Inclusive Support Limited

Jameson 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

This comprehensive inspection took place over two days on the 27 September and 2 October 2017.

Jameson House residential care home that provides personal care and support registered for up to five people who have a learning disability and/or autistic spectrum disorder. People using the service live in a single house located within a residential community setting. People living in care homes receive accommodation and personal care 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. At the time of our inspection there were four people living at the service.

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

A Registered Manager was 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.

The registered provider was also the registered manager. They had clear aims and objectives with vision for the service with ongoing work to embed the values of providing personalised care, promoting independence, choice, rights and empowerment. We saw that the registered manager and staff put these values into practice.

This service was provided in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include supporting people with choice, promotion of independence and inclusion. People with learning disabilities and autism using the service are supported to live as ordinary a life as any other citizen.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff demonstrated a good knowledge of their roles and responsibilities in recognising abuse and safeguarding procedures with steps they should take to protect people.

The registered provider had a system in place to ensure appropriate recruitment checks had been carried out before staff started working at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role and we saw that staff had received regular supervision and training relevant to the roles they were employed to perform.

We found that detailed assessments had been carried out prior to admission to the service. Care plans had been developed around each individual's needs and preferences. We saw that there were comprehensive risk assessments in place and plans to guide staff in how the risks identified were to be managed and mitigated. People were supported with taking informed, every day risks and encouraged to take part in daily

activities and outings. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves, to help ensure their rights were protected.

People's medicines had been stored safely. There were clear personalised protocols in place to guide staff as to how people liked to take their medicines and identified allergies.

People looked happy and relaxed with staff. Where people lacked capacity to air their views verbally, staff supported people with opportunities to communicate through pictorial aids and visual prompts appropriate for the individual. Relative's told us they were able to raise concerns and there were systems in place to ensure people could be confident they would be listened to and appropriate action taken.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. Where assessed as appropriate people were supported to increase their independence and gain life skills. People had access to a range of healthcare providers such as specialist learning disability nurses, their GP, dentists and opticians.

People had some opportunity to feedback on their experiences through monthly keyworker meetings and regular care reviews. Staff involved people in day to day decisions and the running of the service. Staff worked to create ways to involve people with limited verbal communication in day to day decisions and the running of the service.

Staff understood their roles and responsibilities and told us they were well supported by the management of the service. There was an open culture where people felt comfortable to air their views and, provide honest feedback. The registered manager was a visible presence in the service and carried out a number of quality and safety monitoring audits to help ensure the service was running effectively, keep people safe and to plan for improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well led.	**Good**

Jameson 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 checked 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 comprehensive inspection took place over two days. The inspection took place over two days on the 27 September and 2 October 2017.
One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of providing support to people with a learning disability.

Prior to our inspection, we reviewed information available to us about the service, such as notifications that had been sent to us. A notification is information about important events, which the provider is required to send us by law.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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. However, the provider did provide us during the inspection relevant information to enable us to seek the views of stakeholders.

Because people using the service did not have capacity to answer our questions, we observed interactions between staff and people. We also contacted three relatives to ask for their views. We contacted stakeholders such as the local commissioning authority but did not receive a response.

During our inspection, we spoke with the registered manager and three members of staff. We reviewed care records for three people who used the service, reviewed two staff recruitment files, staff training records, meeting minutes, quality and safety monitoring audits.

Good

Is the service safe?

Our findings

There were systems in place to monitor people's level of dependency and help assess the number of staff needed to provide people's care. The registered manager advised that the assessing of staffing levels was an ongoing process due to individual's care needs often changing. We observed there was enough staff available to meet people's individual needs.

A review of staff recruitment files and discussions with staff showed us that the registered provider had a system in place to ensure appropriate recruitment checks had been carried out before staff started working at the service.

There were sufficient staff on duty to ensure they received the support they needed. Staff knew the people they supported well and ensured they were supported to participate in personalised activities. We observed people were provided with care promptly when they needed it or on request. The registered manager told us they had experienced a high turnover of staff in the last year but there were no staff vacancies at the time of our inspection.

Relatives told us, "I think they are a brilliant team, they know [relative] very well and [relative] responds to them well", "[Relative] is a lot calmer living there and I know staff would support them well in meeting their needs."

Staff understood what steps they should take to identify and protect people from the risk of abuse. Records reviewed showed us that staff had received training in safeguarding adults from the risk of abuse. The registered manager and staff were able to explain the process for reporting any abuse and who their concerns could be raised with, including the local safeguarding authority. We noted that staff were aware of the provider's whistleblowing policy. This is a policy, which guides staff in how to report concerns about poor practice within their organisation and to local safeguarding authorities.

Risks of harm to people had been assessed, managed and reduced through the effective use of risk assessments to guide staff in the steps they should take to keep people safe. For example, in relation to the environment in which people lived, people having access to the community, the use of public transport, medicines management and personalised activities they were supported to attend such as swimming and bowling. People were supported with one to one care when accessing the community. Behavioural management plans were in place with strategies to guide staff in the steps they should take where people presented with distressed reactions to situations and others. One relative told us, "They understand the risks of [relative] going out into the community and they support [relative] well and know how to calm [relative] down when they become anxious."

Staff responsible for the administration of people's medicines had received training in medicines management and were regularly competency assessed. .

Each person had their own medication cupboard and medicines had been stored safely and effectively for

the protection of people using the service. There were clear personalised protocols in place for staff to guide them when administering 'as and when required' medication such as pain relief. Guidance on each person's prescribed medication could be found in their care plan and this included information as to possible side effects, also alerting them to any allergies.

We carried out an audit of stock against medication administration records (MAR). We found two items of medicine for one each for two people where the amount of stock available did not match with the records of administration. This was where staff had administered the medicine but had not signed to say they had done so. We discussed this with the registered manager who took immediate action to investigate and rectify this error and instruct staff to prevent a reoccurrence.

Appropriate monitoring and maintenance of the premises and equipment was on going. Infection control measures were in place with cleaning schedules to reduce the risk of cross contamination. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment. We noted there was a need for replacement carpeting to the stairs and some refurbishment of kitchen worktops. When requested the registered manager provided us with an action plan for works planned with timescales to carry out works to these areas.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate with their health and dietary needs.

Staff recently employed told us they had been supported with comprehensive induction training and competency assessed. This was confirmed through a review of records. New staff 'shadowed' more experienced staff to help ensure they were confident in their role. The registered manager told us that they were improving their system for inducting new staff to include staff working towards the Care Certificate. This is a nationally recognised, good practice induction for newly employed staff working within the care profession.

Staff were positive about the quality of the training they had received. Staff told us the registered provider was supportive and provided them with the training they needed to meet the complex needs of the people they supported.

Staff had been supported in the role for which they were employed to perform. Staff told us and records we reviewed showed us that staff had been supported through regular one to one supervision sessions, observations of their competence, staff meetings and annual appraisals. Minutes of staff meetings showed us that these sessions enabled staff to be involved in reviewing people's care and support needs, planning for improvement of the service and performance management.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs).

We checked whether the service was working within the principles of the MCA, and whether any conditions following authorisations to deprive a person of their liberty were being met. At the time of our inspection, we found that they were meeting these conditions. DoLS applications had been submitted where relevant as required. We noted that one person had a DoLS in place whilst others were awaiting authorisation from the local authority. All staff had received training in understanding their roles and responsibilities with regards to the MCA and DoLS and the registered manager kept up to date with current practice.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that the service had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives and advocates

had agreed to the service providing care and support. People were observed being offered choices during the day and this included decisions about their day to day care needs. All of the relative's we spoke with told us that the registered manager and team leader were very good at contacting them to discuss their relative's care and kept them updated with any changes in their health and welfare.

Staff supported people to make decisions and choices about their everyday lives. Assessments had been completed when people were thought to lack mental capacity to identify how their care could be provided in line with their wishes. When people lacked capacity, the provider had taken action to seek that the care, treatment and support, which people received, did not restrict their freedom and rights. These decisions were clearly documented with the reason why and what these decisions covered including taking access to the community, medicines, nutritional needs, medical appointments, dental treatment and restricting people's access to leaving the premises.

Staff had a good understanding of each individual person's nutritional needs, likes and dislikes. People's nutritional requirements had been assessed and their individual needs documented. This included risk assessments and a regular review of people's weight. We observed people were able to obtain snacks from the kitchen when they wanted.

People had been well supported to maintain good health, had access to healthcare services, and enabled to receive ongoing support. Staff told us the service had a good relationship with people's local GP. One said, "We have to be sure that there are no underlying health issues for people and look for non-verbal cues which may indicate pain."

Each person had a health action plan in place to identify any health care needs and provide other health care professionals a comprehensive understanding of the person's care and support needs.

Daily records recorded contact with health care professionals. Referrals had been made to healthcare professionals when needed and this showed us that staff supported people to maintain good health and respond to their needs.

Good

Is the service caring?

Our findings

People were observed with staff and we saw through their body language and sounds they made that they were comfortable in the presence of staff and content with the care they received. We saw that staff interacted with people in a calm and considerate way even in quite challenging situations. For example, where one person whose anxiety was a consistent feature of their needs, became anxious and exhibited distressed behaviour. Staff communicated through non-verbal signing, explaining what was going on to help calm the person. Staff were also observed to be regularly affirming, reassuring and praising this person whenever they achieved a task they were performing. This impacted positively on their sense of wellbeing.

Relative's spoke positively about the staff and the registered manager who they described as, "They work hard to build trust with people", "They are very caring and keep us informed by letter of any staff changes to the service", "The staff are very caring. When [relative] comes to stay they always want to go back to Jameson House after a visit which tells you something" and "I like the way they respect [relative's] choices and they always work in [relative's] best interests."

People received personalised care from staff who knew them well. We saw that staff worked to ensure that where possible people had been involved in decisions about their care and how they lived their daily lives. Staff had a good understanding of people's non-verbal communication and responded to them appropriately. Staff described to us and care plans confirmed how they identified people's needs and preferences through non-verbal cues. For example, one person we observed would take staff hands and want them to make circular movements on the palm of their hand. Staff told us this person would approach staff to carry out this action, as this was a comfort to them whenever they became anxious. We observed one person who became upset and staff recognised straight away that the person needed their own personal space and knew what to do to reassure them.

People were supported with their needs in a timely manner and their privacy and dignity was maintained. It was evident that the staff were there for the people and wanted to make a difference to their lives. Staff were observed providing care with kindness and compassion. Staff were able to demonstrate they knew the people they cared for well and provided appropriate care as and when this was needed. Staff were able to identify accurately an item that one person wanted from the kitchen. Another person, staff identified that this person wanted to go for a walk because they went and put their shoes on.

We observed that staff engaged with people at every opportunity and that people responded in a positive way. Some people had relatives involved in their care, and one person who had been supported to access advocacy services to offer independent advice, support and guidance to individuals where required.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive responsive care, which was personalised according to their assessed needs and preferences and met their needs.

People's needs were assessed prior to their admission to the service, and these assessments were used to develop their care plans. Care plans were personalised and covered different aspects of people's health, welfare and safety needs and provided staff with guidance as to how people preferred to have those needs met.

Staff supported people according to their assessed needs and preferences. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided. For example, the registered manager described to us how they supported one person prior to their admission to the service by visiting them in their previous home and arranged several visits to Jameson House in planning their care and to facilitate a smooth transition. They also told us how they paid particular attention to involving the other people already living in the service prior to this admission to ease any anxieties.

Care plans were regularly reviewed and reflected people's current care and support needs. Care plans contained personalised information about each person including their physical, psychological, social and emotional needs. Staff told us that they worked closely with people and their relative's to find out their personal preferences and how they liked their care to be provided.

During our observations, it was evident that the staff knew the people they supported well and were able to establish their needs and preferences. They were also seen encouraging people to be as independent as possible through enabling and empowering them to complete tasks and take part in chosen activities.

Each person had a health action plan and daily observation and shift handover records were maintained. These provided information about each individual and ensured staff, were kept up to date at each shift. Newly employed staff told us they had been given time to read each person's care records, which they said, provided them with sufficient information for them to meet people's needs.

It was evident that staff planned with people what they wanted to do and enabled them choice with their routines. We observed people supported by staff on a one to one basis to access the community, going out for walks, helping with the shopping and educational opportunities. One person had a weekly programme of activities planned as part of their continued education. Another person had less structured routines. Staff told us this person preferred to choose what they wanted to do on the day. Staff would suggest activities and outings and the person had access to the internet and would use their computer to research the places suggested before making a decision. Relative's told us staff supported people with a range of activities appropriate for the needs of individual's. One relative told us, "They try to encourage [relative] with different activities which [relative] enjoys. [Relative] leads a full and contented life. I love it there and absolutely thrilled with how happy [relative] is since they moved there."

The registered provider had effective systems in place for people to use if they had a concern or wanted to complain formally if they wished to do so. People were provided with regular reviews of their care involving relevant people such as relative's and advocates involved. This system enabled people's care to be reviewed and any concerns to be discussed. Relative's told us "I am able to express my opinions and I am listened to. The manager is always willing to listen, and always positive about any feedback I have given."

The registered manager told us that annual satisfaction surveys had been sent to relatives but no responses had been received from the most recent survey. All of the relative's we spoke told us they received regular contact from the registered manager and staff which provided them with opportunities to receive updates and to feedback any concerns or queries.

Good

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led.

The registered provider who was also the registered manager. They had clear aims and objectives with vision for the service with ongoing work to embed the values of providing personalised care, promoting independence, choice, rights and empowerment. We saw that the registered manager and staff put these values into practice. From observations and discussions with staff it was clear that staff promoted and upheld the organisation's values to provide quality, personalised care.

Our observations and feedback from staff showed us that the registered manager had an open leadership style and that the service had a positive, enabling culture. Staff told us they were involved in developing the service through support with one to one supervision meetings, regular team meetings where they were listened to and they felt valued. Staff were confident and understood their roles and responsibilities in supporting people to live as independent a life as possible. One member of staff told us, "I enjoy my work and I believe in what we do for people have their best interests at heart." Another told us, "I have worked in a number of residential care settings and none are a patch on Jameson House, it is first class."

The registered manager was easily accessible and knew the people who used the service well. They understood their responsibilities in reporting incidents to relevant authorities and stakeholders. One relative told us, "The manager is easily accessible and always makes us feel welcome to visit at any time."

The registered manager had a number of systems in place to show that it aimed to deliver high quality care. Records reviewed showed us that the registered manager carried out a range of regular audits to assess the quality of the service and to plan for continuous improvement. For example, we identified that people did not have recorded inventories of their personal belongings. We saw from the most recent audit that the registered manager had identified this as a shortfall and had put plans in place to rectify this. Environmental and equipment checks had been carried out to help ensure people and staff's safety. Monthly audits had also been completed by the registered manager in line with their policies and procedures.

There were systems in place to gain people and their relative's views about the service and involve them in decision making where possible. Examples of this included monthly keyworker meetings and care reviews. Relative's told us they were regularly updated as to changes in the health and welfare of their relative's and notified of changes within the staff team.