

Jaffray Care Society

Lime Court

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

What life is like for people using this service:

- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. People were 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 treated with kindness and compassion. People's rights to privacy were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

At the last rating inspection in December 2015, the service was rated Good. At this inspection we found the service remained Good.

Rating at last inspection: Good. The last report for Lime Court was published on 12/03/2016.

About the service: Lime Court is registered to provide care for 18 people. The service cares for people with learning disabilities and at the time of our visit they were providing care and support for 18 people.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 ●

Lime Court

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 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.

Inspection team: The inspection team consisted of a lead inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of experience are mental health and autism.

Service and service type: Lime Court is registered to provide care for people with learning disabilities and autistic spectrum disorder, mental health, physical disability, sensory impairment and dementia.

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 was a comprehensive inspection which took place on 04 December 2018 and was unannounced.

What we did when preparing for and carrying out this inspection: When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

Inspection site visit activity started on 04 December 2018 and ended on 04 December 2018. It included discussions with people who use the service, their relatives, members of care staff and the registered manager. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services,

especially where people were not able to tell us verbally. We visited the office location on 04 December 2018 to see the manager and office staff; and to review care records and policies and procedures.

During our visit we looked at the care records of three people and three staff files as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People we spoke with told us that they were confident that care staff kept them safe and secure. One person we spoke with told us, "I'm safe, I can talk to them [staff]".
- We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff we spoke with said, "I'd speak to [registered manager's name] if I had any concerns of someone being at harm of risk or abuse".
- Staff we spoke with understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process and saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. One member of care staff we spoke with told, "We [staff] assess risk daily. If we see any concerns we document and report them so that people's risk assessments can be updated".
- The registered manager told us that people's risk assessments were reviewed every six months, although informal observations were carried out daily and any changes are added to people's care plans.
- We saw that risk assessments were reviewed on a regular basis. This demonstrated that staff were aware of the risks that each person might be susceptible to.

Staffing levels

- A person we spoke with told us there were enough staff around to support them during the day.
- A relative we spoke with told us, "I think there's enough staff, they always attend to his needs".
- We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- We saw there were sufficient numbers of staff to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed. A person we spoke with told us, "Yes, I get them alright".
- We saw staff administering medicines to people. They spoke to people throughout, explaining what medicines were being given and ensuring they were taken as prescribed.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines. Staff had received training on how to manage and administer medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A person we spoke with told us, "It's [location] clean and tidy, yes".
- A member of care staff gave us some examples of how to maintain a clean environment, "We wear gloves and aprons when doing personal care. Soiled pads go in sealed bags".
- We saw the provider had monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- The registered manager explained that all accidents, incidents or 'near misses' were analysed.
- There was a root cause analysis process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had received appropriate training and had the skills they required to meet people's needs. A member of staff we spoke with told us, "There's definitely enough training, and we [staff] can ask for anything [training] we need, they're [provider] very supportive".

We saw that the provider had training plans in place and were reviewed and updated on a regular basis. We saw that the registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service.

- Staff told us they had regular supervision meetings with their line manager to support their development. A member of staff we spoke with told us, "I get supervision every two months. I do get enough support, [registered manager's name] keeps checking to see if I'm alright". The registered manager told us, that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

- We saw that the registered manager and senior care staff were available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

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

- We saw the provider had processes in place that involved people in how they received personalised care and support.

- Relatives we spoke with told us they felt that their family members care needs were supported and that they were involved in the assessment process.

- Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs.

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

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

- Not all of the people living at Lime Court had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about

their care and support.

- Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.
- We saw that people's capacity had been assessed and the provider had made appropriate DoLS applications to the Local Authority.

Supporting people to eat and drink enough with choice in a balanced

- People and relatives, we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "They [staff] ask when you want it [breakfast], I had fried egg yesterday. The food is alright. I have fruit as well and drinks". A relative we spoke with said, "[Person's] getting enough food and he likes it".
- Staff were aware of how to ensure that people maintained a nutritious and healthy diet. A member of staff we spoke with told us, "We have input from dieticians and the SALT [Speech and Language Therapy] team.
- Staff supported people to maintain a healthy weight using fortified drink supplements, when needed.

Staff providing consistent, effective, timely care

- The provider supported people with their health care needs. A person we spoke with told us, "I go to see the doctor and the dentist".
- One relative we spoke with told us that staff ensured their family member was getting regular check-ups for an on-going condition and that they had also received their flu vaccination recently.
- Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. We saw that information regarding peoples changing health needs was shared between staff during shift handovers.
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

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

- People's individual needs were met by the adaptation and design of the premises. We saw rooms decorated to people's individual tastes which reflected their personalities and interests.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relative's we spoke with told us that staff treated them with kindness and compassion. One person said to us, 'Yes, they [staff] do care, they're kind'.
- A relative we spoke with told us that their family member had a key worker allocated to them and that they were very kind and caring.
- People were encouraged to express their views on how they preferred to receive their care and support. A person we spoke with told us, "They [staff] ask consent for different things. Yes, they do ask".

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

- The provider supported people to express their views so they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service and personalised care plans with people's input documented.
- A relative we spoke with told us, "He [person] has a care plan and it says he has [medical condition]. I have gone to some meetings they have about him and about his whole care package".
- Another relative highlighted that their family member was encouraged to let staff know their views on the details within their care plan.
- We saw that care plans were reviewed and updated on a regular basis to ensure that peoples care and support was specific to the person's needs.

Respecting and promoting people's privacy, dignity and independence

- Care staff we spoke with all knew the importance of respecting people's privacy and dignity. A member of staff we spoke with told us how they ensure people's doors and curtains are closed when supporting personal care, and how they would use a towel to cover the people. They went on to say, "I always think of my nan and grand-dad and how I'd hope that they would be treated".
- A relative we spoke with told us, "Yes you do get privacy".
- A relative we spoke with told us there were no restrictions on when they visited their family member, they said, "You can come whenever you want, any time, nobody [staff] ever says anything or tells you to go".
- People were encouraged to be as independent as practicable. A person told us, "Some things I can do, like getting dressed, and in the shower. They [staff] let me do what I can".
- A member of staff we spoke with told us how they encouraged a person to make their own drinks and help

with the washing up. Another member of staff we spoke with said, "Service users [people] are supported to live an independent life, that's important for them".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care that was responsive to their needs. A person we spoke with said, "There's no pressure, I can get up in the morning when I want, and lie down as long as I want. If my lunch was [getting] cold, they'd [staff] make it later for me".
- A member of staff we spoke with told us, "[Person's name] has autism, so we have to be consistent, stick to routines".
- We could see that staff responded to people's individual needs as and when required, for example; we saw staff asking people what they would like to eat at meal times and then ensuring that they had what they requested.
- Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found that staff knew people well and were focussed on providing personalised care. A person told us, "They [staff] help me to go to [shop name]. I like going there".
- A relative told us, "Any requests I've made, they [provider] would do it [respond] as soon as they could".
- A member of staff told us how they, and a person they supported had planned and booked a short break to another country. We saw care plans that included information about people's individual care and support needs, including activities and hobbies they were interested in.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff we spoke with told us how they offered people the same opportunities and didn't discriminate on the grounds of gender, culture, race, sexuality or ability. They said, "We're all equal, but we all have different needs".

Improving care quality in response to complaints or concerns

- Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative we spoke with told us, "I would complain if there was a complaint but I don't think [person's] ever complained".
- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.

End of life care and support

- The provider had processes in place to support people who required end of life care and support. The registered manager told us, "People should be able to die where they want to die. We [provider] have a very caring staff team". They told us how staff had a great sense of pride and privilege that they could support people through the final part of their lives.
- We saw staff had received end of life care training and the provider was working to the Gold Standard Framework. The framework provides a systematic approach to supporting people who are reaching the end

of their life.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff were involved in making decisions about how the service was run. A person we spoke with told us, "We [people] have a meeting for residents only sometimes. I like them (meetings). We just talked about going out somewhere, to the pictures".
- We saw copies of meetings with people and staff which showed they were consulted on how the service ran.
- There was a positive atmosphere at the home. A person we spoke with told us, "Staff look happy. I think they are happy doing their jobs". A relative we spoke with told us, "There is a good culture there [location] yes, and all the staff get on very well with each other and I think they do their best with the people".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A member of staff we spoke with told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests.
- Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff we spoke with told us that they felt that they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.
- The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.
- Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings, questionnaires and informal discussion and used to develop service provision. For example; activities they would like to be involved in and choice of meals they preferred.
- Staff told us they were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The registered managers had developed close working relationships with other health and social care professional, which ensured that people's physical and health needs were promptly met.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- We saw that the provider used feedback from people and relatives to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attend meetings with the local authority, other service providers and healthcare professionals to identify areas for improvement and aims for social care provision in the future.