

Sanctuary Care Limited

Juniper House Residential Care Home

Inspection report

2 Oak View Way
St Johns
Worcester
Worcestershire
WR2 5FJ

Tel: 01905676950

Website: www.sanctuary-care.co.uk/care-homes-worcestershire/juniper-house-residential-care-home

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Juniper House Residential Care Home is a residential care home providing personal care for up to 60 older people who may have physical disabilities and/or be living with dementia. The home's purpose-built environment is divided into four units: Willow, Maple, Chestnut and Beech. At the time of our inspection, there were 52 people living at the home.

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

We were not assured the provider effectively deployed sufficient numbers of staff to ensure people's safety and consistently meet their needs. Staff understood how to identify and alert others to potential abuse involving the people who lived at the home. The risks to people had been assessed and reviewed, and plans were in place designed to manage these. People received their medicines safely from trained staff. Staff were provided with, and made use of, personal protective equipment to reduce the risk of cross-infection. Accidents and incidents involving people were monitored by the management team to learn from these and reduce risks.

People's needs were assessed before they moved into the home and kept under review. Staff received an initial induction, following by ongoing training and support, to enable them to work effectively. People had support and encouragement to eat and drink enough, and any associated risks were assessed and managed. Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people. The home's purpose-built environment reflected people's needs and requirements. People's health needs were monitored and they had regular access to their GP. Staff respected and supported people's right to make their own decisions.

Staff knew the people they supported well, and provided care and support in a kind and compassionate manner. People had support to express their views about the care they received. Staff promoted people's rights to privacy and dignity, as part of which they took steps to protect their personal information.

People's care plans were individualised and read by the staff who supported them. People's communication needs were assessed in order to meet these. People had support to participate in a range of in-house and community-based activities. Any complaints received about the service were investigated and responded to. The provider had procedures in place to identify people's wishes and choices regarding end-of-life care. However, the outcomes of these discussions were not always recorded.

Staff found the home's management team approachable and appreciative of their work. The management team recognised their responsibility to inform people and relevant others if something went wrong with the care provided. The management team took steps to keep themselves up to date with current legislation and best practice guidelines. They also sought to engage effectively with people, their relatives and staff through, for example, regular meetings with them. The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality of people's care. Links within the local community

were maintained and strengthened to benefit people living at the home.

Rating at last inspection

The last rating for this service was Good (report published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 ●

Juniper House Residential Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an Expert by Experience and a specialist advisor who is nurse specialist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is

an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 11 people who used the service, five relatives and a community healthcare professional about their experience of the care provided. We also spoke with the regional manager, registered manager, deputy manager, head chef, activities assistant and minibuss driver. In addition, we spoke with three senior care staff, five care staff and two domestic staff.

We reviewed a range of records. these included nine people's care records, medicines records, staff rotas, staff training records, and three staff recruitment records. We also reviewed incident and accident records, complaints, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We reviewed additional information provided to us by the regional manager. We also spoke with a community healthcare professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We were not assured the provider effectively deployed sufficient numbers of staff to keep people safe and consistently meet their needs. Whilst we did not identify anyone who had been harmed, people were at increased risk of harm due, amongst other things, to staff being unable to monitor communal lounges as expected.
- People expressed mixed views about staffing levels at the home. Some people were satisfied there were normally enough staff on duty to meet their needs. However, other people referred to delays in their needs being met due to a lack of staff, and staff appearing to be under pressure. One person told us, "The staff are very good, but they are very busy. Sometimes I have to wait because there are so many others who need help. I've learnt to be patient." Another person said, "They [staff] are rushed off their feet. They can't be everywhere, and they haven't always got time to come."
- The majority of staff we spoke with raised concerns about agreed staffing levels not being maintained, and the impact of this on the safety and quality of people's care. One staff member told us, "More often than not we are working below numbers; it's very rare we have a full complement of staff ... It has been this way for several months. I feel like I'm rushing residents ... We are always chasing our tails. There is a risk, because we have three or four people who are high risk of falls." Another staff member said, "I don't feel things are safe on the first floor ... We can't monitor those at risk of falls." A further staff member commented, "There is too much strain put on staff as there are not enough staff. There are meant to be three staff on Beech [unit] as we are not meant to leave lounge unattended, but have to if we have to help someone move ... It can be unsafe on dementia unit as we have doubles [people requiring support from two care staff] and when we leave lounges unattended it can lead to falls."
- The falls data we reviewed did not show any increase in falls at the service over recent months.
- The community healthcare professionals we spoke with also expressed concerns regarding staffing levels at the home. One of these described how a lack of staff had impacted on their team's ability to fulfil their duties at the home.
- We saw staff sometimes struggled to monitor people in the home's communal lounges. For example, the management team informed us there should always be a staff member in the communal lounge on Beech unit, due to the care needs of people with dementia. However, we found there was no staff member present in this lounge for a 10-minute period, due to staff being busy supporting people elsewhere on the home's first floor.
- The home's management team acknowledged they had frequently experienced difficulties in maintaining planned staffing levels at the home since May 2019, following a period of increased staff turnover. They had offered staff overtime hours, used bank staff and stepped in to support staff themselves whenever possible.
- The regional manager advised us agreed staffing levels at the service were lower than the figures we were

originally given by the home's management team. They explained the home's staffing levels had been adjusted in line with reduced occupancy, and that there may be some confusion amongst staff in this regard. They provided us with copies of staff rotas to demonstrate agreed staffing levels had been maintained.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in, and understood, how to recognise and report potential abuse involving the people who lived at the home. They told us they would immediately alert the management team to any concerns of this nature.
- The provider had procedures in place to ensure any suspected or witnessed abuse was promptly reported to the relevant external agencies, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care needs had been assessed, kept under review and measures put in place to manage these. This included an assessment of people's mobility, nutrition and hydration, and pressure care needs.
- Staff told us they read people's risk assessments and could refer back to these when needed. They explained they were kept up to date with any changes in the risks to people through daily handovers between shifts. Senior care staff, and other key staff within the service, attended daily '10 at 10' meetings to share important updates about people's needs and any associated risks.
- The provider had systems and procedures in place to ensure the safety of the premises and equipment in use, including regular checks on the home's fire alarm system.

Using medicines safely

- The provider had systems and procedures in place to ensure people had the level of support needed to take their medicines safely and as prescribed.
- People received their medicines from staff who had been trained in the provider's medicines procedures.
- Staff had been provided with written guidelines on the expected use of people's topical and 'when required' (PRN) medicines.
- The temperatures of the medicines rooms and medicines fridges were monitored on a daily basis to ensure these stayed within expected ranges.

Preventing and controlling infection

- Staff had been supplied with appropriate personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection when carrying out people's personal care. The staff we spoke with understood when they were expected to wear this equipment.
- The provider's domestic staff helped care staff maintain standards of hygiene and cleanliness throughout the home, following written cleaning schedules. We found the home to be clean and hygienic throughout.
- A clear system was in place for segregating laundry to prevent the spread of infection.

Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to report and record any accidents or incidents involving the people living at the home. These reports were reviewed by the management team to identify any learning and reduce the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved into the home, the management team met with them and, where appropriate, their next of kin and the community professionals involved in their care to assess their individual needs and requirements.
- These pre-admission assessments were used to develop initial risk assessments and care plans designed to achieve positive outcomes for people.
- The registered manager kept themselves up to date with current legislation and best practice guidelines through, for example, attending further training, events organised by the local authority and the provider's monthly managers' meetings.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction training to help them adjust to their new roles at the home. The management team confirmed this incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff spoke positively about their induction experience. One staff member told us, "I had a very good induction. I had two weeks of training before I went on floor, and I did shadowing [working alongside experienced staff]."
- Following induction, staff participating in a rolling programme of training designed to give them the knowledge and skills to work safely and effectively. Staff were satisfied with training they received from the provider.
- Staff had a one-to-one meeting with a senior colleague on a regular basis to receive feedback on their work and discuss any additional support or training they needed.

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

- The provider ensured people had the support they needed to eat and drink enough. Staff encouraged and supported people to choose what they ate and drank on a day-to-day basis.
- Any complex needs or risks associated with people's eating and drinking were assessed, with appropriate specialist input, and plans put in place to address these. This included providing people with thickened fluids and texture-modified diets, where appropriate.
- People were able to choose where they ate their meals, and mealtimes in the home's dining rooms were relaxed and sociable affairs.
- People were offered plenty of drinks and snacks in between mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with a range of health and social care professionals to ensure people's

individual needs were monitored and met. A community healthcare professional described their positive working relationship with the service. They told us, "I'm almost like part of the family here."

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

- The home's purpose-built environment ensured people had plenty of space to socialise with others, receive visitors, eat in comfort, enjoy the outdoors, or spend time alone if they wished. This included a large, accessible garden with a chicken coup.
- One person invited us to look at their room, which had been personalised with a range of their belongings. They told us, "We are very lucky. I love my room."
- Consideration had been given to the needs of people living with dementia, in the adaptation of the home's environment. This included the use of clear signage to help people navigate around their home and locate key rooms.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's general health and reported any concerns to the GP who visited the home on a twice-weekly basis.
- People were provided with support to attend the GP surgery located nearby, where they needed this.
- People's medical histories were recorded in their care records to give staff insight into their health 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff understood people's rights under the MCA, including the need to support people's day-to-day decision-making.
- Although we saw records of formal mental capacity assessments in people's care records, these were not decision-specific and did not always cover serious decisions taken about people's care. For example, formal mental capacity assessments had not been conducted in relation to the use of PIR motion sensors to reduce some people's risk of falls. We discussed this issue with the management team who assured us they would seek advice on this matter from the local DOLS team without delay. Following our inspection visit, the registered manager confirmed they had contacted the DOLS team and implemented changes based upon their advice.
- Application for DOLS authorisation had been made based upon an individual assessment of people's capacity and care arrangements. Where DOLS authorisations had been granted, the management team reviewed any associated conditions to ensure these were met.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff were kind and caring. One person said, "I get looked after very well, and the people [living at the home] are always good company." Another person told us, "They [staff] are lovely; they really are."
- We observed a number of warm, thoughtful and respectful interactions between staff and the people they were supporting.
- The staff we spoke with knew the people who lived at the home well and talked about their individual care needs with empathy and respect. A relative told us, "Staff know [person] and that means that [person] is very settled."
- Staff prioritised people's needs and requests and demonstrated concern for their comfort and wellbeing. For example, we saw staff provided gentle reassurance to one person who had become distressed as the result of a dream.
- Staff and management understood the need to promote people's equality and diversity and to consider their protected characteristics. Weekly religious services were held at the home for those who wished to attend these.

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

- People were clearly at ease in the presence of staff and management, and comfortable requesting assistance from those supporting them.
- Residents' representatives had been nominated by the people living at the home to put forward their views to the home's management team and provider. The management team met with the residents' representatives on a monthly basis. They also consulted with people and their relatives at quarterly residents and relatives' meetings.
- The management team understood where to direct people for independent support and advice on their care, such as advocacy services, and supported them to contact organisations as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy and dignity. They gave us examples of how they achieved this on a daily basis. One staff member told us, "I keep their [people's] independence for them. You don't talk down to them, you ensure you are bubbly and they get to trust you." Another staff member said, "We treat people as individuals, listen to them and respect their wishes. There are 24-hour visiting hours. We make their families feel at home, are flexible where people eat, and most of all make them feel it's their home."

- Staff met people's intimate care needs in a discreet and sensitive manner.
- The provider had systems and procedures in place to protect people's personal information, and we saw staff understood and adhered to these.

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 ensure people have choice and control and to meet their needs and preferences

- People's care plans were individual to them and provided staff with guidance on people's current care needs and what was important to them. Staff confirmed they read and followed people's care plans.
- Whilst people's care plans were reviewed and updated on a regular basis, the outcomes of these reviews were not clearly recorded. We discussed this issue with the management team who assured us the electronic care planning system would be adapted to address this.
- People's relatives confirmed their involvement in decisions about their loved one's care was encouraged by staff and management.
- Staff felt staffing levels at the service needed to be increased to better enable them to provide consistent person-centred care.

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 management team were aware of the requirements of the AIS.
- People's communication needs, and any sensory impairments had been assessed and recorded in people's care plans, to ensure staff were aware of these.
- We saw examples of accessible materials produced to aid people's understanding of key information. These included a pictorial activity programme and an easy-read guide for people on how to raise complaints.
- The registered manager explained the provider had the facility to respond to a range of communication and information needs, including the provision of interpreters and documents in large print or braille.

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 had support to participate in a range of social and recreational activities, coordinated by the home's dedicated activities staff, and based upon people's known interests and preferences.
- The flexible programme of activities on offer included arts and crafts, fun exercise classes, intergenerational story sessions with visiting children, group games and quizzes, and trips to local places of interest.
- People talked to us about the ways in which they enjoyed spending their time at the home. One person said, "We all love singing together. We have a great time."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to promote fair and consistent handling of any concerns received regarding the service.
- They analysed any complaints received regarding the service in order to identify any common causes, underlying factors and identify lessons to be learned.

End of life care and support

- At the time of our inspection visit, no one at the home was receiving end-of-life or palliative care.
- The provider had procedures in place to identify people's wishes and choices regarding their future care. However, the outcomes of such discussions were not consistently recorded. We discussed this with the management team, who assured us this would be addressed going forward.

Is the service well-led?

Our findings

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

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

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

- Staff told us the home's management team were approachable and valued their work efforts. One staff member said, "[Deputy manager] and [registered manager] make us feel valued and supported; they make us feel appreciated."
- Some of the staff we spoke with expressed negative views in relation to the extent to which the provider valued staff. The registered manager explained there had been recent changes to staff's terms and conditions of employment, which may have prompted these comments.
- Aside from the concerns raised regarding staffing levels, staff told us they enjoyed providing people's care. Staff commented on the strong sense of teamwork amongst the current staff team. One staff member told us, "This is one of only places I've worked where everybody [staff] gets on; everybody pulls together."
- Staff spoke about the people they supported with a clear commitment to people's continued health and wellbeing.

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 management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care.

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

- Staff were clear about what was expected of them at work.
- The management team understood the regulatory requirements upon the service, including the need to notify CQC of certain incidents affecting the home or the people living there.
- Systems and procedures were in place to share information on risks across the staff team, including the daily '10 at 10' meetings attended by key staff members.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place, based upon an established audit schedule, designed to enable them to monitor and drive improvement in the safety and quality of people's care.
- These included monthly audits on people's care plans, their food and mealtime experience, and the management of their medicines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The management team sought to maintain and develop strong links within the local community to the benefit of the people living at the home. They achieved this through, for example, organising open days and social events attended by the local community.
- The management team held regular meetings with people, relatives and staff to engage them in the service, and invite their feedback and suggestions on how it might improve. Staff council meetings were also organised by the provider, and attended by senior management, to provide staff with an open forum to share their views on their respective services.