

Job's Close Residential Home For The Elderly

Job's Close Residential Home for the Elderly Limited

Inspection report

Lodge Road
Knowle
Solihull
West Midlands
B93 0HF

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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

At our last inspection in October 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

Since the last inspection we received information about concerns in relation to the service. The concerns related to people not receiving their medicines when they needed them, the home was unclean, the training staff received did not support them to meet people's needs and staff did not feel supported by the registered manager.

Job's Close 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.

Job's Close provides residential care to older people. The home has two floors accommodating up to 35 people in one adapted building. On the day of our visit 24 people lived at the home. The home is located in Solihull, West Midlands.

The service is required to have 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 and associated Regulations about how the service is run. At the time of our visit the registered manager had been in post for 10 years.

People felt safe living at Job's Close. There were enough staff to keep people safe and respond to their needs in a timely way. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

People's medicines were managed safely and people received their medicines as prescribed. People received support and treatment from health professionals when needed.

Procedures were in place to protect people from harm. Staff knew how to manage risks associated with people's care. Accidents and incidents were monitored and action had been taken when required to prevent

them from happening again.

The home was clean and well maintained. Staff understood their responsibilities in relation to infection control. Staff knew what action they needed to take to keep people safe in the event of an emergency such as a fire. Regular checks of the building and equipment took place to make sure they were safe to use.

New staff were provided with effective support when they started work at the home. Staff received an induction to the home and training that gave them the knowledge and skills to meet people's needs effectively.

The provider worked to the requirements of the Mental Capacity Act (MCA) (2005). Staff had received training to support them to understand the MCA and they gave examples of applying the principles of the Act to protect people's rights.

People told us staff were considerate, kind and caring. People were treated with respect and were supported them to be as independent as they wished to be.

People received information about the home in a way that they could understand. People planned and reviewed their care in partnership with the staff.

People's individual religious and spiritual needs were recognised and care records included information about people's wishes about what should happen at the end of their lives. People chose to take part in a variety of social activities and maintained links with their local community.

People enjoyed the food provided and staff, including the cook, demonstrated a good knowledge of people's dietary requirements.

People felt listened to and felt comfortable in raising any concerns or complaints if they needed to. People were happy with how the home was run. Effective systems were in place to monitor and review the quality of the home.

Staff enjoyed working at the home and spoke positively about the registered manager and their leadership style. The registered manager understood the responsibilities and the requirements of their registration.

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.

People felt safe. Risks associated with peoples care and support were identified and staff knew how to manage risks safely. Recruitment processes were safe and there were enough staff to meet people's needs in a timely way. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines as prescribed. People were protected from the risk of infection and the home was clean. There were processes to keep people safe in the event of an emergency. A system was in place to monitor accidents and incidents that happened in the home.

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.

Job's Close Residential Home for the Elderly Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 16 April 2018 and was unannounced. The inspection team consisted of one 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.

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

Before the inspection visit we reviewed the information we held about the home. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority. They did not have any information to share with us.

During our visit we spoke with eight people and three relatives about their experiences of the home. We spoke with the registered manager, the deputy manager, the cook, the kitchen assistant, one senior care assistant, three care workers and the activities coordinator about what it was like to work at the home. We also spoke with two of the charity's trustees.

We reviewed a range of records which included three people's care plans and daily records. We looked at other records related to how the home operated. This included checks the management team took to assure themselves that people received a good quality service.



Our findings

At our last inspection in October 2015 we found the safety of the service required improvement. This was because some people's prescribed creams had not been signed for following administration and one person's medicine administration record (MAR) had not been completed correctly. This meant we could not be sure some people had received their medicines as prescribed.

We found during this inspection that improvements had been made resulting in a rating of 'Good'. The registered manager explained how lessons had been learnt and told us what action had been taken to make the improvements since our last inspection. For example, further medicine checks took place and a new recording system had been implemented to ensure staff recorded correctly when people's creams had been administered.

People spoke positively about the way their medicines were administered by the staff. One person said, "Never any problems, I always get my tablets." Another told us, "They give me my pills on time. They've got some very good seniors here. They're the ones that give me the medication."

However, prior to our inspection we received information that suggested some people had not received their medicines when they needed them. We discussed this with the registered manager who assured us this had not happened. We looked at the medicine checks that had been completed for the four months prior to our visit. The records showed us no errors had been identified.

We checked the medicine administration records (MAR) for ten people. The records had been completed in accordance with best practice guidance and showed us people had received their medicines when they needed them. We found people's medicines were stored securely and staff were trained in administering medicines. Staff competence to administer medicines safely was assessed regularly by their managers. Some people chose to administer their own medicines and their ability to do this safely had been regularly assessed to make sure they continued to be competent to do so. Those people's medicines were kept securely in locked cabinets in their bedrooms.

People felt safe living at Jobs Close. One person said, "Oh yes it's very safe here because there's always staff about. If I am in my room, they check on me to see I am okay." We saw there were enough staff on duty to keep people safe and respond to their needs in a timely way. There were no staff vacancies and the turnover of staff was low.

Recruitment procedures minimised, as far as possible, the risks to people safety. The required checks including references and a Disclosure and Barring Service (DBS) check had been completed before staff started work in the home. The DBS is a national agency that keeps records of criminal convictions.

Risk assessments had been completed to guide staff on how to manage and reduce risks associated with people's care and support. For example, one person was at risk of falls. To reduce this risk staff were instructed to walk alongside the person when they walked around. Staff knew this and we saw this happened during our visit.

Procedures were in place to protect people from harm. Staff had received safeguarding adults training to support them to understand what constituted abuse and the action they needed to take if they were concerned a person was at risk. Staff told us if they had any concerns they would inform their managers. One told us, "I would report to the manager, I am confident they would take action but if they didn't, I would tell a trustee or call CQC." The registered manager understood their responsibilities to keep people safe. Records showed no incidents of a safeguarding nature had occurred since our last inspection.

A system to monitor accidents and incidents that occurred was in place. The registered manager analysed the accidents monthly to identify any patterns or trends and records showed action had been taken to prevent them from happening again.

Prior to our inspection we had received information that the home was unclean. We found domestic staff were on duty and the home was clean during our visit. One person commented, "We have very good staff that do all the cleaning. They always come around and vacuum and clean the bathroom. I like it very much." Staff had received training which supported them to understand their responsibilities in relation to infection control which protected people from the risks of infection. We saw staff members wore the correct personal protective equipment, such as disposable gloves and aprons when preparing and serving food or supporting people with personal care.

There were systems to make sure the premises were safe. A maintenance worker was employed at the home and completed routine maintenance and safety checks. Specialist contractors checked and serviced equipment that was used. For example, the passenger lift and the hoist used by staff to move people had been checked and serviced in the six months prior to our visit.

Staff had received training and they knew what action they needed to take to keep people safe in the event of an emergency such as a fire. Everyone living in the home had their own fire evacuation plan which contained details of the support they would need to evacuate the home in the event of an emergency.

Our findings

This key question was rated as 'Good' at our last inspection. It continues to be rated as 'Good'.

Everyone we spoke with told us staff had the skills and knowledge they needed to provide the care and support they needed. One person told us, "Staff know what they are doing, which fills me with confidence." A relative said, "In my opinion they (staff) are good at their jobs."

When new staff started working at the home they were given a handbook containing the providers key policies so they were aware of what was expected of them. They also completed an induction to the home which included completing training, shadowing more experienced colleagues, and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Prior to our inspection, we received information that the training staff received did not support them to meet people's needs. We asked staff about this and they confirmed the training did give them the knowledge and skills they needed. One said, "Training is fine, we have a company come in and teach us, it's good because we get the chance to ask questions." Staff also told us they had opportunities to complete additional qualifications in health and social care which was confirmed in records we viewed.

Staff told us they received support from their managers to carry out their roles. All staff we spoke with confirmed they had regular opportunities to meet on a one to one basis with a senior staff member. They said this helped them to develop their skills and reflect on their practice so they could continually improve.

We checked whether the provider worked within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were met. 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.

The registered manager and staff had received training to understand the MCA and they demonstrated a good understanding of the principles of the Act. They gave examples of applying these principles to protect people's rights, such as, respecting people's decisions to refuse care. People's care plans contained mental capacity assessments which were decision specific and individual to the person. All of the people who lived

at the home had capacity to make all of their own decisions.

Assessments of people's care and support needs had been carried out prior to them moving into Job's Close. Assessments included people's physical and emotional needs. Care plans had been developed from people's assessment and informed staff what care and support people needed and how they liked this carried out.

People confirmed they received effective care, support and treatment from health professionals to maintain their health.

People told us they enjoyed the food provided. One person said, "Always plenty of choice and if I don't like what's on the menu, I can have something else." Staff, including the cook, demonstrated a good knowledge of people's dietary requirements. They knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. For example, if people were not eating and drinking, they said they would report this to their manager so action could be taken to support the person.

People's needs were met by the design of the building. There was a passenger lift and stair lifts which we saw people used to gain access the different floors of the home. People told us when they had moved into the home they had been encouraged to personalise and decorate their bedrooms to their liking. One person said, "I bought all of my favourite furniture with me which makes me feel at home." At the time of our inspection building work was taking place at the home. A trustee explained this work was being completed to modernise and improve the environment to benefit people.

Our findings

This key question was rated as 'Good' at our last inspection. It continues to be 'Good'.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely', atmosphere. One person said, "They (staff) are lovely. I don't know what I would do without them." Another told us, "Every single staff member shows compassion. It is crystal clear they all give the best care possible."

The atmosphere at Job's Close was warm and friendly. We spent time in the communal areas of the home and we saw interactions between people and the staff were always positive. Staff we spoke with told us they enjoyed working at the home because they had built up meaningful relationships with people and their families. One staff member told us, "I love it here; I would never work anywhere else. The care is really good because we know people and they know us."

People were treated with respect. One person said, "All the staff talk to me in a respectful way." Another said, "I feel truly respected because staff are polite and courteous." People told us the staff respected their right to privacy because they never entered their bedroom without their prior permission. We saw this happened during our visit.

People told they were supported to be as independent as they wished to be. One person told us, "I am a bit slow with my walking but the staff are patient and never rush me. They say, 'Take your time ... you can do it'". Staff told us because they knew people they had a good understanding of people's abilities and this meant they knew how to promote people's independence in a variety of ways.

People told us their family and friends were welcome to visit them at any time. Friendships had developed between people who lived at the home. One person told us, "We all care about each other; we are like a family really." Another said, "I really value the companionship here."

People planned and reviewed their care in partnership with the staff. Records showed us people had signed their care plans to confirm they were happy with the content. People had frequent opportunities to meet with staff members to discuss their care and support.

Confidential information regarding people was kept secure so people were assured their personal information was not viewed by others.

Our findings

We rated this key question as 'Good' at our last inspection visit. It continues to be 'Good'.

People confirmed they received care and support that was personalised to their preferences. One person told us, "My every need is met and my every want is catered for."

Staff knew people well and they described to us in detail people's preferred routines. Care plans contained up to date detailed information about people's preferences which supported staff to provide personalised care. For example, one person enjoyed having a lie-in each morning and chose to eat their breakfast in their bedroom.

People received information about the service in a way that they could understand. We were made aware that the information was available in large print and different languages (on request) to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

Staff received training in equality and diversity and gave us examples of how they ensured people were treated fairly. One person told us, "We are all different here, we all like different things and the staff recognise and respect that."

People's individual religious and spiritual needs were recognised. One person was supported to attend their place of worship to practice their religion. Other people told us they chose to attend weekly religious service that took place at the home which they enjoyed.

People's care records included their wishes about what should happen at the end of their lives. This included consideration of funeral arrangements, where people were happy to discuss this. Staff told us they were experienced in supporting people who were moving towards the end of their lives. They had received training in end of life care and records demonstrated how they worked in partnership with other healthcare professionals such as a community nurses to ensure people received the support they needed.

Staff told us communication in the home was good because any changes in people's health or wellbeing were shared with them when they arrived for their shift. This was important because it meant they had up to date information to provide the care and support people needed.

People chose to take part in a variety of social activities which they enjoyed. A variety of activities took place on the day of our visit which included an exercise class and gardening. An activities co-ordinator was employed at the home and people told us they were involved in planning upcoming events such as a sports day and afternoon teas.

People maintained positive links with the community. For example, some people liked horses and they visited a local riding club to spend time watching the race horses train. Other people chose to go shopping in the local town centre.

People knew how to make a complaint and felt comfortable doing so. A copy of the provider's complaints procedure was on display within the foyer of the home. It included information about how to make a complaint and what people could expect if they raised a concern. Records showed no complaints had been received since our last inspection.



Our findings

We rated this key question as 'Good' at our last inspection. It continues to be 'Good'.

Job's Close is a registered charity run by a Board of Trustees. The registered manager felt supported by the Trustees and met with them frequently to gain assurance the home was being run in line with the values of the organisation. A trustee commented, "The manager is excellent."

People told us they were happy with how the home was run and spoke positively about the registered manager. One person said, "The manager is a very good leader. She is caring, very helpful and runs the place marvellously."

The registered manager had been in post for 10 years and was supported by a deputy manager and senior care workers. The registered manager understood the responsibilities and the requirements of their registration. For example, they knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications as required.

Prior to our inspection we received information that alleged staff did not feel supported by the registered manager. All staff spoke positively about the registered manager and their leadership style during our visit. One staff member said, "She is firm but very fair." Another said, "The manager is supportive, her door is always open and I know she would support me if I ever had any problems here."

Staff told us they enjoyed working at the home and that staff morale was high and team work was good. They confirmed they had opportunities to attend staff meetings and contribute their ideas, share suggestions, and good practice. This made staff feel valued and listened to.

Meetings for people and their families were held monthly. Quality questionnaires were sent to gather people's views on the service they received every six months. Records showed action in response to feedback was taken, if required.

During our visit we saw the registered manager was a visible presence in the home and worked alongside the staff team to support people. This approach ensured they had an overview of how staff provided care and support to people.

Effective systems were in place to monitor and review the quality of the home. The management team and

trustees completed regular checks and audits such as, health and safety checks and audit checks of people's care plans. These audits were carried out to ensure if any areas of improvement were identified so they could be addressed quickly.

It is a legal requirement for the provider to display their ratings so that people are able to see these. We found the rating was displayed within the home but not on their website. Also, some information, for example the contact details for CQC were incorrect. We discussed this with the registered manager and they explained that the website was in the process of being updated. They told us they would take action to address this by the end of April 2018.