

Janith Homes Limited

The Rookery

Inspection report

The Rookery
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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

The Rookery provides care and support for up to 36 people with learning disabilities. On the day of our inspection 33 people were living in the home. The home comprises several buildings. The main house is occupied by 15 people and other people live in single or multiple occupancy flats and cottages around the main house.

There was a registered manager in post. 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 were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been employed to reduce the risks of employing staff unsuitable for their role. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's care and support requirements.

People were given support to take their medicines as prescribed. However, we identified that the medicines auditing procedure was not always effective.

People's nutritional needs were met and they were supported to access healthcare if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning their care, how it was delivered and their independence was promoted. People's care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The management didn't always maintain a good overview of the service and systems in place to monitor the safety and quality of the service were not always effective. Staff were supported by the management and felt

valued by the organisation.

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.

People were supported to meet their needs by sufficient numbers of staff.

Risks had been appropriately assessed as part of the care planning process. Staff had been provided with clear guidance on the management of identified risks.

Medicines were not always managed in accordance with best practice and auditing procedures were not always effective.

Is the service effective?

Good ●

The service was effective.

Staff were motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access health care when they needed it.

Is the service caring?

Good ●

Staff knew people well and provided support discreetly and with compassion.

People and their families were fully involved where possible in making decisions about their care and their independence was promoted.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

People were supported to enjoy a wide range of activities that interested them. People were encouraged to actively engage with the local community and maintain relationships that were important to them.

People were empowered as much as possible to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

Is the service well-led?

The service was well led.

The manager and directors provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

Quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service were mostly effective.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

Good ●

The Rookery

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 August 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience on 30 August 2016 and by one inspector on 31 August 2016.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in June 2016. 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 previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team.

We spoke with five people who used the service, four members of staff, the registered manager and the regional manager.

We reviewed five people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service and carried out general observations throughout the inspection.

Is the service safe?

Our findings

People who lived at The Rookery told us that they felt safe there. One person told us, "I do feel safe here." Another person told us, "I can go and see my keyworker if I've got a problem." We saw that staff had received training in safeguarding and were knowledgeable about the types of abuse people might be exposed to and how to report any concerns that they might have. Staff told us that they were aware of the whistleblowing policy as well as their duty to report anything untoward to senior staff.

Risks to people were identified and plans put in place to mitigate these. Staff were aware of the risks posed to individuals from dietary issues. They told us, "[Person] has a peanut allergy so we always carry an epipen." An epipen is a device used to administer medicines to counteract anaphylaxis following an allergic reaction.

Staff also told us that risks were also assessed for them in respect of people who may express behaviour which challenges. The risk assessments contained action plans which guided staff on how to manage any such behaviours in order to maintain the safety of those people and others. We saw the risk assessment for one person when they accessed the community independently. Areas that had been considered included the person's awareness of road safety and their ability to find their way to and from local shops.

Staff were recruited using robust procedures that helped ensure they were suitable to work with vulnerable people. We saw that the service had sought references from previous employers. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work. The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

During our visit there were sufficient numbers of staff deployed to meet people's needs. Staffing arrangements fluctuated to ensure that there were enough staff deployed to ensure people's safety when they were out in the community as well as in the home. Some people had been assessed as needing extra support in community settings and staff confirmed these ratios were followed. Regular staff were supplemented by agency staff and the service tried where possible to use the same agency staff for consistency of care provision. The registered manager told us that they introduced a range of different shifts to ensure that support was available to people when they needed it.

Medicines administration records (MAR) showed that people received their medicines when they should. However, the stocks of medicines prescribed on an 'as required' basis did not always tally with what was recorded on the MAR. We pointed this out to the registered manager who commenced an immediate enquiry and stated that they would be carrying out a full audit of the medicines after our inspection. Medicines were stored safely in locked cabinets in a locked room. The medicines that were delivered in pre-prepared blister packs had been administered safely and signed for consistently on the MAR charts. Body maps were present in people's care plan to guide staff on where to apply topical medicines to ensure that they were applied correctly.

Is the service effective?

Our findings

People had their needs met by staff who had the necessary skills and had received comprehensive training. Staff received training in areas such as autism, diet and nutrition, first aid and epilepsy awareness. We saw that the training was up to date to ensure that staff were equipped with current knowledge in order to meet people's needs. On induction, staff would work for at least three shifts shadowing established staff and agency staff were expected to have previous training in manual handling before coming to the service. Staff were also expected to read care plans as part of their induction. We saw evidence of the induction in staff files in the form of a checklist of items and training that staff completed before commencing their roles. One member of staff confirmed these arrangements as they had been in post for only two weeks but had had previous experience in the care industry. The manager told us that new staff were supported under national induction standards and were required to complete the care certificate within which there was a personal development plan. The care certificate teaches fundamental standards in care.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that the service had sought DoLS authorisations for people in order to keep them safe. Staff operated within the principles of the Act in order to keep people safe while not restricting their liberty unnecessarily. The staff we spoke with told us they had received training on the MCA. They were able to tell us how the MCA affected their role and the support they provided to the people who used the service.

Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this. DoLS authorisations were in place for some people and staff understood the need for these. We saw that the DoLS applications had been made appropriately in order to keep people safe. One member of staff told us, "We're not a prison".

People were provided with sufficient support with their nutrition and hydration needs. Some people needed soft diets and assistance to eat their meals and we saw that this was provided. We saw that information was available in people's care plans to help staff support people with healthy diets. We noted that people were able to get drinks whenever they needed them either independently if they were able or with staff support. Where necessary referrals to speech and language therapists had been made and care plans devised as a result. For instance, one person was reported to have swallowing difficulties and their care plan provided guidance to staff on how to support this person to minimise their risk of choking. There was also guidance

for staff regarding monitoring people's fluid intake and output where necessary.

People were supported to access healthcare when they needed it. Each person's care plan had a grab sheet on which there was information about people's health needs to inform health professionals so that they best support the person. There was also information about people's next of kin contacts, the medicines they took and a brief account of their medical history. People were registered with the local GP and dentist practices and they told us that they were supported to visit these when necessary by staff from The Rookery. At the time of our visit one person who lived at the home was in hospital and was being supported there by a member of staff. We were told that this was so that they felt reassured by having someone familiar with them.

Is the service caring?

Our findings

We observed staff interacting with people living in the home in a caring and compassionate way. People who lived in the home told us that they felt cared for. One person we spoke with told us, "I really enjoyed my holiday with [staff]." Another person said, "[Staff] helped me buy this t-shirt, it's really nice isn't it?"

Staff knew people well, were aware of their needs and preferences and were able to give us specific examples of these. For instance, one member of staff we spoke with told us, "[Person] loves horse riding and going out in the car." During lunch where we carried out some observations a member of staff demonstrated their knowledge of the person they were supporting to eat their meal. The member of staff asked us to move to a different position in the dining area as the person they were supporting was easily distracted from eating their meal. Lunchtime was observed to be relaxed and enjoyable with people being supported to eat well and offered choices throughout. Staff ate at the same time and there was friendly dialogue throughout.

People's care plans contained detailed information on their needs and guidance to staff on how to meet those needs. Information was provided on topics such as people's personal care needs and what support the person needed. For instance, how many staff were needed to support them with each aspect of the personal care. Another person's care plan contained details of how they communicated and guidance for staff on how best to communicate with them.

There was a keyworker system in operation at The Rookery where people were allocated a specific member of staff or keyworker who they could talk to. One person told us, "I like to talk to my keyworker." People were able to build a closer relationship with their keyworker who would speak on behalf of the person if required. People were encouraged to take part in reviews of their care if they wanted to and their comments were recorded in their care plans.

There was clear evidence that people were involved in making decisions and planning their own care. One person had contributed what their preferences were regarding maintaining their independence with their personal care. There were details of what the person wanted to do for themselves and what support they needed from staff. We saw in one person's care plan that there was information on what clothes they liked to wear and how they liked their appearance.

People's dignity and privacy was maintained. We observed staff knocking on people's doors and asking permission before entering. When staff needed to discuss information about individual people we noted that this was done discreetly out of earshot of others. People's confidential information was kept securely in the manager's office.

People were supported to maintain relationships that were important to them. People were supported to have contact with family members either at the home, off site or via telephone. Some of the people lived in smaller flats and cottages around the main building. Those that did had their own keys and we saw that staff respected these people's residences as their homes. People told us that they had friendships within the service and were able to visit their friends in their cottages on the site. Two of the people had formed a

relationship before they moved to The Rookery and lived together in one of the cottages.

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that there was an emphasis on person centred care which was evidenced in the variety of accommodation available so that people could be on their own if they wished, in small groups or with the larger community in the main house.

Care plans were reviewed every two or three months and people told us that they talked to their key worker to update their care plans before the reviews. The care plans contained specific information on what the person could do and what support they needed and how they wanted it to be delivered. Staff were aware of people's preferences, likes and dislikes. One member of staff told us, "[Person] really likes her girly days out"

People could express their preferences for staff. One person told us they needed staff who they felt were not trying to dictate to them and so largely selected people they liked to work with them. People's care plans evidenced that they had contributed to the planning of their care. Care plans contained detailed and personalised information in a section called 'all about me'. This contained personalised information such as people's preferred first name, 'things that may worry me' and their personal care, medicines and nutrition needs and preferences. There was also a summary of their life history that had been recorded with the person's signed agreement.

There was a wide range of activities available to people living at The Rookery including a working farm day service adjoining the home which also had an extensive art and crafts facility on site. The sports hall was used for weekly discos and parties were held frequently. The manager told us that they used upcoming social events to provide people with information to help keep them safe. For instance, as Bonfire Night was approaching there were plans to do group work with people around the dangers of fire.

People were encouraged to access the community in the local village. There were trips to the local beach, local pub and car boot sale. People were also supported to meet their spiritual needs. Some people had attended the local church on Sundays but when this clashed with other events an arrangement was made for the local clergy to visit The Rookery instead at a different time. People were supported to keep pets if they wanted to. One person showed us the knitting that they were doing.

The service had conducted surveys of people who lived in the home, their families, staff and visiting professionals. We saw that where suggestions had been made, these had been taken on board by the service and where possible put in place. For instance a relative of one person had asked for the creation of a vegetable plot so that people could experience growing their own produce and we were told that this had been put in place.

Complaints forms were available to people in a format that they could understand. We saw that complaints were fully investigated and actions were taken promptly to resolve any issues where possible. The manager told us that they were in the process of developing a new complaints leaflet to make it even easier for people to register their concerns.

Is the service well-led?

Our findings

Senior staff had roles in monitoring the service. However, there were shortfalls in this as evidenced by the errors in recording medicines. The manager told us that they would review the arrangements for medicines auditing. They acknowledged that this aspect was not working effectively.

The service promoted a positive culture that was person centred, open, inclusive and empowering. Meetings were held for people who lived in the home every month. We saw that these were led by the people living in the home and topics discussed included suggestions for food and activities as well as plans for fetes and barbeques to be held at the home. Activities that had been suggested by people in the meetings were then organised by keyworkers and other staff.

Staff we spoke with told us that they felt comfortable to express their opinions and the service held staff meetings every three months in two separate groups. There were also weekly meetings for deputy management staff. Staff told us that they felt well supported by the management. We saw that the service clearly benefited from a core of very experienced staff who were supported by the manager to help less experienced staff to develop. We noted that the established personnel were very supportive to new staff and were giving guidance and helping out when needed.

Staff told us that they received regular supervision with the manager every three months. Supervision was a forum to discuss personal and professional issues and training and staff told us they found this supportive. There were also annual appraisals for all staff during which their performance and development was reviewed.

The manager of the service was clear about their role within the provider organisation. They were clear about what notifications should be made to the CQC. The manager spent much of their time walking around the home talking to people and clearly knew each person very well. There was a clear shared vision of the service. Staff talked in terms of creating a "homely" and "family" environment for people living there. Resources were clearly available to develop the service. The farm day service adjoining the site also contained a craft workshop and sensory room and was part of the same provider organisation and provided opportunities for people to enjoy a wide range of experiences.

The manager carried out regular practice audits where they observed staff and ensured that their care was of a good standard. The director of the provider organisation was in weekly contact with the manager of the home and also carried out monthly audits of the home.

The management team had a good overview of the training needs of staff at The Rookery. A member of the team checked a spreadsheet every week to identify which members of staff required refresher training and organised this to ensure that staff had up to date knowledge. The management team also operated robust monitoring systems for the safety and maintenance of the premises and vehicles at The Rookery. The management team also told us of their plans to improve the data management and audit systems to ensure that they were as effective as they could be.

