldn't have politer staff. We have our little jokes!" "They look after us very well", "The staff are lovely and caring. They'd do anything for you. You know they'll look after you" and "They're lovely ladies [the staff]." Staff treated people with kindness and compassion. One staff member told us, "They're all my extended family here."

People told us their privacy and dignity was respected. Comments included, "They always knock and call out before they come in." Staff informed us of various ways they respected people's dignity. For example, one staff member told us, "When I first started, I had to stand back and let people get used to me before I supported them with any personal care. Now I've built a rapport with people, they're happy for me to do it, but I still always ask first."

People's confidentiality was maintained by staff who were mindful of how and where they shared information and with whom. However, as staff members needed regular access to the office, it was left unlocked, even when no-one was in it. This meant people's confidential information was not always held securely. The manager told us they would rectify this situation and ensure the office was always locked in the future.

Staff told us people were encouraged to be as independent as possible. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with, for example when getting washed or dressed. Some of the rooms had small kitchenettes in them which helped people maintain their independence regarding eating and drinking.

Staff knew people's individual communication skills, abilities and preferences. Some people experienced sight or hearing loss and staff were knowledgeable about the best ways to communicate with each individual. For example a staff member told us, "For one person, who has a hearing loss, you need to stand in front of them and get them to look at you. You also need to check they are wearing their hearing aid and it is turned on." A relative told us they were impressed with the way staff regularly supported their family member to find, repair or order new hearing aids.

People told us staff listened to them and took appropriate action to respect their wishes. People's bedrooms were personalised and decorated to their taste and family members confirmed they were able to bring in furniture, pictures or ornaments their loved ones liked.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. Staff also made sure they explained to people when family members couldn't come to visit, to help ensure they didn't worry. We heard one staff member telling someone, "[….] won't be able to come in today but they'll come in again tomorrow." A compliment received from a relative included, "We appreciated the time and effort everyone put in to making us feel welcome."

People's end of life wishes were discussed with them where possible and documented as part of their care plan. Staff understood the value of these. One member of staff told us, "I realised […] didn't have an end of life care plan in place, they couldn't tell me what they wanted, so I contacted their family. It was a difficult conversation but it's important to get it right."

Good

Is the service responsive?

Our findings

Prior to living at Jack Sears House, people's needs were carefully assessed to ensure the service could meet their needs. The pre-admission information was used to put together a care plan to ensure staff had the necessary details available to them to provide appropriate care as the person desired.

People's care plans were then developed to include specific detail about how they chose, preferred and needed to be supported. Information about people's daily routines had also been documented in detail and described, for example what time they liked to get up and where they liked to eat. People and where appropriate, those who mattered to them, were involved in planning their care and making decisions about how their needs were met. People confirmed they were aware of their care plans and what was in them. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. They also confirmed they could suggest if they felt the care plans needed amending to ensure they reflected people's most current needs.

People's needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. Care plans were reviewed and updated regularly to help ensure people's needs and wishes were being met.

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and skin health. Relatives said staff would act promptly if their family member was poorly or had a concern. Staff involved people in the decision making process about how they wanted support or their needs met. Relatives confirmed they were kept up to date and staff would call if there was an issue they needed to know about.

People had a range of activities they could be involved in. Staff told us some people enjoyed just chatting, and staff had time to do this with people; and that other people enjoyed going out to the shops or out for lunch. However, the registered manager and staff had recently found people were less interested in the activities offered. So, the registered manager told us they were working with senior managers and staff to find creative ways of offering activities that suited people's changing needs. They explained senior staff had just attended training which highlighted the importance of recording people's emotional wellbeing as well as recording their physical wellbeing. They told us they hoped the improved recording would give them better information about what people enjoyed doing.

People's concerns and complaints were encouraged, investigated and responded to in good time. The registered manager told us, "We are quick to respond to complaints." The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. One person told us, "I do tell the staff if I'm not happy with something and they listen. They know me."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. Jack Sears House is owned by Guinness Care and Support Ltd. A registered manager was in post and had overall responsibility for the service and knew people and staff well. They were supported by other senior staff who had designated responsibilities.

People, visitors and staff all described the management of the home to be approachable, open and supportive. A staff member confirmed, "I think all staff feel happy to speak with the manager." Staff were positive about how the service was run. Comments included, "I do think the service is well led" and "I love it, the home, the people and the staff."

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff confirmed they felt empowered to have a voice and share their opinions and any ideas they had. Staff meetings were regularly held to provide a forum for open communication. The registered manager also used them to discuss feedback received about the service and agree actions that needed to be taken, to improve the service for people. For example, after a concern had been raised about people's laundry being in the wrong room, the registered manager asked staff to take some time to make sure everyone's laundry was in the correct place.

Staff told us they were encouraged and supported to question practice and as a result of this action had been taken. A staff member told us they had recently suggested to the registered manager that some chips that had been purchased were not the ones people preferred or found easy to eat. They explained, "I raised it with the manager, they listened and asked me to go and buy the right ones." At a recent meeting with senior staff the registered manager had been informed of concerns staff had about possible changes to the service. The registered manager carried this forward to a future staff meeting to enable staff to discuss their concerns openly. A staff member confirmed, "The manager will listen to us and think about what we've said. If they don't think something will work, they'll explain why."

The service inspired staff to provide a quality service. The registered manager had recently found it difficult to recruit sufficient staff members. In discussion with senior managers, they had decided to stop accepting new people into the home until they were confident they had the staffing levels to ensure quality was not compromised. This meant people already living there continued to have their needs met effectively by a consistent staff team.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One staff member explained due to fewer people living in the home, staff were less busy, so they had used this time to type up people's care plans. They told us, this meant all recent updates were easy to read, plus they would be easier to update now they were computerised.

People benefited from staff who understood and were confident about using the whistleblowing procedure.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager valued people's feedback and acted on their suggestions. Resident's meetings were held to help ensure people's views were listened to and actions were taken to address any issues raised. The registered manager told us, "If residents don't come to the meeting, I go to talk to them individually." The meetings were also used to explain any planned changes to the service. For example, there had recently been considerable work in the service updating the fire alarm system. The registered manager had ensured everyone was aware of this before the work started.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. The manager and staff also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Any concerns were recorded and dealt with swiftly to the person's satisfaction.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures by senior staff, the registered manager and senior managers. Areas of concern had been identified and changes made so that quality of care was not compromised. Other staff within the organisation, such as health and safety staff and quality staff also checked records and audits had been completed correctly and actions were sufficient. Several of the areas we identified for improvement during the inspection, had already been identified through recent audits. The registered manager had discussed the findings with staff and was in the process of devising an action plan to address them. This would be monitored by senior managers during future quality assurance visits to the service.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.