

Caritas Services Limited

Jackson House

Inspection report

2 Lode Hill Cottages
Altrincham Road, Styal
Wilmslow
Cheshire
SK9 4LH

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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

About the service

Jackson House is a small care home. It provides accommodation with nursing care for up to four adults with a learning disability and mental health needs. The care home is a semi-detached cottage with a small car park. It has gardens to the front and rear of the property. Bedrooms are single occupancy and there are shared lounges and a shared dining area. At the time of our visit, two people lived at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received safe and effective care from staff that were kind and caring. People's needs had been fully assessed prior to them being supported by the service. Care plans were person centred and held sufficient detail for staff to follow to ensure people's likes, and preferences were supported. Risk assessments were put in place to ensure people's individual needs could be met and risks reduced or mitigated.

People's privacy and dignity was respected, and their independence promoted. Relatives spoke positively about the staff team. Staff had developed positive relationships with people and their family members. They had a good understanding of how to meet each person's individual needs. People's dietary needs were assessed and met.

Safe recruitment procedures were in place and people were supported by regular staff that knew them well. People were protected from the risk of harm and abuse by staff that had received training and felt confident to raise any concerns they had.

Medicines were managed safely by trained and competent staff. Staff had access to medicines policies and procedures as well as best practice guidelines. Medication administration records (Mars) were fully completed and were regularly audited to identify any areas for development and improvement. Staff had received infection control training and understood how to minimise the risk of infection being spread.

People participated in activities of their choice and were supported and encouraged to maintain contact with family members. Staff communicated with people in ways that were meaningful to them.

The provider management team completed audits across areas of the service. Actions identified were used to continually develop and improve the service. Feedback from people and their family members was regularly sought.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jackson House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Jackson House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including registered manager, deputy manager, senior care

worker, two nurses and a support worker.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who was knowledgeable about the service and received written feedback from two further professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to a whistle blowing policy. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- An up-to-date safeguarding policy was in place.
- Relatives told us that people were safe living at Jackson House. Comments included; "[Name] is safe and settled" and "Staff ensure [Name] is safe from any harm."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Effective systems were in place for checking the safety of the environment and all equipment.
- People had individual risk assessments in place that reflected their specific needs. These gave clear guidance to staff to minimise or mitigate risk and were reviewed regularly.
- Regular fire safety checks were completed, and a fire risk assessment was in place. All staff had received up-to-date fire safety training.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were consistently undertaken.
- Appropriate numbers of suitably qualified and trained staff were on duty to meet people's needs.
- People were supported by staff that knew them well. Staff had a good understanding of people's individual needs.

Using medicines safely

- Trained and competent staff administered medicines safely.
- Medication administration records (MARs) were in place and had been fully completed. Regular medication audits were undertaken to ensure people received their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.
- Staff had access to policies and procedures, as well as good practice guidance to support them when administering medicines.

Preventing and controlling infection

- Infection control procedures were in place and all staff had received training to ensure they maintained a safe and clean environment for people to live in.
- Personal protective equipment (PPE) that included disposable gloves and aprons were readily available

for staff to use.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents at the home.
- Analysis of accidents and incidents was regularly undertaken to identify any trends or patterns and to minimise future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection staff training was not all up-to-date and staff appraisal had not been completed. At this inspection enough improvements had been made.

- All staff had completed a thorough induction at the start of their employment and completed shadow shifts to ensure they understood people's individual needs.
- Staff had completed training to meet the requirements of their role and to meet people's individual needs. Refresher updates were regularly undertaken.
- Staff received regular support through supervision, annual appraisal, daily handovers and team meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed, taking into account their physical, mental and social needs prior to being supported by the service.
- Care plans reflected people's individual needs, preferences and personal choices. They included clear guidance for staff to follow.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in accordance with their personal preferences and assessed dietary needs.
- Staff demonstrated a good understanding of people's individual dietary requirements. Guidance was available for staff within people's individual care plans and risk assessments. Best interest decisions were in place to support people's weight management health recommendations.
- Relatives spoke positively about people's weight management programs and their effectiveness. Comments included; "Weight management is working really well and [Name] is making healthy choices which is a positive change" and "The healthy eating plan is working well. [Name] enjoys his food. The menu choices on offer are very good and varied."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to their GP and also other healthcare professionals as required. Clear records were held of all healthcare visits to ensure staff had access to the most up-to-date information to support people.
- People had access to local advocacy services if required, to ensure their views were represented.

- The management and staff team worked closely with external agencies that included multidisciplinary teams and the Commissioners of the service.

Adapting service, design, decoration to meet people's needs

- The layout of the building supported people's freedom of movement around the home.
- The home was attractively decorated and people's rooms were personalised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have the capacity to make specific decisions, systems were in place to ensure they had maximum choice and were supported in the least restrictive way possible.
- When people were deprived of their liberty, the management team worked with the local authority to seek an appropriate lawful authorisation.
- Staff had received MCA training and understood they could not deprive a person of their liberty unless it was legally authorised. Staff described the importance of seeking a person's consent prior to undertaking any care or support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had developed positive relationships with staff that knew them well. People appeared comfortable and relaxed with the staff that were supporting them.
- Staff had completed equality and diversity training and fully understood the importance of treating people as equals at all times.
- Relatives told us that all the staff were very good and well trained. They described staff as friendly, kind and caring. Their comments included; "[Name] has one particular member of staff that he really connects with and this is very important to him" and "{Name] is excelling at Jackson House and this is all down to the staff support."

Supporting people to express their views and be involved in making decisions about their care

- Residents meetings were held regularly, and people were actively encouraged to participate in decisions about any changes within their home. For example; people were asked about refurbishment and decoration choices in communal areas.
- Relatives told us that people were involved in making decisions about their care and support where ever possible. Reviews of the care and support people received were regularly undertaken.
- Relatives told us that staff understood people's communication needs and always supported them to express their views and make choices.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted by the staff and management team. Relative's told us that staff always ensured that people were as independent as possible particularly while they were well.
- People were treated with dignity and respect by staff.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences. Guidance included how to support people when they were well, signs that may indicate they are becoming unwell and also how to support them during a deterioration in their health.
- Each person had a detailed health profile that included clear directions and guidance for any health or social care professionals to refer to. This reflected how each person preferred to be supported.
- Staff completed a written record of care and support offered and provided to people. These records reflected how people's needs had been met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available and easy read and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they visited people regularly and were actively encouraged to maintain their relationships with the people supported. Their comments included; "We are welcome to visit any time" and "[Name] comes home to visit regularly when he is well, this is important to us and him."
- People told us they accessed the community to participate in activities of their choice. One person commented; "I am going to the cinema today. I went for a walk this morning".
- People showed us photographs on display in their home of activities they had undertaken including an annual holiday that they enjoyed choosing and planning for. Activities included walks, shopping, visits to the gym, bowling, fishing, baking, bacon butty trips, as well as days out to places further afield.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure available in different formats. Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team.

- A complaint had recently been received from a relative and Commissioner of the service that had been fully investigated. Lessons learned were identified and shared across the staff and management team.
- Complaints were investigated and responded to in line with the provider's complaints policy.

End of life care and support

- At the time of our inspection nobody was being supported with end of life care, however end-of-life discussions were noted within care plan files.
- Staff described how they would support people at the end of their life to be comfortable and have a pain-free and dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person centred care and support was promoted to achieve positive outcomes for people.
- The staff and management team had developed positive relationships with the people they supported and their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The provider and registered manager had an effective quality assurance system in place that was consistently followed. Areas identified for development and improvement were promptly addressed through action plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were regularly asked for feedback about the service. This information was used to further improve and develop the service.
- Staff told us their views were welcomed, listened to and acted upon by the management team. They said they felt fully supported and felt confident to raise any concerns they had.
- Relatives spoke positively about Jackson House. Their comments included; "Jackson House excels against

all other places [Name] has lived at by miles" and "[Name] is definitely happy and settled".

Continuous learning and improving care

- There were clear systems and processes in place for learning from any concerns or complaints raised by people, their relatives and professionals.
- Accidents and incidents that occurred were analysed to identify trends or patterns and also to mitigate or minimise future risks.
- The registered manager and staff team had all received training for their roles and undertook regular refresher updates to ensure their practice remained up-to-date.

Working in partnership with others

- The management team and staff work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals so that people received person centred care and support to meet their individual needs.
- Comments from external professionals included; "They always seem professional and know what is going on" and "They seem to be a great, friendly team."