

Jeesal Residential Care Services Limited

Casarita

Inspection report

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NR8 6AD

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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?	Requires Improvement ●

Summary of findings

Overall summary

Care service description

Casarita is a residential care home for seven people with learning difficulties. At the time of our inspection there were seven people living in the home.

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

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

We found some concerns relating to the management of the water temperatures, this was raised with the manager who has taken action in relation to this. Other quality monitoring checks were effective and remedial action was taken where concerns were found.

Whilst no formal audits were carried out in relation to people's medicines, the registered manager told us that they carried out checks and we found that people's medicines were stored and administered in a safe way.

People's safety was maintained and known risks were identified and managed. Staff knew how to keep people safe and understood their responsibilities in relation to safeguarding.

There were consistently enough staff to support people safely and staffing numbers were adjusted according to people's needs. There were robust recruitment procedures in place to recruit suitable staff.

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

People were involved in the planning of their care and were supported to be as independent as possible. People could make their own meals and risks relating to people's nutritional intake were mitigated. Prompt referrals to relevant healthcare professionals were made to ensure people's health and wellbeing.

Staff worked collaboratively with other agencies and professionals to provide coordinated and consistent care for people.

People's dignity and privacy was upheld and staff were caring and attentive towards people. People's care

was personalised and their care records were reviewed and updated regularly.

There was a clear management structure in place and staff were supported to carry out their role.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has deteriorated to Requires improvement	Requires Improvement ●

Casarita

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 27 June 2018 and was unannounced.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems a PIR was not available for the registered manager to complete and we took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with two people who lived in the home. We also spoke with three members of staff, the registered manager, the deputy manager one healthcare professional. We checked two people's care records and the medicine administration records for two people. We also looked at information relating to how the service was run. This included health and safety records, staff recruitment and training files and a number of quality monitoring reports.

Is the service safe?

Our findings

The service remains safe. Both people we spoke with told us that they felt safe living in the home. One person told us, "I feel safe here because of the staff here, they make me feel safe."

There were detailed risk assessments in place for individual risks to people which gave clear guidance to staff about how to manage and mitigate known risks. People's risk assessments were reviewed and updated regularly to reflect any changes in people's care needs. These documents provided staff with the most current guidance about how to care for people in a safe way. For example, one person showed behaviour that challenged. Their risk assessment clearly documented what situations would likely be a trigger for their behaviour and what staff could do to support them when they became upset.

We noted that the hot and cold water temperatures were too high in some areas of the home. The high hot water temperatures posed a scalding risk and the high cold water temperatures meant that the risk of legionella was not managed appropriately. However, records from a water management company detailed that there was no legionella bacteria present in the water system. The registered manager told us that they would investigate our concerns.

Other risks within the environment were managed well and there were daily and weekly health and safety checks as well as cleaning schedules. This helped to ensure that the home was safe for people to live in. We noted that the home was clean throughout and the kitchen was also very clean.

Staff knew the different types of abuse and who they would report any concerns to. Staff were also knowledgeable about outside organisations who they could contact if they suspected that someone was at risk of abuse. Staff told us that they had received training in safeguarding and records we looked at confirmed this.

There were consistently enough staff to support people safely. One person told us, "There are lots of staff here." The registered manager told us that staffing levels were adjusted according to people's needs. We saw from the rotas that extra staff worked to facilitate one to one time and trips out.

Processes were in place to ensure that suitable staff were recruited to work with people. Staff only commenced their employment once satisfactory references had been received and a clear police check had been completed.

People's medicines were stored and managed in a safe way. One person told us that they took their own medicines with support from staff. We noted that there was an appropriate risk assessment relating to this in the person's care records. Some people stored their medicines in their room within a locked cabinet and other people's medicines were stored safely in a locked trolley. Staff had their competency in the administration and management of medicines reviewed annually.

Accidents and incidents were recorded and completed forms were sent to the provider's head office to be

reviewed for any patterns or trends.

Is the service effective?

Our findings

The service remains effective. Assessments of people's physical and emotional needs were carried out to ensure that the service was appropriate for people's care needs.

People were supported by staff who received training relevant to their role. People we spoke with thought that the staff were well trained. One person told us, "[The staff] know what they're doing. They do lots of courses."

New staff completed an induction and one member of staff told us that during their induction they completed all the provider's mandatory training. They added that they spent time shadowing more experienced members of staff. Staff received regular supervision with the registered manager. Supervision is protected time where staff can discuss any support they require and training needs with a more senior member of staff.

People we spoke with told us they enjoyed the mealtimes at Casarita. One person commented, "We get to choose what we want [to eat]." People could access the kitchen as they pleased and we saw one person making themselves a hot drink. Mealtimes were flexible to accommodate people's daily activities.

Risks relating to people's nutritional intake were identified and plans were in place to manage known risks. We saw from people's records that input was sought from the speech and language therapy team (SALT) where there were concerns about a person's nutritional intake. Staff we spoke with were knowledgeable about people's dietary needs and told us how they prepared people's meals in accordance with guidance provided from SALT.

Staff worked closely with other organisations to ensure that people received consistent care. On the day of our inspection we saw that the registered manager and deputy manager had a meeting with a person's advocate and another health professional regarding their care. We sat in for part of the meeting and saw that the registered manager was requesting further resources for the person so they could meet their care needs.

People were able to access relevant healthcare professionals where there were concerns about their physical or emotional wellbeing. One person we spoke with told us, "Yes, I get to see a doctor." We saw from people's care records that people were referred to healthcare professionals in a timely manner.

The service was designed to meet people's needs. People could access the garden easily and there was a lounge where people could spend time with others. The home was in need of some decoration as the lounge lacked a homely feel to it.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the MCA and the importance of offering people choice. We saw throughout our inspection that staff would always ask people before they gave any care to people. Where decisions had to be made in people's best interests, these were clearly documented in people's care records. This included information about what support people needed to make a decision.

Is the service caring?

Our findings

The service remains caring. People we spoke with told us that they felt cared for by the staff. One person told us, "If I'm in trouble, [the staff] help me." All of the staff we spoke with, spoke in an empathic way about people. One member of staff told us, "This is their home, it's about listening to what people want." Staff we spoke with had a good understanding of people's personal histories, likes and dislikes

Throughout our inspection we saw that staff spent time talking with people and we saw from people's facial expressions that they were happy in the company of staff. One person told us, "[The staff] are patient and listen to me." Staff interacted with people in a friendly and warm manner. We saw that staff communicated with people according to their individual needs. For example, using short sentences and pointing to objects of reference. The atmosphere of the home was relaxed and staff had sufficient time to spend with people.

People we spoke with told us that they were involved in the planning of their care. One person told us, "[The staff] talk to me about my support plans." Staff we spoke with told us that they will also speak with people's families and involve them in people's care. People also had access to advocates who could speak on behalf of people.

Staff promoted people's independence as much as possible. One person told us, "I get to make dinner on Sunday night." One member of staff explained that some people who were unable to make meals for themselves, so they would help by laying the table and taking the plates back to the kitchen.

People's privacy and dignity was upheld. Staff told us how they would preserve people's dignity whilst attending to their personal care. This included ensuring doors and curtains were closed. Any personal records relating to people's care were kept confidentially either in the office or in people's rooms. This ensured that people's personal information could only be accessed by those who had the authority to see it.

People were supported to maintain relationships with their family and friends. There were no restrictions about when people could have visitors come and see them.

Is the service responsive?

Our findings

The service remains responsive. During our inspection we observed that staff responded quickly to people's needs. The service used a walkie-talkie system and some people had these in their rooms. We saw that people summoned staff assistance via this system and that staff would answer people to say that they would either be with them straight away or would say when they would be with them.

Staff would try different approaches with people when they were not responsive to the care being given. For example, one person was showing behaviour that challenged and would become easily distressed. Staff identified that they did not like a method of communication that was being used so they tried a different way of communication. As a result, the person became less distressed. A healthcare professional we spoke with told us that they were, "Blown away" with the work that staff do with people. They also commented on the good relationships that staff foster with people.

People could decorate their rooms and personalise them with their own items. One person explained, "I love my room, it's quiet." On the day of our inspection one person was having a new wardrobe fitted and they were helped by staff to put their clothes away again.

People's care records were person centred and focussed on people's strengths and what they could do for themselves. For example, on one person's care plan, it stated that they could pop their medicines out of their packets independently but they needed support from staff to ensure that they were taking the right medicine at the right time. People's preferences were documented and staff knew what was important to each person. People's care records were reviewed and updated regularly.

People were supported to maintain links with the local community. Some people attended day centres where they could socialise and take part in a range of activities. The home was situated close to local amenities and people went out with staff to do their shopping and visit local restaurants and cafes.

The service had not received any complaints in the past year. The registered manager told us how they would respond to any complaints and this was in line with the provider's policy about managing complaints. People we spoke with told us that they would go to the staff if they were unhappy with something.

Arrangements for people's end of life care were documented in their care records. This included any funeral plans they had paid for in advance.

Is the service well-led?

Our findings

The service had deteriorated to requires improvement. At this inspection we found that some of the quality monitoring in place was ineffective. For example, the form for the weekly water temperature testing stated what temperature the hot water should be under. However, we saw that no action had been taken when the water temperatures exceed the 43 degrees centigrade stated on the form. Further weekly health and safety audits also failed to identify that water temperatures were not within safe parameters. We raised our concerns with the registered manager who told us that they would speak with staff to ensure that any concerns were raised immediately.

We recommend that the registered manager and the deputy manager review the recording of the water temperatures more thoroughly and take prompt action when these are outside of their safe limits.

The registered manager did not formally record any checks they carried out on people's medicines. They told us that they do book the medicines in and carry out checks whilst they are doing that but they do not formally record this. They told us that they would make this process more formal and would start to record the checks that they carry out. An annual audit was carried out by a pharmacist from the pharmacy linked to the home. We looked at this and noted that there were no issues reported in relation to people's medicines.

Apart from the concerns we found relating to the water temperatures, we noted that quality monitoring checks identified concerns relating to the quality and safety of the home and remedial action was taken where needed.

In addition to the audits carried out by the registered manager, the provider also undertook their own audits. One of these had just taken place before our inspection and the findings of this audit were not available at the time of writing this report.

Management were not clear about when they should submit a statutory notification to us. A notification is information about important events which the provider is required to tell us about by law. During our inspection we were told that the boiler had broken and there was no hot water. The deputy manager told us what had been put in place and when the boiler was due to be fixed. We were satisfied that no disruption had been caused to people and we received a notification of the incident after our inspection.

There was a clear management structure in place and people we spoke with knew who the registered manager was and said that they were approachable. One person commented, "I like [registered manager]. The registered manager had an 'open door' policy and we saw that staff would go and update them throughout the day if there were any concerns about people's health or wellbeing. Staff we spoke with told us that they felt supported in their role by the management team and that any changes in the service were communicated to them.

There were weekly meetings for people who lived in the home. One person told us, "I attend the meetings." These meetings gave people the chance to have their say about what they would like to see on the menu

and what activities they would like to do. Staff also attended regular meetings where people's care needs and staffing issues were discussed.

Staff worked closely with other agencies to improve the quality of care delivered to people. This included working in an open way with safeguarding and the clinical commissioning groups who sometimes funded people's care. We saw during our inspection, the registered manager liaising with another healthcare professional about how many extra staff they required to support a person in the safest way.