

Redcar & Cleveland Borough Council

Jervaulx Road

Inspection report

17 Jervaulx Road
New Skelton
Saltburn By The Sea
North Yorkshire
TS12 2NL

Tel: 01287653814

Date of inspection visit:
30 November 2018
03 December 2018
04 December 2018

Date of publication:
10 January 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Jervaulx Road is a residential care home that provides a service for up to 18 adults who have learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 12 people were living at the service.

The service operates from three houses joined by internal corridors and a separate self-contained flat situated within the grounds. Each of the houses provides an individual service for up to six people. These are, residential care, short breaks (respite) and 'Stepping Stones' which supports people to develop their independent living skills with the goal that they will move into their own home within the community. The self-contained flat offers accommodation for one person to experience living independently leading up to them moving into their own home.

The service has been developed and designed in line with most of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the service remained good, however, had improved to outstanding in one area. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service was extremely person centred and responsive to each individual person's needs. People's care needs were assessed and dynamic plans were in place that changed with the person as their independence was developed. All people and their relatives that we spoke with told us how they were supported by staff, who knew them exceptionally well and empowered them to gain their independence.

We received exceptional feedback from people who used the service, their relatives and professionals about how responsive the service was. We heard, "The service is amazing, [relative's name] has developed so much they are going to be moving into their own place soon", "I can do things now that I never thought I would" and "The service is a really lovely place, well run and everyone is safe."

People were protected from abuse by support staff who were trained and knowledgeable about safeguarding adults and understood their responsibilities. The provider had suitable policies and procedures in place for support staff to follow to keep people safe.

Where people had been assessed for a risk of harm we found that there were risk assessments in place for support workers to follow to minimise that risk.

People lived in premises which the provider maintained safely. The provider carried out a range of health and safety checks including fire safety, water temperatures and hygiene, window restrictors, electrical and gas safety, equipment maintenance and servicing.

Medicines were being administered and managed safely by trained and competent support staff. The provider checked that people received their medicines as prescribed.

There were enough support staff employed at the service to provide people with safe care. We saw that the provider regularly reviewed the staffing levels to ensure that people had the maximum amount of time with staff.

The provider had a robust recruitment system in place to ensure that the people they employed were suitable to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. Support staff understood their responsibilities in relation to respecting people's privacy and dignity.

A training programme was in place that enabled support staff to provide high standards of person-centred care. New support staff received a suitable induction.

Support staff received regular supervision and an annual appraisal which allowed the registered manager to plan further training to support staff development.

The service had an effective complaints process in place. People were aware of it and understood how to make a complaint should they need to. The service actively encouraged feedback from people and staff and used this to develop the service.

Leadership was visible and competent with an experienced registered manager in post. The provider was accessible to people and staff. One relative told us "The service is excellent, I don't need to say more." The management team carried out audits of the service to check the quality of care.

The registered manager worked in partnership with external professionals to develop and achieve the best outcomes for people who used the service. The service had developed excellent links with the local community.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs and had improved to outstanding.

The service had developed innovative ways of empowering people to move onto independent living.

People had access to an excellent range of social activities.

Staff understood the needs of the different people that used the service and delivered care and support in a way that met those needs

Staff were passionate about providing the best possible end of life care for people.

Is the service well-led?

Good ●

The service remains good

Jervaulx Road

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.

The inspection started on 30 November 2018, and was unannounced. Further days of inspection took place on 3 December where we contacted relatives by telephone and on 4 December 2018, a second visit to the service took place which was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent to us. A notification is a record about important events which the service is required to send to us by law.

We contacted a range of professionals involved with the people who used the service, including commissioners, the local authority safeguarding team, social workers and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, five relatives and two professionals. We also spoke with the registered manager, the deputy manager, the provider and seven support workers.

We looked at care records for five people, four staff recruitment files, medication administration records (MAR) for four people and other records relating to the quality and running of the service.

Is the service safe?

Our findings

People received safe care and support. People told us, "I've got no worries here", "I have my own space but know staff are there if I need them" and "I've lived here nine years, yes I feel safe here." Relatives told us, "People are very safe here, I feel like not only my [family member] but all people are safe, it's like one big family" and "I feel [person's name] is extremely safe there [Jervaulx Road]."

The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to ensure people were protected from harm and the risk of abuse. Staff had received training in safeguarding adults and told us they understood their responsibilities and what they would do if they had any concerns.

People's care needs were assessed and a detailed person-centred care plan was in place. Care was delivered by staff who knew people exceptionally well, empowered their independence and understood how to support them.

Care records had a range of risk assessments for each person with clear actions for staff to take to minimise the risks. Risk assessments were dynamic and regularly reviewed to reflect people's current and changing needs.

There were sufficient staff in place to provide safe and consistent care. We saw the registered manager regularly reviewed the staffing levels to ensure that they had the right amount of staff on duty to provide safe standards of care and allow people to have quality time with staff.

Appropriate arrangements were in place for the safe administration and storage of medicines. Regular audits were carried out and staff who administered medicines were appropriately trained and had their competency checked. Medicines administration records were accurately completed and up to date.

People's human rights were respected. Family life was promoted and relatives were involved and supported by the service. A relative told us "I get looked after by the staff as much as [person's name]."

The provider had robust recruitment procedures in place. Disclosure and Barring Service (DBS) checks were undertaken. The DBS helps employers make safer recruitment decisions and minimises the risk of unsuitable people from being employed to work with vulnerable people.

The provider had systems in place for reporting and reviewing any accidents and incidents. The registered manager used any incidents as a learning opportunity to minimise the risk of them happening again.

The premises were maintained safely. The provider carried out repairs promptly. The provider monitored the premises and addressed any areas with the registered manager implementing an action plan.

People were protected from the risk of acquired infections. Infection control audits were carried out.

Appropriate personal protective equipment (PPE) was in place and used by staff to prevent the spread of infection.

Is the service effective?

Our findings

People's care and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Staff were competent, knowledgeable and suitably skilled to carry out their roles effectively. Staff told us, "We get really good training and lots of it" and "We have just had Buccal Midazolam (a type of medicine) training as someone has just been prescribed this."

Relatives told us "They [staff] all know exactly what they are doing" and "I know they are well trained, I've watched them having some training at the home."

People's needs were assessed before they started using the service and continually evaluated throughout their time there to develop meaningful support plans.

People were involved in menu planning, shopping and cooking meals. People told us, "The food is lovely", "I enjoy curry night with poppadum's" and "It's great, I get to choose what I want, go to the shops and then cook it myself." People's nutritional health was monitored and regularly reviewed.

People were supported to live healthier lives. Information was shared with other agencies if people needed to access other services such as hospital. The service held a weekly healthy eating group where people were involved in making and trying different healthy foods.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us that they had training in the MCA and DoLS and how they acted in a person's best interests when making decisions for a person who lacked capacity. We checked that the service was working within the principles of the MCA and found that they were. We saw that applications to deprive a person of their liberty had appropriately been made and DoLS records were up to date and reviewed.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. New staff completed an induction to the service and staff mandatory training was up to date.

A refurbishment plan of the home was in place which included new windows, doors, decoration and a passenger lift being installed. This ensured that the service was adapting to continually meet the individual needs of the people living there.

Is the service caring?

Our findings

The service treated people with compassion, kindness, dignity and respect. All people we spoke with told us staff provided a caring service. Comments included, "I love it here, the staff are great", "It's nice here, everyone is friendly, I like to have friends" and "Staff are nice, they let me have my own space but make sure I know I can talk to them if I'm upset." One relative told us, "Believe me, [person's name] is well and truly looked after, I can go to bed and sleep not having to worry because I know how well they care for my [family member]."

We observed how staff patiently talked to people, treating them with kindness, dignity and respect. We saw that staff provided support to people that was individual to their needs. One person told us "I have my own key to my bedroom, staff always knock on my door and ask if its ok before they come in. I like that, it's my room."

We saw that the service had several staff who had undertaken extensive training to become 'Dignity Champions' and saw how they embedded their learning into practice throughout the service.

People were empowered to be independent by staff who supported them to express their views and be involved in making decisions about their care and support. Where people needed help with specific decisions staff would involve their relatives. One member of staff told us, "It's about involving people in everything about their life. Whether the person is staying in [stepping stones] with clear goals and outcomes for them to aim for, or, in the residential house, where people's goals may be different depending on their level of need. Everyone has a right to be independent in their own way."

The registered manager told us how they would signpost people and their relatives to sources of advice and advocacy to help support decision making for people.

Where people were unable to communicate their views, wishes and choices, staff understood their alternate way of communicating. We observed staff use simple sign language and pictures to support people to have a voice. One member of staff told us how they would observe one person's body language and facial expressions to know when they were unhappy about something and how they would support the person away from what was upsetting them.

Staff supported people to maintain and build relationships with their families, friends, social networks and the community. Staff understood who was important to each person, their life history and background. Relatives told us how they were kept involved by the service and encouraged to visit regularly. We saw how staff warmly welcomed one visiting relative and discussed transport arrangements to collect them for a forthcoming Christmas party.

Staff had received training on equality and diversity. One relative told us "[Person's name] is included in everything that is going on, we have seen how staff never leave [person] out of anything." One staff member said, "Everyone here is treated as an equal, we look for how people can be included and change things so

they are involved."

People were supported with their religious and spiritual needs. Support plans were in place that recorded people's individual needs. People were informed about local church services that took place and were supported to attend these when they chose to.

Is the service responsive?

Our findings

Each person, relative and professional that we spoke with told us how exceptionally responsive the services provided at Jervaulx Road were. One person told us, "I'm going to be moving into my own house, get a job and live on my own because of what I've learned here." Relatives told us, "[Person's name] is doing more for themselves than I ever thought possible", "[Person's name] is encouraged to be as independent as they can" and "I'm really impressed with what [person's name] is now doing for themselves."

The service was person-centred. Person-centred means the person is at the centre of any care or support plans. Throughout our inspection we observed how staff focused on promoting people's individual needs. There was a strong culture running throughout the service of empowering people to have a voice, make decisions in their care and live as independently as they could. We saw evidence of people's involvement with their support plans, for example we saw how people were involved in setting their own goals to achieve and, how much support people wanted from staff with their personal care.

It was evident from our discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes. People's needs had been assessed prior to moving into the service or accessing short breaks. Individual care and support plans clearly identified emotional needs and anxieties, how they presented and the support the person required from staff to manage and reduce them. Any incidents that occurred were recorded and reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted to support the person. Support plans were dynamic and reviewed to reflect the person's changing needs as they grew in confidence and achieved their goals.

We heard how staff explored with people all of their interests and celebrated every achievement and each of the steps they made to move towards their ultimate goal. Staff told us how this helped people gain confidence and a desire to reach their ultimate goal, whether that be planning and making their own meals, seeking employment or moving into their own home. We found this commitment and drive by staff to continually support each person to achieve their life goals was exceptional.

The service provided people with the opportunity to have experiences many people took for granted such as holidays, developing their own independent living skills, learning to travel independently, making new friends and trying a taste of independent living in the flat before moving onto their own home.

Relatives told us how much their family members loved living at the service. One relative told us how they had been pleasantly surprised to find that their family member had become more confident in themselves and developed a range of new skills that would support them to move onto supported living. Another relative told us how the service had become their family too and how much they valued the support they received.

We observed how staff promoted choice and independence amongst people. We listened as staff suggested to one new person accessing the service that they may like to try to make their pizza themselves with their support and the person saying, "What, I can make it myself?" and staff responded, "Yes of course you can, we

will help you but why don't you try?" We watched how this person was so happy that they were making their own tea and could clearly see the sense of achievement this gave them when they were sat eating the pizza they had made.

Professionals wrote telling us how people were now living in their own tenancy, within the community, due to the support they had received at the service. We were told, "Without the service [person's name] would have struggled to make this transition, particularly with their low confidence. The service provided a safe space to see what they could do for themselves" and "Jervaulx Road are supportive of people's ability to grow and provide sound assessments of their skills development, including when this has been maximised. This has allowed me as a [professional] to plan future moves knowing with certainty that plans will be effective."

We heard from staff that people were now living independently because of the service promoting independence and developing people's confidence. The registered manager told us how people were living with no social care involvement at all and, others with minimal support. One person proudly told us, "That will be me soon, I will have my photo up on the wall showing people that I'm living in my own house." We could see how inspired this person was to set themselves goals and their sense of achievement at what the service had supported them to make in their life.

Staff told us about one person who had recently lived at the service and then became a member of staff. We were told how this person had developed so much confidence that they applied for a part time position and were successful. Staff spoke to us with admiration about what this person had achieved from first moving into [stepping stones], to gaining their independence and then moving out into their own home and employment.

Throughout our visits people were engaged in a wide and diverse range of activities. Some people were making plans to go to a local disco, whilst others made crafts such as Christmas cards for their relatives. The service was full of chatter and energy with some people giving us a rendition of their favourite Christmas songs and others were playing games on their PlayStation. We found the service was very vibrant and dynamic.

We saw that the staff embraced people's diversity and ensured that each person was made to feel valued and encouraged to take an active role in everything that was going on in the service. We observed how staff ensured that each person was included in all conversations and activities regardless of their ability or disability. One person who used a wheelchair was supported by staff to help set the table for tea, whilst another person who was unable to verbally communicate, was using sign language to join in with staff who was singing and using sign language to the Christmas songs being played.

We spoke with one member of recently employed day staff who told us how passionate they were about engaging people in activities that the person wanted to do. They said, "If people want to go out we can, if people want to bake we can. We can do one-to-one support for people or we can go out in groups, it's about what people want to do, no two days are the same." One person told us, "There is loads to do, I like to go out to clubs on my own some nights but then others I like to join in what's happening here." There was excitement and lots of talk about the forthcoming Christmas party that was happening. People were having their nails painted and others were choosing their favourite Christmas jumper to wear.

The provider was extremely supportive of developing a homely environment that was continually adapted to meet the needs of all people. Bedrooms were individually decorated with people's choice of colour, bedding and wallpaper. We saw one person's bedroom was a true reflection of their 'love of everything

bling' with sparkles and glitter that was within their support plan. This person laughed and clapped with happiness when showing us their bedroom and Christmas decorations that staff had helped them to put up.

We heard from some people about a holiday they had gone on this year with staff and how much they had enjoyed this. This was arranged following their review with their keyworkers where they said their goal for this year was to go on holiday. We saw photo albums people had made showing their holiday to keep as memories. People told us they were now planning where they wanted to go to next.

People told us they were listened to and consulted about the running of the service. People's individual communication needs were understood and information provided in a format appropriate for them, which meant they could participate fully. Menus and activity plans were both in written format and pictures so that everyone could understand their choices.

The staff were clearly passionate about providing the best, most compassionate and respectful end of life care to people. The staff were extremely responsive to people's needs and wishes so they could have a dignified death. The registered manager told us about how they had sensitively supported one person who lived at the service for many years and who had sadly passed away this year. Staff had worked closely with the person, their family and palliative care to ensure the person's wishes and choices to remain at the service were kept.

Staff told us how important it was to also support other people living in the service during what had been a difficult and emotional time. We heard from the registered manager how the person's keyworker supported the family to arrange the person's funeral, involved in the choice of music played and the clothes the person would wear. Other people living at the service were supported to attend the funeral and afterwards we were told how the service had held a celebration in memory of the person's life where family and friends attended.

We saw photos around the house of the person and the registered manager told us they found that these were important to share memories of the person with other people living at the house so that they were not forgotten. We were told how a garden summerhouse was going to be named after the person as they had always enjoyed sitting out in the garden and it would be a nice place for people to go and sit to remember them.

We checked to see how the service was communicating what the complaints procedure was to people who used the service. The service user handbook which was written in plain English and easy read format, went through the procedure for making a complaint clearly for people. We viewed the system in place for managing complaints. We found all complaints had been thoroughly investigated and an outcome presented for the person. We found that where any errors or near misses occurred the registered manager was upfront in acknowledging the shortfall and critically looked at how this could be prevented in the future. People and the relatives told us they knew how to complain and raise issues. Relatives told us they were extremely confident that the registered manager would address any issues.

Is the service well-led?

Our findings

The service was well-led by a registered manager who was experienced and who had been employed by the provider for seven years prior to becoming the registered manager this year.

People we spoke with knew who the registered manager was and spoke positively about them. People told us, "If I had any problems I would go straight to the office and speak to [registered manager], she will sort it out" and "[Registered manager and deputy manager] are always here, if I need anything I go to them."

Relatives told us, "The support is amazing, [relatives name] adores all of the staff, they are exceptional and know [person's name] ways so well; at times better than we do as their parents" and "We are involved with everything in [person's name] life, we are part of the 'Jervaulx' family."

Staff spoke positively about the management team and told us how proud they were to work at the service. Staff told us, "I love working here! This is the best place to work, it's like one big family" and "My [relative] used to work here and I always knew I wanted to work here because it is so lovely, and now I do, I love it."

The registered manager told us of their open-door policy where staff were made to feel welcomed, supported and listened to if they had any concerns. One member of staff told us, "[Registered manager] always comes and checks on how things are going for us, if we need extra support they will come and help."

The registered manager was supported by a deputy manager and 2 support worker coordinators who were available at the service most days. The service had a settled, well established staff team that meant people received continuity in their care and support.

The provider had systems in place to audit the quality of the service. The service manager and registered manager carried out monthly planned audits to ensure high standards of care were provided. These included activities, building cleanliness and medicines. Where areas for improvement were found an action plan was developed and monitored to ensure compliance.

The provider encouraged and valued feedback from people using the service, their relatives and staff. The results of the surveys were collated, their findings shared with staff and used to improve service delivery. We saw an action plan following the results of the people's survey and actions that had been taken to fulfil requests for outings, holidays and new bedding. Staff meetings were held regularly with good attendance.

The registered manager told us of the close working partnership they had built with community day services, social workers, health partners and people's GP.

The provider submitted notifications to CQC in a timely manner as required by law in relation to significant events that happen in the service. This meant we could check that appropriate action had been taken.