

Mrs R Dhyll

# The Jennifer Home

## 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

### About the service

The Jennifer Home accommodates up to six people with mental health needs who may also have a learning disability. The service is provided in one building across three floors. At the time of inspection, four people with mental health needs were using the service.

### People's experience of using this service

People were protected from the risks of harm or abuse. Staff were knowledgeable about safeguarding and whistleblowing procedures. People had risk assessments carried out to protect them from avoidable harm or abuse. People were protected the risks associated with the spread of infection.

We have made a recommendation about the safe management of medicines.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional and healthcare needs.

People were supported to have maximum 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.

People and relatives thought staff were caring. Staff knew people and their care needs and understood how to provide an equitable service. People and their relatives were involved in decisions about the care. Staff promoted people's privacy, dignity and independence.

Staff understood how to provide a personalised care service. Care plans were detailed, personalised and contained people's preferences. The provider understood how to meet people's communication needs and to support people with their chosen activities. The provider had a system to deal with complaints.

People and relatives spoke positively about the leadership in the service. The provider had systems in place to identify areas for improvement. These systems included capturing feedback from people and relatives, carrying out quality checks, holding meetings with people who used the service and meetings with staff. The provider worked in partnership with other agencies to provide good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 19/07/2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and provider

was no longer in breach of regulations.

#### 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# The Jennifer Home

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

Our inspection was completed by one inspector.

#### Service and service type

The Jennifer Home is a 'care home'. People in care homes receive accommodation 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.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does 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 the registered manager, deputy manager and four people who used the service. We reviewed

a range of records including four care records for people using the service, including risk assessments. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including staff training and quality assurance were reviewed.

After the inspection

We sought feedback from the local authority. The provider sent us documentation we requested. We spoke to two relatives.

# 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 requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm

### Staffing and recruitment

At the last inspection, the provider did not conduct ongoing checks to ensure staff continued to be suitable to work with vulnerable people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us there were enough staff on duty to meet people's needs and records confirmed this. One person said, "There's plenty of staff."
- Relatives told us there were enough staff on duty. One relative said, "There's always staff there when I go up there."
- The provider told us they were in the process of recruiting one staff vacancy to replace a staff member who had recently left employment.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included obtaining proof of identification, right to work in the UK and written references.
- The provider carried out criminal record checks of new staff and regular updates for this were obtained to confirm the continued suitability of staff.
- The manager and deputy manager shared the 'on-call' duty whereby each of them was available to be called on alternate days. This ensured management was available to staff at all times if needed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had risk assessments which gave guidance to staff about how to reduce the risks of harm people may face.
- Risks assessed included personal hygiene, verbal aggression and intimation towards others, managing finances, nutrition and travelling independently.

- One person's risk assessment for going out late at night noted that staff were to discourage the person from going for night walks and encourage the person to instead go for walks in the day for their personal safety and to visit shops when they are open.
- Records confirmed this was done, the person took notice of staff advice and the risk was therefore reduced.
- The provider had a policy for managing people's finances which gave guidance to staff on safeguarding people from financial abuse.
- Staff recorded all transactions made with people who used the service which included what money was spent on and the amount.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Responses included, "I definitely feel safe" and "I do feel safe."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- Staff knew what was required if they suspected somebody was being harmed or abused.
- Staff understood what whistleblowing was. One staff member told us, "If you see somebody doing something they shouldn't be then you tell the manager in confidence. You can report to CQC or the borough."

#### Using medicines safely

- The provider had a medicines policy which gave clear guidance to staff about how to safely store and administer medicines.
- Staff had received training in the safe administration of medicines.
- Medicines were stored appropriately and at the recommended temperature.
- Medicine records were fully and accurately completed.
- However, we found for one person, they did not have guidelines in place for paracetamol which they were prescribed on an 'as required' basis.
- We discussed this with the deputy manager who explained this was an oversight. They took immediate action and put guidelines in place.

We recommend the provider seek advice and guidance from a reputable source about the safe management of medicines.

#### Preventing and controlling infection

- The premises were clean, tidy and free from malodour. One person told us, "It's fresh and clean."
- The provider had an infection control policy in place which gave clear guidance to staff about preventing the spread of infection.
- Staff told us they had access to adequate amounts of personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- The provider had a system to record and learn lessons from accidents and incidents. We reviewed the records of these and saw only one incident had occurred since the last inspection.
- The deputy manager explained about the incident that had been recorded which concerned an aspect of the person's behaviour which the service was not aware of. The lesson learnt was to get as much information as possible before a person was accepted by the service. Guidelines were immediately put in place to manage the behaviour.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider was not acting in accordance with the provisions of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- At the time of inspection, the service was not working with anybody who needed their liberty restricted.
- Staff received training in the MCA and DoLS.
- Staff demonstrated they were knowledgeable about the MCA. One staff member told us, "For people with mental health problems if they can't make a decision, first you have to do a mental capacity assessment."
- The provider and staff understood their responsibilities under the MCA and the need to obtain consent. One staff member told us, "You need to get consent right from the beginning."
- People had signed to consent to their care plans.

Staff support: induction, training, skills and experience

At the last inspection, the provider did not ensure staff received appropriate training, supervisions and appraisals to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were up to date with training including health and safety topics such as food safety, manual handling, fire safety and first aid. Staff told us they found the training useful.
- The provider used a consultant who provided supervisions and appraisals to staff.
- Staff received regular supervision and told us this supported them to carry out their role. Records showed staff were able to discuss their strengths, weaknesses, the areas of work they found satisfying and dissatisfying and training.
- Records confirmed staff received an annual appraisal and topics discussed included job knowledge, work quality, communication skills and personal development goals.

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

- People told us they were satisfied with the service provided. One person said, "I love it here. It's the best care home I have lived in. If you need more assistance they will help you."
- Relatives told us they were happy with the care their family member received. One relative said, "[Family member] has been there quite a long time now. [They] get well looked after."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- Information gathered at the assessment included the person's history, health conditions, nutritional needs, mental health, interests, likes and dislikes.
- Assessments detailed tasks people needed support with and tasks they could complete independently.

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

- The kitchen was well stocked with nutritious food and drink.
- People confirmed they were offered choices of food to eat. One person told us, "[The food] is delicious. It is nutritious. Sometimes we go out to eat once or twice per week. They give us a balanced diet."
- We observed staff offered people choices for their main meal. People were seen to enjoy the food and there were clean plates afterwards.
- People had guidelines in their care plans which ensured staff were aware of how to support people at mealtimes.
- For example, one person's care plan stated, "[Person] has a healthy appetite but has to be supervised when eating and prompted by staff to chew food. We have provided her with suitable cutlery, plates and [apron] to improve the meal times."

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

- People were supported to maintain their health and attend healthcare appointments.
- Relatives told us they were reassured their family member was supported to maintain their health.
- The management told us, "We have yearly appointments for optician, dentist, GP and they have a medical review once a year. We make sure they take their medicine."
- Records showed people had access to health professionals as required which included the GP, dentist, optician and chiropodist.
- Staff monitored people's weight so that increases or decreases in weight could be followed up with health professionals.

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

- The service was laid out across three floors accessible by stairs.
- At the time of this inspection there was nobody using the service with mobility needs. The management told us mobility was considered when a person was first referred to the service.
- People had their own bedrooms which were individualised according to their taste.
- The service had communal areas where people could choose to spend time. This included a garden area where we observed people participating in picking fruit from the tree.

# 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 has 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 told us staff were caring. One person said, "[Staff] are wonderful. They are exceptional. They are excellent. The best [staff] I have ever had."
- Relatives confirmed staff were caring. One relative told us, "They are kind and caring not only towards my [family member] but also kind and caring towards me as well."
- Staff described how they got to know people and their care needs. One staff member told us, "First we speak to the social workers and the family. We read the report because they always send the history and assessment. We would speak to [the person]."
- Staff were knowledgeable about equality and diversity. One staff member told us, "We have an equal opportunities policy which all staff have to read and a section in our staff handbook and training."
- We asked staff how they would support a person who identified as lesbian, gay, bisexual or transgender [LGBT]. One staff member told us, "We have a [person] that is LGBT and that is private. We have left [person] to decide if they want anyone to know."

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

- People confirmed their preferences and choices were respected. One person told us, "There is always a choice."
- Relatives confirmed they were included in decisions about care. One relative told us, "I keep in regular contact with them. Any problems, they call me to tell me."
- The deputy manager explained how people and relatives were involved in decisions about care. They said, "We have two people with families and when they visit, we keep them up to date. If we are refurbishing, people come along and choose."

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity were promoted.
- Staff described how they promoted people's privacy and dignity. One staff member said, "Make sure the door is closed when helping with personal care. Don't talk about [a person] where everybody can hear."
- Staff knew how to promote people's independence. One staff member gave an example of one person who wanted to go back to college to learn new skills. They told us staff were supporting the person to get a college prospectus, so they can choose what they wanted to do.

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were detailed, personalised and contained people's preferences.
- People's care plans were focussed around the goals they wished to achieve. This included the actions staff took to help the person achieve these.
- Staff demonstrated they knew how to deliver a personalised care service. One staff member told us, "It is to focus on one person and what they want."
- Records showed care plans were reviewed on a regular basis and when a person's needs changed.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The deputy manager gave an example of one person who when a letter for them was delivered they would ask staff to read it to them. The deputy manager also said, "Staff would use sign language with people who can't speak."

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

- People confirmed their social needs were met. Responses included, "We do Pilates every Tuesday. I like to sit in the garden" and "We go to the cinema."
- Care plans contained details of the activities people liked to do including board games, bingo cards, fishing, gardening, reading, knitting, exercise, watching tennis and football.
- The provider took account of people's cultural and spiritual needs when planning activities. Records confirmed people were supported to attend their chosen place of worship where appropriate.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave guidance to staff about how to deal with complaints.
- People confirmed they knew how to make a complaint if they were not happy with the service but had not needed to.
- Relatives told us they had not needed to make a complaint. One relative said, "We have not needed to. My [family member] would tell me if there was any problems."

- The management told us there had been no complaints since the last inspection. They said, "We always give a copy of the complaints procedure which is on the board there and we try to sort out whatever we can."

#### End of life care and support

- The service was not currently working with anybody who required end of life care or who had been diagnosed with a terminal illness.
- The provider had an end of life care policy which gave clear guidance to staff about working sensitively with people at the end of their life.
- Records showed people had made the choice of not discussing their end of life care wishes at this time. However, one person's care record indicated where they wished to be at the end of their life and whether they wished to be buried or cremated.
- The management told us they intended to keep checking with people if they were ready to document their end of life care wishes.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider did not have effective processes to assess, monitor and improve the quality and safety of the services provided and contemporaneous records were not always maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had quality assurance systems in place to identify areas for improvement. This included regular checks of each room in the service for signs of repair or refurbishment needed.
- Records showed there were regular health and safety checks. For example, there were daily checks to ensure corridors and fire exits were not obstructed, fire doors were not propped open and fridge and freezer temperatures were within the recommended range.
- The service asked people who used the service, relatives and outside agencies for their views about the service through a feedback survey in order to identify areas for improvement.
- Records showed that positive feedback was given by respondents in the survey carried out for 2019. A relative had written on the feedback form, "My [family member] is well looked after here in the Jennifer Home."

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

- People and relatives gave positive feedback about the management of the service. One person told us, "I do like living here. [Registered manager] does a very good job."
- Staff told us the registered manager was a good leader who supported them in their role.
- The deputy manager told us they encouraged people's families to visit and they kept them updated on service development.

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 assistant manager understood their legal responsibility under duty of candour and the need to apologise to people concerned.
- The provider notified CQC and the local authority about incidents and safeguarding concerns as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held weekly meetings with people using the service to give them an opportunity to contribute in the service provided.
- The assistant manager told us, "In the meetings [for people using the service] we speak about whatever is going on in the home. If we are refurbishing they [people using the service] come along and choose."
- We reviewed the three most recent meetings held with people and saw topics discussed included activities, meals, the environment and changes within the service.
- The provider held monthly staff meetings. Staff we spoke with told us these meetings were useful. Records showed topics discussed at these meetings included updates on people using the service, updated care plans, fire drills, staff supervisions.

Working in partnership with others

- The registered manager told us they worked with other agencies in order to achieve good outcomes for people using the service.
- The registered manager said, "We have been going to the care home association for years. It is good for hearing about new things that are going on."
- Records showed the registered manager and assistant manager attended yearly care shows and attended the National Care Association events and training sessions.
- A visiting health professional wrote a feedback form during a recent visit which stated, "Staff are always helpful, professional and most of all caring to all [people using the service]."