Enable UK (Midlands) Limited

Jenson House

Inspection report

Shaftsbury House West Bromwich B70 9QD
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Our inspection took place on 21 July 2015. The provider had a short amount of notice that an inspection would take place. This was because the office of the service was not always open. We needed to ensure that the manager or provider would be available to answer any questions we had or provide information that we needed. We also wanted the manager or provider to ask people who used the service if we could visit them in their homes. At the time of our inspection 17 people received support and personal care from the provider. People who used the service had needs associated with living with a mental health condition and/or a learning disability.

Services delivered at the time of our inspection by Jensen House were personal care and support to adults who lived in their own flats within two 'supported living' facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family.

At our last two inspections, a planned inspection in February 2014, and a responsive inspection that we carried out due to information we received in September 2014, the provider was meeting the regulations that we assessed.

Over the last six months the provider has realigned the services that they deliver. Previously Jensen House registration included, and had legal responsibility for, a number of services located near London. There had been a number of concerns and allegations of abuse within those services which were looked into by the local

Summary of findings

authority. The provider now has registered an office where those services are managed from and no longer are managed from Jensen House. The service also previously provided care to people with a range of needs who lived within the community. These services have now been moved to a different provider.

The provider had not been meeting the law as they did not have, and had not had, since February 2015, a manager who was registered with us. A new manager had been appointed in June 2015 who told us that they had started the process to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to protect people from the risk of abuse and staff followed the systems to prevent people from being placed at risk of abuse and harm. People and their relatives told us that they were not aware of any incidents of abuse. Staff knew how to report any concerns that they may have.

Recruitment processes needed some improvement to reduce the risk of potentially unsuitable staff being appointed.

Systems did not always confirm that people had been given their medicines as they had been prescribed by their doctor.

Staffing levels at the time of our inspection were not placing people at risk of not receiving the care and support they needed or at the right time. However, relatives raised issues regarding the lack of consistency of staff allocated to their family member. The manager knew that there was a problem with staff consistency and was recruiting more staff and taking other action to resolve the issue.

Staff told us that they felt adequately supported on a day to day basis in their job roles. However, they and the manager told us that they were aware that some improvement was needed as formal supervision were not offered regularly to staff.

Some staff refresher training was needed and the provider had secured resources to ensure this was arranged.

People who used the service described the staff as being nice and kind. Staff showed an interest in people and showed them respect.

Staff had some understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people who used the service were not unlawfully restricted.

The provider had not ensured that staff met peoples cultural needs regarding diet and practising their preferred faith.

We found that a complaints procedure was available for people to use. However, as concerns and issues had not been recorded people and their relatives could not be confident that any dissatisfaction would be looked into or dealt with effectively.

Management systems and the quality monitoring of the service did not give assurance of a well led service. Relatives were not aware of whom the manager was and highlighted concern about the number of changes with managers there had been. The provider had not ensured that they informed us of incidents that they should and there was a lack of evidence to determine that regular audits and checks had been undertaken. The new manager was aware of these shortfalls and was working to improve the situation.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not safe.

Recruitment systems needed improvement to prevent the possibility of the employment of unsuitable staff.

Systems did not confirm that people were given their medicines as they had been prescribed by their doctor.

Systems were in place to protect people from the risk of abuse and staff followed the systems to prevent people from being placed at risk of abuse and harm.

Requires improvement

Is the service effective?
The service was not effective.

A consistent service was not always provided.

Staff support systems regarding formal supervision were not regularly offered.

People generally received access from a range of health care professionals and were offered meals that they liked.

Requires improvement

Is the service caring?
The service was caring.

People described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Good

Is the service responsive?
The service was not responsive.

Care plans were not always produced when people's care needs changed.

People could not be assured that their complaints would be listened to and acted upon.

People were supported to maintain contact with their family.

Requires improvement

Is the service well-led?
The service was not well-led.

Relatives did not know who the manager was and did not have full confidence in the leadership of the service.

Audit systems had not been used to ensure that the service was safe and being run in the best interests of the people who used it.

Requires improvement

Summary of findings

The new manager was aware where improvements and changes were needed.

Jenson House

Detailed findings

Background to this inspection

This inspection took place on 21 July 2015 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because the office of the service was not always open. We needed to ensure that the manager or provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We asked local authority staff about the service, they told us that they did not have any significant information to provide.

We had received information which highlighted that there was a shortage of staff and we planned to look at staffing levels during our inspection.

With their prior permission, we met and spoke with two people who used the service and spoke with four relatives by telephone. We spoke with two staff and the manager. We looked at the care files for three people, medication records for two people, recruitment records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

Requires improvement

Is the service safe?

Our findings

Staff we spoke with told us that checks had been undertaken for them before they were allowed to start work. We looked at files for three staff who had been recruited in the last twelve months. We found that some improvement was needed to demonstrate that the staff were safe to work with the people who used the service. We found that the provider used a questionnaire to ask staff about their health and to determine if they were fit for work. However, we found that although two staff had declared conditions, this had not been explored further to determine any workplace risks, or potential impact of their condition on their ability to work safely. We asked the manager about this who told us that they were not aware of the conditions or that any assessment had been undertaken concerning the conditions. The application form the provider asked staff to complete did not have provision for staff to give the reason they left their previous places of employment. The lack of this information may prevent the provider from being alerted to reasons why the staff should not be employed. For one staff member we saw that their start date was before the date on their Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. The manager told us that they did not know if a risk assessment had been completed to demonstrate that any risks had been considered and managed to prevent a likelihood of unsuitable staff being employed.

People who used the service were happy with the arrangements the provider had in place relating to the management of medicines. One person nodded and smiled when we asked about the way their medicine was looked after and given to them. Another person told us, "I'm happy for the staff to do my tablets. I get them when I should". A relative told us, "I am not aware of any issues regarding medicine".

We found in one of the two people's homes we visited (A home where more than one person lived) that people's medicine was stored communally in the office. Records we looked at did not highlight if people had been asked if they wanted their medicine stored in their bedroom to personalise it. The manager told us that although medicine in another house was stored in people's own rooms it was not at that one. We found that there was no system in place to monitor the temperatures of the medicines stored in the communal medicine cupboard. This did not demonstrate that the manufacturer's guidance was being followed regarding the storage of medicine so that it would be safe to use.

Staff told us that they had received medicine training. However, staff records showed that not all staff had received medicine training, for some staff refresher training was due. The manager told us, and the local authority had also told us, that there had been some issues regarding peoples medicine. Issues included some medicine not being given as it had been prescribed. This could mean that people's health had been placed at risk by them not having the medicine they needed. We found that action had been taken to ensure improvement which included the manager speaking with staff individually or during meetings to inform them the importance of safe medicine practices and actions that would be taken if they failed to comply.

All of the people and relatives we spoke with told us that they (or their family member) had not experienced behaviour or other from staff or anyone else that they were worried about. One person said, "No I have not". A relative said, "No concerns like that". Another relative said, "He is always happy to return back after visiting me that shows there are no worries". All staff we spoke with told us that they had received training (and we saw training certificates on their files) in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns.

Prior to our inspection we had been informed that staffing levels were not meeting people's assessed needs. The manager told us that a number of staff had left and this had depleted staffing levels. However, they told us that things had improved and assured us and provided us with staff rotas to confirm that staffing numbers were adequate. During our inspection we saw that where people had been assessed as needing one to one staff support this was provided. A relative said, "When I visit he [Their family member] always has enough staff with him". The manager told us and we saw that they had recruited a number of new staff and were continuing with the process. A staff member told us, "Staffing levels are better".

We saw that risk assessments had been undertaken to explore any risks and reduce them. The manager gave us a

Requires improvement

Is the service safe?

detailed account of how they monitored incidents and untoward occurrences. They told us that each case had been discussed with staff teams to see what changes could be made to prevent reoccurrence. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured.

Staff we spoke with gave us a good account of what they would do in emergency situations such as finding a person who used the service was injured or unconscious. A staff member told us that they would assess the situation, reassure the person, call for help from other staff and/ or emergency services and then make a record of the event. This demonstrated that the staff knew of the provider's emergency procedures and followed them to ensure that people got the required attention they needed.

Requires improvement

Is the service effective?

Our findings

People we spoke with were happy with the service provided. A person said, "I think the staff look after me and do a good job". However, relatives had mixed views about the service. A relative said, "Generally things are alright". Other relatives told us that improvement was needed mainly regarding staff consistency and communication between them and the staff.

A relative told us, "Staff come and staff go. They [Their family member] have had so many staff and it is unsettling". Some relatives told us that at times a number of different staff supported their family member that led to inconsistency. The manager told us that over the last few months, due to staff leaving, different staff had been to support people. The manager also told us that it was their intention for a small staff team to start working with different people. This would be a benefit to people as they would be, at all times, supported by familiar staff.

A staff member told us, "I had induction when I started. I went through policies and procedures, worked with experienced staff and had an introduction to people". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The training manager told us that the new induction package that they were introducing met the requirements of the new 'care certificate' for new staff members. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work. All staff we spoke with told us that they felt supported on a day to day basis. One staff member said, "We can contact a manager if we need to".

People and relatives we spoke with told us that in their view the staff were adequately trained and experienced. A person said, "I think the staff know how to do things. They look after me". A relative told us, "I think the staff do what they should do". Staff we spoke with told us that in general they had received the training that they needed. A staff member said, "I did my training when I started here". The training matrix that we looked at highlighted some gaps in manual handling, fire security and medication updates. The manager told us that there were some gaps but they were securing the training updates required. This was confirmed by the training manager we spoke with.

People told us that staff involved them in day to day decisions about their care. One person said, "Oh the staff always ask me first". Relatives we spoke with told us that where more formal decisions about support were needed they were involved in meetings and discussions.

We found by speaking with staff that their knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied. DoLS are part of the MCA they aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The training matrix and staff training certificates that we looked at did not confirm that all staff had received MCA or DoLS training. The manager informed us that training was being arranged for all staff. Although some staff had some understanding of these topics generally their knowledge was limited. However, when we asked staff knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

A person told us, "The staff get the doctor for me". All staff we spoke with told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Staff told us that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action or they would make the arrangement on their behalf. The relatives we spoke with also confirmed that this was correct. A relative said, "I went to a review about their health deterioration last week".

A person said, "The staff always ask me what want to eat". The people and relatives that we spoke with confirmed that staff knew of any dietary needs and risks if they were required to support people with eating and drinking. One relative said, "The staff know what they [Their family member] can and cannot eat". We saw that records were made of what people had to eat to monitor that they had consumed sufficient to prevent malnutrition. We saw that care plans highlighted what people liked to eat and did not like. We also saw that care plans encouraged people to eat a healthy diet to prevent health risks.

Good

Is the service caring?

Our findings

All of the people we spoke with were positive about the staff. A person described the staff as being, 'Nice'. Another person said, "The staff are kind". A relative said, "The staff are good with him". Another relative said, "The staff are kind". Staff we spoke with all told us they liked their work. One staff member said, "I like this work. All the staff here are caring". Our observations showed that staff listened to people, took an interest in them and were friendly towards them.

A person who used the service told us, "The staff are polite". A relative said, "From what I have seen the staff are polite and treat them [Their family member] with respect". Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice which included, ensuring that doors and curtains were closed and people were covered when undertaking personal care and support.

People and their relatives were involved in decision making. Relatives told us that where their family member was not able to decide on how they wanted their care provided staff involved them in care planning. The manager told us and we saw records to confirm that if people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist. All people told us that staff listened to what was said to them and acted accordingly. One person told us, "The staff do as I ask". A relative said, "The staff do generally listen to him and us and provide the support in the way they [Their family member] prefers".

A person said, "I like to do what I can myself. The staff help me only when I cannot do things". A staff member told us, "We always encourage people do what they can". Relatives told us that staff encouraged their family member to retain their independence.

A person said, "Staff talk to me and I understand". We observed that staff knew how to communicate with people. We saw that staff stood by people and faced them when speaking. We also saw that staff repeated things if they thought that the person had not understood what they had said.

People we spoke with told us that they enjoyed having contact with their families. We found that staff supported people to retain this contact either by visits or the telephone. Relatives we spoke with told us that they visited their family members regularly. A relative said, "I visit them regularly and staff make me feel welcome".

Staff we spoke with told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP). Staff records that we looked at confirmed that staff had read the provider's confidentiality policy.

Requires improvement

Is the service responsive?

Our findings

A person said, "I think the staff know my needs". A relative told us, "Before they [Their family member] lived there staff asked me questions about them and their needs". We saw that processes were in place to assess people's needs before they were offered a placement to ensure that staff could meet their needs. We found that if changes to peoples situations occurred then staff asked social services for reviews to be carried out.

A person told us, "The staff know me". Records that we looked at had information about people's likes and dislikes. All staff we spoke with gave us a good account of peoples likes and dislikes regarding their care. They told us that they had access to care plans and were aware of how people preferred to be supported and their individual likes and dislikes.

People we spoke with confirmed that they had 'records' in their homes to give the staff instruction on how they should be looked after. When we visited people in their homes we saw that care plans and records were available. A person said, "My records are there". They pointed to where their care records were. We saw that some care records had been signed by people to confirm that they were happy with what had been written. A relative told us, "I attend care reviews with social services and the staff". However, we found that care plans were not always produced when people had a new need. Records for one person highlighted that they had developed continence needs but there was no care plan in place to instruct staff how they should support the person. A staff member told us that they were not aware of this new need. This meant that the person was at risk of not having this need met. The manager told us that staff should have produced a care plan but this had not been done.

One person's records highlighted 'Cannot eat beef'. Other records highlighted that the person was not aware what they could and could not eat. We asked a staff member if there was anything the person could not eat and they told us that they were not aware of anything. This highlighted that there was a potential risk that the person may be given something that they should not eat for cultural reasons. We found that there was a lack of clarity about people accessing places where they could follow their preferred faith. One person's records highlighted that they liked to visit the temple regularly. However, records that we looked at did not confirm that staff encouraged and supported the person to do this. Staff we asked did not know the last time the person had visited the temple. The manager told us that they did not know if the person was offered this opportunity.

A relative told us that communication from staff could be better. They told us that they had not been informed when their family member had been admitted to hospital or when they were discharged. The relative said, "It has happened more than once and is not good enough". We spoke with the manager about this who told us that they were aware on one occasion the staff had not informed the person's family of their admission to hospital and had apologised. The manager told us that they had spoken with the relative and had agreed actions to prevent this happening again.

People who used the service and their relatives told us that they were aware of the complaints process. One person said, "If I was not happy I would tell the staff". We saw that a complaints procedure was in place. A relative told us that they had raised issues with the manager however; the complaint log did not reflect this. The relative told us that they were not satisfied that their complaint had been resolved. The manager told us that if relatives raised issues they would deal with them but would not record anything in the complaint log unless they felt that the complaint was 'formal' or had been made in writing. The complaint system as it had been used would not be able to determine how many times people or their relatives had not been happy with something. It also meant that the provider did not have a complaints process that would be able to determine patterns and trends that may show that changes and improvements were needed.

Requires improvement

Is the service well-led?

Our findings

People we spoke with indicated that the service was well led. A person said, "It is good." Relatives we spoke with had mixed views about the service. A relative said, "I think it is a good service". Another said, "I am fairly pleased". A third relative told us that they felt that improvements in leadership were needed. Staff we spoke with told us that there had been leadership problems but improvements had been made since a new manager had been appointed.

A relative told us that although the care provided was good management systems were lacking. The provider did not have a management structure in place that relatives were aware of. Some relatives told us that they did not know who the manager was. A relative said, "There have been so many managers come and go I do not know who the manager is now." The manager told us, and showed us a copy of a letter that she was sending to relatives. This was to introduce herself to relatives and invite them to a meeting to discuss the way forward for the service and set a forum for future meetings where issues could be discussed. The manager also showed us some completed questionnaires to demonstrate that they were taking action to determine the views of people about the service provided.

We found that some formal support systems were in place to support staff which included one to one supervision sessions. However, records we looked at highlighted that these had not been carried out frequently. The manager confirmed that she had not yet received a supervision session from the provider or an appropriate other person. The manager told us that she was making arrangements to ensure that all staff received regular formal one to one supervision sessions.

The provider was not meeting the law as they did not have, and had not had, since February 2015, a manager who was registered with us. A new manager had been appointed who told us that they had started the process to register with us. The provider had not notified us about medicine errors that had occurred. It is a legal requirement that the provider informs us of incidents that affect a persons care and welfare. There was a lack of evidence to determine that regular audits and checks had been undertaken. We found and the manager told us that 'spot checks' (to make sure that the service was being delivered properly and that staff were working as they should) had not been regularly undertaken. The manager also confirmed that although the provider visited regularly they had not undertaken any quality checking to prevent the service not being run as it should. We found issues that should have been identified and addressed through management and provider quality monitoring, observation and speaking with people but this had not been done. These included, the lack of recording of complaints, the lack of robust staff recruitment processes, staff not ensuring peoples cultural needs were met and care plans not being updated when people developed new conditions.

This is a breach of Regulation 17(1)(2)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2014.

The manager was newly appointed and had been in post for less than a month when we inspected. The manager told us that they knew that they had a lot of work to do and had identified that records, care plans and systems to check quality needed improvement. A monitoring visit by an agency that funded placements at the service had recently taken place. They too had identified a number of issues that needed improvement. The manager had produced an action plan with timescales for the improvement. The manager shared the action plan with us. Staff we spoke with told us that in their view the new manager had already made many improvements. A staff member said, "Things are a lot better since the new manager came". Since our inspection visit the manager had been pro-active and sent us an action plan which highlighted that some of the issues we identified during our inspection had been addressed. As we have not been back to the service we have not been able to assess that the actions have been addressed.

The manager told us that the provider had listened to what the manager had told them about the problems they were encountering. The provider had approved funding for team leader and a deputy manager post this was to improve management and quality monitoring processes and the overall leadership of the service.

One staff member said, "I would report anything like bad practice to the manager". Other staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. We saw that the provider had a whistle blowing policy in place and staff we spoke with were aware of this policy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (1)(2)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2014. The provider did not have an effective system in place to regularly assess, monitor and improve the quality of service that people received.