

# JN Healthcare Group Limited

## Carolann House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carolann House is a residential care home providing accommodation and personal care for three children at the time of the inspection. The service can support up to four people.

### People's experience of using this service and what we found

Systems and processes for safeguarding and whistleblowing were in place and understood by staff. People had risk assessments in place and told us they felt safe in the service. We found sufficient staff on duty to meet the needs and preferences of people. People's medicines were safely managed, and they received their prescribed medicines timely and supportively. Current government guidance for infection control was being followed.

People's needs were assessed, and they had choice in their daily lives. Staff received an induction and training specific to the needs of people. People were supported to eat and drink a range of foods in an environment specific to their needs.

People were supported to be independent where possible and supported to communicate effectively. People's privacy and dignity was promoted by staff who understood people's needs.

Care was planned and person centred, people were supported to communicate effectively and maintain relationships with family. There was a clear complaints procedure in place to address complaints when received.

There were clear roles, and these were understood by staff and management. There was oversight of care and support in place for people to express their views and be involved in the care they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximises people's choice, control and independence. Care was person-centred and promotes people's dignity. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 08/06/2021 and this is the first five key question inspection.

#### Why we inspected

We received concerns in relation to the provider delivering care to children outside their registration conditions. As a result, we undertook a full comprehensive inspection to assess whether people were receiving safe, effective, caring, responsive and well-led care.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Carolann House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one adult social care inspector and one children's inspector.

#### Service and service type

Carolann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with seven members of staff including the nominated individual, registered manager, quality assurance manager, senior carers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at observation records, physical intervention records, quality monitoring audits and notes from key worker sessions.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe in Carolann House. One person said, "I am very happy here and feel safe." A relative said, "I feel [person] is safe and they know [person] very well."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use.
- Staff received training to know how to safeguard people from abuse; they understood how to recognise abuse and action to take. One staff member told us, "We have training in safeguarding regularly, I would raise any concerns with the manager in the house or the on call system."

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place to assess and manage risks to people. Staff understood people's risks and how to reduce these risks. For example, staff told us of people's early warning signs leading to risks and the strategies they used effectively to reduce these.
- Assessments and care plans were regularly reviewed by key people as required, to ensure they continued to meet people's needs and mitigate potential risk.
- The environment was well maintained with risk assessments and procedures in place to ensure the maintenance work was carried out timely to keep people safe.

Staffing and recruitment

- The provider continued to recruit staff safely through the requirement of references and applications to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Staff and family members told us there was a sufficient number of staff to meet people's needs and keep them safe. A family member told us, "The amount of staff is great." A staff member said, "We never have a problem with staff, if one calls in sick another is ready to come in."

Using medicines safely

- People's medicines were stored and managed appropriately by staff who had been trained in this area and had their competencies regularly checked by the registered manager.
- There were robust procedures to ensure people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and count sheets accurately recorded the total of each medicine in stock.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence. We saw that incident numbers had reduced over time for all people living in the service.



# 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.

This is the first inspection of this domain for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out initial assessments which identified people's care needs, preferences and goals.
- People were cared for in line with the needs and choices identified in their care plans. A person living at the service told us, "I get to choose and say what I need."
- The documented needs and choices of people reflected the Equality Act, for example people were supported to engage in all activities of specific interest to them such as ice skating.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they commenced with the service which included a period of shadowing an experienced staff member. Training was completed during induction and refreshed at regular intervals to equip staff to meet people's needs.
- Staff were trained in a range of interventions and techniques to respond to young people's changing needs and risks.

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

- People's nutritional preferences were detailed in their care plans.
- People were supported to eat a healthy diet and could choose what they would like to eat and drink. One person told us, "I choose what I want to eat, sometimes I choose to be vegetarian."
- Staff made appointments when necessary for people to visit healthcare professionals.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs. One health professional told us, "I am more than happy with the support they are providing."
- All of the young people were supported to access education both in school and through remote learning.

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

- The environment was adapted where necessary to meet people's needs, for example to maintain space in communal areas to support people's behavioural needs.
- People's rooms were decorated to their preference and needs.
- The home was clean and well decorated and there was a good outside space to the rear of the building.

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and understood the importance of people being supported in the least restrictive way.
- Where people had restrictions on their liberty, the appropriate authorisations were 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.

This is the first inspection of this domain for this newly registered service. This key question has been rated as Good. This meant 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

- People were cared for by kind and caring staff who knew people well and supported them to be individuals and ensured there was time to spend with people. For example, we observed staff and people laughing and chatting socially about their interests.
- Relatives we spoke with were extremely positive about the service. One relative told us, "They have been able to support [person] to calm and has less incidents."
- People's equality and diversity were respected and their likes and dislikes were clearly recorded in their care plans.

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

- People were involved in their care plans and reflective discussions were held and documented to help them to understand how incidents had affected them and those around them.
- A handover between staff teams showed detailed information was handed over regarding the events of the shift including details of people's views through their behaviours and responses throughout the day.
- We read minutes of people's meetings and surveys they had completed which showed they were supported and encouraged to express their views. For example, people shared their views on activities, decoration and meals and changes had been made.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They [staff] do speak to me respectfully."
- Staff explained how they supported people to maintain their privacy and dignity, especially with personal care, despite the need for high level of staff supervision to keep people safe. One staff member told us, "We have one lead person during personal care and the other staff are close by and still able to keep people safe." People we spoke with confirmed their privacy and dignity were respected.
- People were supported to be independent. For example, people were supported to cook their own meals where they could and when they wanted.

# Is the service responsive?

## Our findings

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

This is the first inspection of this domain for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person-centred and contained detailed information about people's individual support needs and what outcomes they would like to achieve.
- Care plans were regularly reviewed, and amendments made based on people's choice and development. For example, one person had developed more effective behaviour management strategies which were added to their care plans as they were updated.
- We observed an emphasis on promoting social interaction as staff engaged all people living at the home to interact with each other where appropriate. We saw friendships had developed between people because of this.
- The registered manager ensured there was a wide variety of activities available for people to access. People were supported to engage in activities with their families. A relative of a person living in the service told us, "Activities are good." A person said, "I do lots of activities."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the Accessible Information Standard and communication around the home was tailored to meet people's individual needs.
- People had communication passports which clearly documented how people preferred to be communicated with. A professional told us, "[Person] engages better and communicates better than ever before."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place with a copy displayed for people to access. People we spoke with confirmed they knew how to use this if they needed.
- Where complaints had been raised, we found they had been investigated and responded to appropriately.

End of life care and support

- No-one was receiving end of life support during at the time of inspection.

# 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.

This is the first inspection of this domain for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People we spoke with were positive about the service they received. One person said, "They [staff] all know me well, I have a couple of favourites."
- Family and health professionals also spoke positively about the service, telling us how well people were doing at Carolann House. One family member said, "They have some really good staff and [person] is very happy with them. I praised the staff this weekend they were great and very interactive." A professional told us, "The home really listens."
- The registered manager promoted a positive culture where they supported and empowered the staff team to be able to deliver person-centred care. A staff member told us, "I really enjoy the team that works here, I feel the staff are very passionate about the service users we have. The team have put a lot of time into people and we have seen all of them come on leaps and bounds."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

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

- There was a clear management structure within the home from the registered manager, deputy manager and support staff. A staff member told us, "The support here is quite good."
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, there were policies on complaints, equality and diversity, safeguarding and whistleblowing.
- The registered manager completed competency checks on the staff to ensure their practice remained within regulatory requirements. The provider had processes in place when things were failing.

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

characteristics;

- We found the staff and registered manager involved people as much as possible in their care. For example, regular meetings were held with people in order for their views to be heard.
- Regular staff meetings and supervisions were held where staff were updated on developments and received feedback. Staff were encouraged to be involved in the development of service delivery.

Continuous learning and improving care

- The provider was in the process of implementing an online data system. The system identified when people's plans and assessments needed updating and when staff were due training.
- Management and care staff received regular training to ensure their learning, skills and knowledge were current to be able to support people.
- The registered manager ensured a range of quality assurance tools were in place to continually assess the care provided was person-centred to individuals developing needs.