

Jeesal Residential Care Services Limited

Lilas House

Inspection report

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Date of inspection visit:
07 September 2017
13 September 2017

Date of publication:
17 October 2017

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

Care service description

Lilas House is a residential care home for six people with learning difficulties. At the time of our inspection there were six 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

People were cared for in a safe way by staff who knew how to protect people from abuse. Individual risks to people and within the environment were identified and steps were taken to manage known risks.

There was consistently enough staff to support people and safe recruitment practices ensured that only suitable staff were employed. Staff received training relevant to their role and were supported through regular supervisions with the registered manager.

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 supported to maintain a healthy nutritional intake and prompt referrals were made to relevant healthcare professional when concerns were raised about a person's health.

Staff were caring and treated people with respect. People's privacy and dignity were constantly upheld. Staff understood what was important to people and knew their care needs well. People felt listened to and were supported to be as independent as possible.

People's care plans were detailed and people were involved in the planning of their care.

There was clear and visible leadership in place and staff understood what was expected of them. Regular quality monitoring of the service was carried out to ensure that people received a good level of care.

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?

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?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Lilas 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 inspection took place on 7 and 13 September 2017 and was unannounced. The inspection was carried out by one inspector.

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 three people who lived in the home. We also spoke with two members of staff. 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. People we spoke with all told us that they felt safe. One person explained, "Yes, I feel safe here, just looking at all [the staff's] kind faces and how lovely they are to me makes me feel safe."

Individual risks to people's health and wellbeing were identified and managed. People's care records show that there were detailed risk assessments in place to manage and mitigate known risks. In addition to this, these records were reviewed and updated where necessary. This helped to guide staff about how best to support people in a safe way. For example, one person lived with epilepsy and staff had spoken with them about how to keep them safe when going out. It had been decided that they would feel safer with staff when they went out in case they felt unwell.

Risks within the environment were well managed and there were risk assessments in place which covered all areas of the home. Weekly health and safety checks were completed and this helped to identify any potential hazards in the home. This ensured that remedial action could be taken as soon as possible. We saw records to confirm that repairs were completed in a timely manner. This helped to ensure that Lilas House was a safe place to live and work in.

Staff knew what constituted abuse and how to keep people safe from harm. Staff were able to tell us what procedures they would follow if they were required to report any concerns. We saw from staff training records that staff had received training in safeguarding.

People we spoke with told us that they felt that there were enough staff working in the home. One person commented, "Yes, there is enough staff here." There were safe recruitment practices in place and we saw from the two staff recruitment files we looked at that appropriate references had been obtained and satisfactory police checks had been completed.

People were supported to take their medicines in a safe way and had a good understanding of their medicines. One person explained, "I went to see the doctor and I am able to come off some of my medicines." Another person told us that staff will dispense their medicines but that they will tell the staff what medicines they need by reading from their medicine administration record (MAR) chart. We saw that people's medicines were stored safely in a locked cabinet in their rooms. Staff had received training in the safe management of medicines and in addition to this their competency in this area was checked on an annual basis.

Is the service effective?

Our findings

The service remains effective. People were supported by staff who received regular training relevant to their role. One person told us, "The staff are excellently trained." Staff we spoke with confirmed that they attended the provider's mandatory training and were able to attend additional training in order to further enhance their knowledge of specific health conditions. For example, one staff member explained that they were the keyworker for one person who was living with epilepsy. They told us that they were offered the opportunity to attend a course on epilepsy so they could gain a better understanding of the condition. Staff were further supported through regular supervisions. Supervision is an opportunity for staff to meet with their manager to discuss their career development and any personal issues that they may need support with.

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 we spoke with had a good understanding of the MCA and were able to tell us when they may need to make a decision in a person's best interests.

We saw that where people lacked capacity to make certain decisions, decisions made in their best interests were not always documented. We noted that this was the case for one person's care record we looked at. We were informed by a member of staff that they were reviewing the documentation around best interest decisions. The second person's care record we looked at provided detailed information about specific decisions that needed to be made for the person. For example, the best interest decision around managing money detailed exactly what aspects the person required staff support with and where staff would need to make a decision on their behalf.

People were supported to maintain a healthy nutritional intake. All of the people we spoke with told us that staff supported them to make healthy choices about food. One person explained, "I do tend to go for the unhealthy option but staff will guide me to choose something better for me." Another person told us how they would decide what to eat for the week at the weekly meeting with the other people who lived in the home.

Timely referrals were made to relevant healthcare professionals where there were concerns about a person's health or wellbeing. People we spoke with told us that they were supported by staff to attend health appointments. Each person had their own healthcare folder. All contacts that people had with healthcare professionals were documented and we saw that people would have regular reviews relating to their medicines.

Is the service caring?

Our findings

The service remains caring. All of the people we spoke with told us that they were supported by caring staff. One person explained, "It's like a dream here, I love it here. The staff are wonderful, clever and entertaining." Another person commented, "You can have a laugh and a joke with all the staff, we've got some lovely staff here." Staff spoke with enthusiasm about their work at Lilas House. One staff member told us, "It's lovely working here, I really enjoy it. Every day is different."

Throughout our inspection we saw that staff would interact with people in a warm and friendly manner. Staff showed interest in what people were saying and people's body language and facial expressions showed us that they felt comfortable in the company of staff. We saw one person showing the registered manager what they thought of their knitting. The registered manager spent time speaking with them and were encouraging of what they had made. We saw that staff were constantly engaging with people. For example, we saw one member of staff having their lunch with some people in the dining room and there was laughing and plenty of conversation going on. We heard one staff member ask people if they wanted to make some cakes. One person went out with them to go and buy the ingredients.

Staff used a number of methods to communicate with people according to their individual needs. For example, we saw that one person had a visual activity timetable. This was a book where they could schedule in their activities for the week using pictures. We saw that staff maintained good communication with people and there was always natural and flowing conversation between people and the staff. Staff would use hand gestures and short sentences when speaking with people, this ensured that people were involved and given choice. One person explained, "We have lots of choice here. I have been able to choose where I go on holiday." Some people showed us their rooms. People's rooms were decorated according to their taste. One person was told us that they were able to decorate their room to show their support for their favourite football team.

People we spoke with told us that staff supported them with their independence. One person commented, "I do most of the cleaning in my room myself but staff will help me dust the shelves higher up as I can't reach them." Another person commented, "The staff here try to make you as independent as possible, I have my own bank account and bank card." One staff member explained, "We try to promote people's independence as much as possible, if a person is capable of doing something, then we encourage them to do more of it, we try to keep people optimistic and happy." During our inspection we saw that people were cleaning the communal areas of the home and that they were able to prepare drinks and food for themselves with minimal staff support. One person told us how they go out into the town by themselves and meet up with friends. I can choose how I spend my day and go out whenever I like."

Staff cared for people in a way that maintained their dignity and privacy. One person told us, "Staff respect my privacy and they always knock on my door because I don't want a key for my door." We saw staff would sensitively and tactfully remind people they that may want to visit the bathroom before they went out. Staff would also knock on people's doors and wait for a response before entering."

Is the service responsive?

Our findings

The service remains responsive. People were involved in planning their care. One person told us, "Staff come and sit with me and we talk about what I would like to do." People we spoke with all told us that they were able to make decisions about their care and what they would like to do. Throughout our inspection we saw that staff were attentive to people's needs. For example, one person was going out to a day care service. Staff asked them to check that they had their lunch and whether they should consider taking a coat due to the colder weather.

Staff we spoke with knew people's care needs well and knew people's individual preferences. One person told us, "Staff really understand me. If I'm in a bad mood staff will speak to me and support me." One staff member explained, "I know what it means to support people with important things, for example if it's ringing their mum on a certain day of the week, I'll support people on a daily basis." We saw from one person's care records that they showed behaviour that challenged in their previous home. Since they had gone to live at Lilas House, their records showed that they engaged more with staff and took part in more activities. We saw that there was a detailed care plan in place in relation to their behaviour. This gave information about the potential triggers and what staff could do to support the person. We saw from their care plan that they liked to keep themselves busy. We saw that staff followed the guidance in the person's care plan and would spend time engaging them in a variety of activities.

We saw that people's care records were individualised and detailed people's care and support needs. This included details about what people's morning, afternoon and evening routines were. Maintaining a regular routine was very important to some people. In addition to this, people's care records were written in an easy read format. This ensured that people could be involved in planning and reviewing their care.

People were supported to develop and maintain strong links with the community. One person told us how they had attended adult education courses and went to Church. Another person commented, "I get to see my mum and dad regularly." Most of the people who lived in Lilas House attended a gardening group which took place at one of the provider's other homes. One person explained to us how they had been knitting things to sell at a Christmas fair later in the year. People were also encouraged to pursue their hobbies and interests. One person told us that they played the piano and had one in the lounge. We noted that while they were playing, staff commented them on how well they played. There were plenty of art and craft materials and people told us how they enjoyed sitting together and doing some artwork.

People we spoke with felt able to raise a concern if they needed to and they felt listened to by staff when they approached them. There was a complaints procedure in place and staff were able to tell us how they would support a person to make a complaint.

Is the service well-led?

Our findings

The service remains well led. There was a registered manager 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 manager had reported notifiable events to the CQC as required and in a timely manner. A notification is information about important events the provider must inform us about by law.

On the second day of our inspection, the registered manager was not at work. We saw that staff managed to work autonomously with no direct supervision. Staff understood what was expected of them and ensured that people's routines were maintained as well as managing the day to day running of the service such as taking telephone calls. There was support from the deputy manager who worked at one of the provider's other services which was on the same road.

People we spoke with were complimentary about the registered manager. One person commented, "She's wonderful, you couldn't wish for a better manager." Staff we spoke with also told us that the registered manager was approachable and supportive. One staff member explained, "If I need anything I go to the deputy manager or the manager, they take the time to listen to you."

People we spoke with told us that they got together once a week with staff to discuss any problems and what outing they would like to go on. Staff would also inform people if there were any staff members who were on leave. This ensured that people felt involved in what was happening in the home.

Staff we spoke with told us that their meetings were useful and that they could add topics for discussion to the agenda. One staff member commented, "Some issues are better discussed as a big group as someone may have a better idea and we can achieve a better outcome for the people who live here."

The registered manager and deputy manager undertook a range of quality monitoring checks. These checks included auditing health and safety, infection control and people's care records. Action plans demonstrated that any issues identified were remedied in a timely manner.