William Henderson

# Jasmine House

## Inspection report

10 Littlegate Road
Paignton
Devon
TQ3 3AZ

Tel: 01803556319

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Jasmine House is a small residential care home, set in a domestic scale terraced house in Paignton. The service was set up as a bespoke service for one person, where the person is able to experience a family environment. The provider and their family make up the staff team and are committed to supporting the person to develop their life experiences and have a good quality of life.

This inspection took place on 15 June 2016. The provider was given short notice of the inspection. This was to ensure they could be available to support the inspection and to inform the person living at the home.

The person was protected from the risk of abuse as systems had been put in place to help identify and report abuse. The staff team, who were all family members, understood the person's needs and worked with them consistently to support the person and minimise risks. The person received one to one support as a minimum 24 hours a day.

Jasmine House provided a homely, clean and safe environment. The environment had been adapted to reduce risks to the person, for example from fire or hot surfaces, and had been decorated in accordance with their choices. The home was adapted to meet their needs, for example with the conversion of a garage to make a hobbies room.

Medicines were managed safely, and the person had access to healthcare and community services to meet their health and social care needs. They were involved in choosing their own meals and making healthy lifestyle choices for food and activity levels.

Staff received the training they needed and his was being regularly updated online. Staff regularly discussed the person's needs and how they could be supported to increase their independence and choices.

The person's rights were being protected. They were treated with respect and their choices were valued and acted upon. They were encouraged to be involved in decisions which affected them, write their care plans, and develop new goals to promote their independence. This included increased community contact. Systems were in place to manage concerns and complaints.

There were systems in place to assess and monitor the quality of the home, and learn more about how to develop the service.

Records were well maintained.

## 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 home was safe.

The person was protected from the risk of abuse as systems had been put in place to help identify and report abuse.

The person benefited from sufficient staff to meet their needs. Staff were well known to them and had clear relationships and strategies that helped to minimise risks.

The environment had been adapted to reduce risks to the person, for example from fire or hot surfaces.

Medicines were managed safely.

### Is the service effective?

Good

The home was effective.

Staff training was provided to help them meet the person's needs.

The person had access to the community healthcare services they needed.

Accommodation was personalised and had been adapted to suit the individual person's needs.

The person's rights were being protected.

### Is the service caring?

Good

The home was caring.

The person was supported in a homely and caring family environment.

They were treated with respect and their choices were valued and acted upon.

### Is the service responsive?

Good

The home was responsive.

The person was encouraged to be involved in decisions which affected them, and in writing their care plans. They were encouraged and supported to engage with the local community and develop new goals to promote their independence.

Systems were in place to manage concerns and complaints.

## Is the service well-led?

Good

The home was well-led.

The staff team were clear about and were encouraged to work within the ethos and philosophy of the home. Staff members were from the same family and worked consistently to support the person.

There were systems in place to assess and monitor the quality of the home, and learn more about how to develop the service.

Records were well maintained.

# Jasmine House

**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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection visit took place on 15 June 2016. The provider was given short notice of the inspection to allow them to inform the person living at the service and ensure they could be available to support the inspection. One social care inspector carried out this inspection.

At the time of our inspection, one person was living at the home. We spoke with this person and the provider, who comprised the staffing on the day of the inspection. Following the inspection we received information from the local quality team and a community healthcare professional who had recently reviewed the person who lived at the home.

We looked at the person's care plans and records, medication records, two staff files, audits, policies and records relating to the management of the home. We looked around the environment and discussed future plans for the development of the home.

Good

# Is the service safe?

## Our findings

The home was safe. The person who lived there told us they felt safe and secure. They said "This is my home. I am very happy with it".

The person was protected by staff who knew how to recognise signs of possible abuse. Staff had received training in how to recognise harm or abuse and the home had policies and procedures in place for staff to raise concerns without reprisals. Information was available to help the person to "Keep safe" and on local services they could access if they felt unhappy about their care. This included information in case the person went missing or in an emergency. There were no safeguarding referrals or incidents with regard to the person or the home.

Risks had been assessed for the person, and these were documented in their care files and records. Risks included guidance for staff on how the person liked to be supported in times of distress and what had been successful in helping them to de-escalate any distress in the past. Staff had received appropriate training to help support the person in positive ways. The provider told us about how they helped ensure known triggers for behaviours that could have negative outcomes were minimised. The provider was also keen to help the person develop new skills and have new experiences within a managed risk framework. We saw that the person had experienced enhanced opportunities and increased independence as a result. They said they had enjoyed this and it had been really positive for them. For example the person had chosen to take greater control of their personal finances, making purchases with limited support in local shops.

Staff had received training in appropriate physical techniques to reduce risks to the person or others around them. However the provider told us this had not been needed as they had been able to intervene with positive approaches and de-escalation techniques.

Risks from the premises had been managed. There was automatic water temperature restriction and radiator covers had been provided to ensure the person did not come into contact with hot surfaces. Window openings were restricted and the provider had consulted with the local Fire department about risks at the premises. We saw that fire extinguishers were in place and the person living at the service was clear about evacuation procedures in the event of a fire. Regular maintenance contracts were in place to ensure the safety of the premises.

The person was being protected against the risks associated with medicines. Medicines were being stored safely and clear records were kept of their administration, use and return or destruction. Records of medicines administered confirmed the person had received their medicines as they had been prescribed by their doctor to promote good health.

There were sufficient staff on duty to meet the person's needs. The provider and their family members provided the staffing for the person on a one to one basis 24 hours a day. This included staff sleeping at the service. We saw that the person was enabled to make choices each day about what they wanted to do and when. The consistent team of one to one staffing meant the person could plan with confidence the things

they wanted to do. The person told us they were happy with the staff team who supported them. The provider said "It is just like a family" and the person agreed.

Although there were some staff recruitment and employment records such as Disclosure and barring service checks (police checks) for the staff, all staff who worked at the home were family member of the provider. The provider agreed to ensure that the staff files contained a full copy of the person's working history and other records as required by legislation.

All areas of the home that we saw were clean and comfortable. Facilities for laundering clothes were situated in the kitchen, but were only used for the one person so had a low risk of cross infection or contamination. Safety information about cleaning materials was available.

Good

# Is the service effective?

## Our findings

Staff at the home comprised members of the provider's family. There was always at least one member of the staff team at the home, sometimes more when social events or activities were taking place. The person who lived at the home told us they liked this, and liked living like a family with people they knew well.

Staff training was aimed at updating staff skills and knowledge. The provider could demonstrate that staff had continuously updated their skills with online training and attendance at occasional courses. All members of the staff team had for example undertaken the Care Certificate, which is a nationally recognised course for Induction in the care sector. The provider was confident that the staff team had the skills and knowledge they needed and worked in consistent ways to support the person. Some training was cascaded through training the provider had undertaken, and other training was aimed specifically at meeting the needs of the person living at the home.

Staff at the home did not receive formal appraisal or supervision sessions, monitoring their performance or to identify training needs. The provider told us they would institute these.

The person who lived at the home was able to make healthy and appropriate choices about what they wanted to eat. They were involved in shopping for food and could make simple meals with support or observation, for example scrambled eggs. Other meals were prepared to their wishes. We saw the person regularly ate out and they told us they enjoyed this as part of a social occasion. On the day of the inspection they had chosen their evening meal and purchased ingredients in advance and made up their mind what they wanted for lunch when they felt they were ready. They had access to drinks at all times. They had been assessed for their risk of choking and nutritional status, which was in a healthy range.

The person had regular access to healthcare professionals such as GPs, opticians, specialist community healthcare teams and dentists. The provider showed us evidence that the person was increasingly able to take control of their healthcare arrangements, needing less support to attend. The person was offered preventative healthcare. The person had an annual health check carried out at a local GP surgery

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. We found the home was working within the principles of the MCA. The person had opportunities to maximise choices throughout the day and these were respected.

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). A DoLS application was not needed at Jasmine House as the person was not deprived of their liberty, although at times there were some procedures in place to manage risk that placed some agreed restrictions upon the person.

Jasmine House is a terraced house set in a residential area of Paignton, close to facilities, services and the sea front. The home was set up to specifically meet the care needs of one person, who told us they were very proud of their home and liked it very much. They told us they had chosen the décor and furnishings. We saw they used all areas freely, including outside space from where they talked to other members of the local community.

Good

# Is the service caring?

## Our findings

Jasmine House was set up as a bespoke service to meet the needs of one person. Prior to Jasmine House the person had lived with the provider and their family at another location. The staff team working at Jasmine House came from one family and had a positive approach to helping the person develop as far as possible. The provider placed significant importance on the quality of relationships that had been made in improving the quality of life for the person.

We saw that considerable time was spent considering how the person's life could be further improved, and how they could have new opportunities and experiences. We saw that the person had made advances in many areas of their life in relation to independence and confidence. The person told us they very much enjoyed their life at Jasmine House and were positive about their day to day experiences of living in a family environment. The provider told us "Every day is a new thing. I don't treat (person's name) as a client, more as a family member. It's about respect".

Care and support the person received was based upon their wishes and choices. The person was encouraged to communicate their wishes and make choices throughout the day which were then acted upon. Daily diaries evidenced the choices the person had made, and any wishes they had expressed about their care. Information was available in adapted or accessible formats where appropriate to help the person make sense of the information presented.

The provider spoke with the person throughout the inspection to ensure they were as involved and had as much of a say as they wished. They were treated with respect and their views taken account of. When the person wanted quiet time this was respected and they were monitored discreetly to ensure they were alright. The provider made sure the person knew where they were at all times in case they needed anything. This helped to reassure them and helped them feel involved.

We saw the person was at ease with the provider, and asked questions about other people supporting them in ways that showed they liked them and were involved in their lives. They referred to having friends to visit. The provider encouraged the person's family to retain contact with them and facilitated this where possible. The person also told us they enjoyed contact with the provider's dog, and had pictures of them in their room.

Good

# Is the service responsive?

## Our findings

The person living at Jasmine House had a care plan based on an assessment of their needs. The care plan was basic but indicated the care and support the person needed on a daily basis. For example on specific days it identified that the person needed to take a packed lunch with them to an activity, a set amount of money and suggested communication topics for when they returned. A care plan for increasing the person's personal independence covered areas such as advice for staff on how to divert the person's thoughts and conversations towards those that had positive outcomes for the person. The provider could demonstrate positive advances in the person's life which showed the care plans and interventions had been successful, for example in manging money and using technology to assist the person to become more independent. Numbers and frequency of negative incidents had been reduced to almost none as a result of the support and management of the person's needs. Plans were being reviewed regularly, and daily diaries recorded the activities available and undertaken.

Plans contained information from relevant professional reviews and reports. These reflected the improvements seen in the person's quality of life and experiences since living at the home. The person had been actively involved in developing their care plans where they wished to be, for example in setting out their preferred morning routine. The provider could tell us in detail about plans they were working on with the person to develop their skills. Feedback received by the home from a family member was positive about the progress being made. A visiting professional told us they were satisfied with the way the home was supporting the person and had no concerns.

The care we saw being delivered was person centred, in that the person was supported one to one and their wishes about their care and what they wanted to do were respected. The person followed activities of their choice, both within the house and the local community. This included going on holiday with the staff group and provider as a family member both in the UK and abroad as they wished. A garage had been adapted to provide an activities and quiet space for the person, where they could follow hobbies such as enjoying Karaoke. They also had opportunities to attend day services some days during the week, which they told us they very much enjoyed. This also gave them opportunities to mix independently with their peer group and friends outside of Jasmine House. Friends were also encouraged to visit them at Jasmine House which helped to ensure they did not become socially isolated. The person enjoyed walks, and we saw from the daily diaries that they did these regularly, sometimes with the provider's dog.

The person living at Jasmine House told us that they would talk with the provider if they didn't like something, but they were very happy. There were clear complaints procedures and information available on how to progress concerns outside of the home. This included agencies and services outside of the home's management structure. The person also had direct private contact with people outside of the home where they could raise concerns if they wished.

Good

# Is the service well-led?

## Our findings

Jasmine House is a single person residential care home, set in a domestic scale terraced house in Paignton. The service was set up as a bespoke service for one person, where the person is able to experience a family environment. The provider and their family make up the staff team and are committed to supporting the person to develop their life experiences and have a good quality of life. This was being achieved through consistency of approach and by "pushing boundaries" at the person's pace. The provider could evidence progress the person was making as a result.

The home was relaxed and informal. The provider was open and transparent about how the service was being run, and was keen to learn if there were things they needed to improve. Routines were directed by the person and their wishes. The person who lived at the home was asked their opinion about any changes and gave the provider direct daily feedback about the service and their experiences. They had for example chosen décor and furnishings in the home. Community links were encouraged and the person was supported to access community facilities as they wished.

The provider monitored the quality and safety of the service through regular audits for example of medicines management. Contracts were in place to manage services and these were reviewed annually. Regular checks were made of the environment to ensure safety and an attractive place to live.

The provider told us they used feedback from any source to improve the service, such as feedback sought from community healthcare workers. Sources of good practice advice and guidance included feedback from reviews and searching the internet. The provider used internet resources to deliver training packages to staff and learn about developments in care practice. The staff team regularly discussed the care they were delivering and new ideas about how to support the person further. The service also had some contact with the local authority quality monitoring team.

Records at the service were well maintained and kept securely in an office at the home. Some records were basic but contained sufficient information for the current operation of the care home. Policies and procedures were up to date and reviewed regularly.

The home was being run in accordance with their conditions of registration. No notifications had been required to be sent by the provider in relation to the service.