

Randall Care Homes Limited







Jerome House

Inspection report

Jerome house
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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	

Overall summary

This unannounced inspection of Jerome House took place on the 1 April 2015. Jerome House is a care home registered to provide personal care and accommodation for four people who have mental health needs. On the day of our visit there were three people living in the home. Public transport and a range of shops are located within walking distance of the service.

At our last inspection on 16 September 2013, we found the provider met the regulations we inspected.

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.

Summary of findings

Throughout our visit staff interacted with people in a friendly and courteous manner. People told us they were happy living in the home, and a person using the service said they felt mentally and physically better since their admission.

Staff received a range of relevant training and were supported to obtain qualifications related to their work. Staff understood people's needs and worked as a team to provide people with the support and care they sought and needed. Staff were positive about working in the home and were knowledgeable about each person's needs. They told us they received the support they needed from management staff to enable them to carry out their roles and responsibilities. The staffing of the service was organised to make sure people received the care and support they required. People using the service spoke highly about the staff and said they were approachable, kind and listened to them.

People were involved in a range of decisions about their care and support and their independence was promoted and respected. People were not restricted from leaving the home and regularly accessed local community facilities and amenities. People told us staff respected their privacy and they received the support they needed to maintain good health. People's health was monitored and they received the advice and treatment they required from a range of health professionals. People told us they also felt well supported by social care professionals who visited them regularly.

People had the opportunity to participate in a range of activities, and to participate in the local and wider community. People's individual leisure interests and preferences were respected. Staff respected people's decision when they chose not to participate in an arranged activity. When people wanted to maintain contact with family, friends and others important to them this was encouraged and supported by staff.

People told us they generally enjoyed the meals and were provided with an alternative if they wished. Meals and other refreshments met their preferences and dietary needs. Referrals were made to a dietitian when needed.

People told us they felt safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's support plans were personalised and contained the information and guidance staff needed to provide each person with the care they needed and wanted.

Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had an understanding of the systems in place to protect people who were unable to make particular decisions about their care, treatment and other aspects of their lives. Staff knew a restriction on people's freedom needed to be lawfully authorised.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. Risks to people were identified and risk assessments protected people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Good



Is the service effective?

The service was effective. Staff received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home. Staff knew that any restrictions to people's liberty needed to be authorised.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

People were provided with meals and refreshments that met their preferences and dietary needs. Staff monitored people's nutritional needs and took appropriate action to address any concerns including seeking advice from a dietitian.

Good



Is the service caring?

The service was caring. People told us staff were kind and provided them with the care and support they needed. Staff knew people well, respected people's views and encouraged them to be involved in decisions about their care, treatment and support. People's independence was supported and promoted.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



Is the service responsive?

The service was responsive. Each person had a personalised plan of care and support that detailed their specific needs. Arrangements were in place to monitor and review those needs with involvement from people using the service.

People were supported and encouraged to take part in a range of individual and group activities. People's decisions about whether to take part in these activities or not were respected. People's individuality was promoted and they were supported to make choices about their lives.

Good



Summary of findings

People were aware of how to raise a complaint or concern about the service and were confident these would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

The service was well led. People told us the home was well run. They informed us the management staff and other staff were approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service, and action was taken to make improvements when issues were identified. Staff had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor and improve the quality of the service.

Good



Jerome House

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 01 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received about the service. This information included

notifications sent to the Care Quality Commission (CQC) and all other contact that we had with the home since the previous inspection. We talked with the three people using the service, three management staff, the deputy manager, three support workers, and an administrator. We also obtained feedback about the service from a social worker, a dietitian and a relative of a person using the service.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; the care files of the three people using the service, three staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. A person said “It is good here, yes I do feel safe, the staff are kind.” There were up to date policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff were able to describe different kinds of abuse and told us they would immediately report any concerns to management staff. They were confident that any safeguarding concerns would be addressed appropriately including informing the local authority safeguarding team and the Care Quality Commission. Although staff knew the local authority safeguarding team needed to be informed of safeguarding issues, some staff were not aware of their contact details. The general manager informed us this information would be available in the home to staff and people using the service. Staff informed us they had received recent training about safeguarding people and training records confirmed this. A relative of a person said they had “No concerns” about the safety of a person using the service.

Through our observations, talking with staff and looking at the staff rota we found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff told us there was generally one member of staff on duty who provided people with the care and support they needed safely. They informed us management staff visited the service several times during the day to provide the support they needed and to speak with people using the service. This was confirmed during our visit. A support worker told us staffing levels were adjusted to meet any changes in people’s needs and to make sure people were supported to attend health appointments and participate in a range of activities. This was demonstrated during our visit when an extra member of staff accompanied a person using the service on a shopping trip.

Staff told us they had worked in this home and the provider’s other three registered services within the vicinity for more than two years and had got to know the people using the service well. Staff spoke of there being consistency of staff, which made sure staff understood each person’s needs and worked together as a team to provide people with the support they needed and to keep them safe. A social worker told us they found the low turnover of

staff was a positive aspect of the service. We found staff were busy but had time to talk with people and to encourage them to be involved in decisions about their care and support needs.

Care plan records showed risks to people were assessed, with their involvement. Guidance was in place for staff to follow to minimise the risk of people being harmed and to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been completed for a selection of areas including people’s behaviour, medicines, fire safety, self-neglect and risk of abuse including financial abuse. They had been regularly reviewed and staff were aware of their content. A support worker spoke about the guidance to be followed when a person did not return to the home within a certain number of hours when going out alone. We saw this guidance was accessible to staff.

Medicines were stored, managed appropriately and administered to people safely. Records showed the medicines management and administration systems were regularly checked by the general manager and action was taken to make improvements when needed. Staff had received medicines training and had received an assessment of their competency to manage and administer medicines to people safely. A support worker told us about the system they followed including shadowing staff before they were allowed to administer medicines. Safe medicines administration had been discussed during staff supervision meetings. Within each person’s care plan there was detailed information and guidance about each person’s medicines, including specific guidance about medicines administered on an occasional basis such as pain relieving medicines. Records showed staff were aware of this information and followed guidance. Medicine administration records showed that people had received the medicines they were prescribed. People were knowledgeable about their medicines and told us staff always administered them at the correct time. A person told us “I know my medicines, they [staff] give them to me and I always take them.”

Staff took appropriate action following accidents and incidents to minimise the risk of them occurring again. We saw a manager had written to a person using the service about the action taken in response to an incident the person had been involved in.

Is the service safe?

There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. The home had a fire risk assessment, which included details of the action taken by staff to minimise the risk of fire. Regular fire drills involving staff and people using the service were carried out so they knew how to respond safely in the event of a fire. Fire action guidance was displayed within the home.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and

support. A care worker told us they had received an interview before starting their job during which they had been asked about their experience and skills. Records confirmed this.

People had a range of arrangements in place for supporting their individual financial needs, which included a person managing their own monies to others receiving significant support from staff. During our visit staff involved people fully in the management of their finances. They discussed people's expenditure with them and included them in the process of checking the amount of cash they had. A person told us they were happy with the support they received with their money. Receipts of people's expenditure were available and appropriate records were maintained of people's income and spending. People had signed their financial records, and regular checks of the management of people's monies were carried out by management staff to reduce the risk of financial abuse.

Is the service effective?

Our findings

Staff told us about the induction they had received when they started their job. They told us during the induction they had 'shadowed' more experienced staff and had spent time talking with people using the service and other staff to get to know and understand people's individual needs. They told us their induction helped them know what was expected of them and enabled them to have the skills they needed to carry out their role. During our visit as part of their induction a new member of staff was spending time in the home with an experienced support worker to gain knowledge and understanding of the service. Records showed us staff had completed an induction programme.

Staff told us they received the training they needed to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included safeguarding people, infection control, fire safety, moving and handling, food safety and first aid. Other training and workshops specific to the needs of the service were provided. This training included understanding mental health, understanding and responding to challenging behaviour, supporting people who self-neglect and person centred risk assessment. A care worker told us they received the training they needed to provide people with the care they required and commented "We get lots of training, and if I have a training need I tell the managers and they sort it." Records showed staff had also achieved qualifications relevant to their roles. These included relevant vocational qualifications in health and social care.

Staff said they felt well supported by management staff, who frequently visited the home and were always available for advice and support. Records showed staff received regular supervision with a senior member of staff to monitor their performance, discuss best practice and identify training needs. We saw from looking at staff supervision records that a number of areas had been discussed. These included recorded keeping, involving people in household tasks and the importance of a comprehensive 'handover' about each person's needs being carried out during each shift. Staff told us they had recently received an appraisal of their performance and personal development needs. Records confirmed this.

Staff told us there was very good communication among the staff team about each person's needs, so they were up to date with people's progress and knew how to provide people with the care and support they needed. A staff 'handover' meeting took place during our visit. A care worker told us about the importance of the handover meetings in monitoring people's progress.

People's health care needs were met and monitored. Records showed people regularly received health checks. They had access to a range of health professionals including; GPs, psychiatrists, opticians, community nurses, dietitians, chiropodists and dentists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. They told us the GP surgery was within walking distance and they saw a doctor when they were unwell. A person told us "I see a doctor if I need to, the doctor's surgery is down the road. I see my psychiatrist regularly and my social worker every two weeks."

People told us they were happy with their bedrooms and the layout of the home. We saw people freely accessed all communal areas of the home and garden.

Management and other staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. No one was subject to a DoLS authorisation at the time of our visit. Staff told us they had received training about the MCA and DoLS. Records confirmed this.

People's care plans showed that they were involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person's best interests.

People were generally complimentary about the meals. The menu included a range of meals, which catered for people's varied preferences, and dietary needs. A person told us that they were provided with an alternative when they disliked a meal, and snacks were available at any time.

Is the service effective?

We saw people made themselves drinks. They had their own food cupboard where they stored personal food items. A person told us “I get enough to eat and can make a snack if I like.”

People’s nutritional needs were assessed and monitored. Details about promoting healthy eating were recorded in people’s care plans. Records showed some people had received advice and support from a dietitian. A dietitian

spoke of their contact with the service and told us staff took appropriate action in response to their advice and issues they raised about people’s dietary needs. The dietitian told us that they had noticed the home had recently provided more healthy food options for people. We heard a member of staff discussing with a person the purchase of various food items, and encouraged them to choose healthy options.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. We saw people were supported in a respectful and kind manner by staff. People using the service were complimentary about the staff and told us they treated them well and provided them with the care and support they needed. During our visit we saw positive interaction between staff and people, staff spent time with each person and spoke with them in a friendly and sensitive way. A person commented “It’s quite a good place, staff are very good.”

People told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people and involved them in making a range of decisions, which included deciding what they wanted to eat and what they wanted to do. A person using the service told us they were aware of their care plan and said “I feel involved, I have meetings with staff and have a key worker.”

All the people we spoke with told us their privacy was respected. People had the choice of how and where they wanted to spend time during the day including periods of time in their bedroom. A person told us they received their personal post and could lock their bedroom door if they wanted to. People’s independence was promoted by them having the opportunity to have their own key to the front door. Records showed a person had been provided with a front door key soon after they moved into the home. A person told us “I can lock my door but I choose to leave it open. Things are safe here.”

People’s care plans included guidance about encouraging people to be as independent as possible and providing them with support to maintain and develop their skills. For example a care plan showed the support and guidance a person needed from staff with laundering and ironing their clothes. People made drinks, went out into the local community and were involved in household tasks including; tidying their bedroom, mopping a floor, washing their plates and cutlery and putting their clothes in the washing machine. A person told us “I manage my own money, do my own shopping and staff help me with my laundry.” Another person said “They [staff] help me to be more independent. I feel good that I am doing well.” A social worker told us “Staff engage well with people.”

People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted, which promoted their independence. We heard a member of staff discussing with a person the process for renewing their ‘freedom’ travel pass. A person told us about catching buses to see friends and family. Records showed people were recorded on the electoral register so had the opportunity to vote in elections.

Staff had a good understanding of the importance of confidentiality. The confidentiality policy was recorded in the staff handbook and included information about not disclosing people’s details and not filming or recording their conversations. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. We saw people’s records were stored securely.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. A person told us “I have lots of friends. I see them often.” A relative of a person told us their family member was “Well looked after. [The person] seems happy. The home is better than the last place.” A person’s records showed they had received support from an advocate when they had been admitted to hospital.

Staff had a good knowledge and understanding of people’s individual needs. They told us about the importance of involving people in decisions about their lives. They spoke of getting to know people by speaking with them about their interests and needs and by reading people’s care plans. Staff told us how they supported people to be involved in decisions about their lives. People told us they had regular one-to-one meetings with their keyworker and other staff during which they discussed a range of issues to do with their lives including decisions about care and treatment. Records of these meetings showed participation in activities, leaving the house early morning, relationships and finances had been discussed with people using the service.

Care plans included information about people’s life history, health, cultural and spiritual needs and showed people had been consulted about their care and had participated in the review of their needs. A person told us they chose not to visit a place of worship, but was looking forward to celebrating a forthcoming religious festival. The staff handbook included information about employees’ responsibilities in promoting equality and diversity.

Is the service responsive?

Our findings

Before moving into the home people's individual care and support needs were assessed by management staff who had prior to carrying out the assessment received information about the person's needs and preferences from health and social care professionals. This was confirmed when during our visit two management staff attended an appointment where they carried out an assessment of a prospective person using the service. Care plans showed us assessment of people's needs formed the basis of their care plan and identified where people needed support and guidance from staff; such as with their health, cooking and aggressive behaviour. Staff told us people's needs were assessed on a day to day basis, discussed with the person and with the staff team. A person told us they had been asked questions about their life, needs and preferences before and following moving into the home.

People told us they knew about their care plan. Records showed people's care plans were reviewed monthly and more frequently if people's needs changed, for example when their behaviour challenged the service. Records showed comprehensive reviews of people's needs took place regularly with the involvement of health and social care professionals. A person spoke about their social worker visiting them regularly to check how they were and to review their progress. A social worker we spoke with confirmed this and said they carried out 'spot checks' to monitor the care and support provided to their client. They told us staff managed the person's behaviour well and kept them well informed of the person's progress. Records showed people's care plans were reviewed and updated, following changes to their care and treatment. We saw that people had the opportunity to sign their care plans and the minutes of meetings they had with staff.

We found from records and speaking with staff that several of the one to one meetings between staff and people using the service had taken place in response to a concern and/or change in a person's needs. The particular concern or need was discussed with the person during those meetings and action to address the issue agreed and put in place. We found from records, observation and talking with staff and people using the service that staff knew people well and were responsive to their needs. A relative told us they were kept informed about their family member, and were contacted when the person's needs had changed or when

there was a concern. They commented "They contact me when they need to. Staff seem to know [the person] well." A social worker told us they were kept informed of changes in a person's needs and staff followed the "Appropriate guidance" when caring and supporting people.

Staff spoke about receiving detailed information about each person's progress from other staff and records during each shift they worked. A 'handover' meeting between the morning member of staff and the afternoon staff took place during our inspection. Staff told us they discussed each person's needs and progress during each 'handover' meeting so they knew how to provide people with the care they needed. Notes were written by staff about each person's progress during each shift so staff were kept up to date of people's current needs.

During our visit people had the opportunity to take part in a group activity. Two people took part and the other person's decision to do something else rather than attend the activity session was respected. A person told us "They [staff] let me do my own thing, which I like, but they step in when necessary." People told us about the activities they enjoyed which included listening to music, watching television, visiting friends and shopping. A person told us "I like going to the group meetings and going on bus rides." A person went shopping with a member of staff during our visit. Another person told us "I go shopping with staff every six months to buy clothes. They really look after me."

Staff knew they needed to report all complaints to the registered manager and/or other management staff. People told us they had no complaints but would feel comfortable raising any issues and concerns which they were confident would be addressed appropriately. The complaints procedure was included in people's terms and conditions document. The general manager told us a copy of this document had been given to each person using the service. Records showed there had been no complaints recorded since 2011. The deputy manager told us that issues raised by people using the service were addressed in one to one meetings with the person but action would be taken to make sure all concerns and complaints and details of how they were managed were written in the complaints book.

People told us they had the opportunity to feedback about the service and staff listened to them. In 2014 people had completed a written questionnaire about the service. An action plan had been completed in response to feedback

Is the service responsive?

from all the people living in the provider's five locations. The general manager told us she would record on people's individual questionnaires the action taken in response to any criticism to demonstrate people's individual feedback was addressed.

Is the service well-led?

Our findings

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from other management staff including the general manager. Staff rotas showed there was always a senior manager available for staff to contact when they needed guidance and support. The general manager, another senior manager and the deputy manager spent time in the home during our inspection. They spoke with all the people using the service in a respectful manner and asked how they were. They provided people with advice and support when they asked for it, for example one person wanted help with completing a form and the general manager promptly arranged to provide the help needed. People spoke about management staff visiting the home regularly, listening to them and providing them with assistance when required. A person commented “It is a really good home.”

Staff supported people to maintain their links with the local community. People told us about their visits to family and friends and about accessing a range of local facilities and amenities. A person using the service told us “I know the area well, I like going out and about.”

Staff members had job descriptions which identified their role and who they were responsible to. Staff told us the management staff listened to them and provided them with the support they needed as well as keeping them informed about any changes to the service. The general manager and deputy manager spoke of observing staff

interaction with people as part of monitoring the service. The employee hand book included information about encouraging staff to share information about the service with management staff. Staff told us they felt confident to raise any concerns about the service and were certain they would be addressed promptly. Regular staff meetings were held. Minutes of these meetings showed a range of topics to do with a number of areas of the service had been discussed with staff. These included respecting people’s privacy, record keeping and people’s rights.

There were effective quality assurance systems to monitor care and plans for ongoing improvements. Audits included checks of the quality of care records, people’s health and well-being, complaints, health and safety checks and the management of medicines. Where shortfalls in the service had been identified action had been taken to improve practice.

The home has notified the Care Quality Commission of significant events which have occurred in line with their legal responsibilities.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The visitor’s record book showed there was a range of health and social care professionals who regularly visited people living in the home. A social worker was positive about the service and told us “They look after people very well. It is a provider we can rely on.” Another social worker had written in a visitor’s record that they were “Happy with the standard of care” at the home.