

William Henderson

# Jasmine House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Jasmine House is a residential care home providing bespoke accommodation and personal care for the benefit of one named person living with a learning disability. Jasmine House is a domestic property in a residential area of Paignton. The service is situated close to the town centre with access to local beaches, medical and support services as well as shops, restaurants and a cinema.

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

Right support: Model of care and setting maximises people's choice, control and Independence;

The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The person was able to tell us they felt safe and enjoyed their life with the staff supporting them. Their body language while interacting with staff was relaxed and positive, which also indicated they felt safe.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided, including safe access to the community. Triggers for risky behaviours were mitigated and the success of this was evident in the significant and sustained reduction of negative outcomes the person experienced.

Medicines were managed as necessary. Infection control measures were in place. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. There was a very stable staff team consisting of the provider and their family who had supported the person for many years.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with the person were caring and supportive, which the person confirmed. Staff provided

care that was kind and compassionate. The stable team and the person had formed close relationships over many years.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives;

People's equality, diversity and human rights were respected. The service's vision and values centred around the person they supported. The organisation's statement of purpose documented a philosophy of maximising the person's life choices, encouraging independence and having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Jasmine House. For example, the person was constantly encouraged to lead a rich and meaningful life that they chose.

The service worked hard to instil a culture of care in which staff truly valued and promoted the person's individuality, protected their rights and enabled them to develop and flourish safely whilst exploring new experiences.

Staff felt respected, supported, and valued by the registered manager which supported a positive and improvement-driven culture.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 29 October 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and length of time since the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jasmine House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Jasmine House

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Jasmine House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jasmine House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, although they were on holiday at the time of the inspection.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and the person was often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the person who used the service, the assistant manager and a staff member. We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included the person's care file and 2 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service.

After our visit we sought feedback from two professionals who had worked with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them very well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- The person was able to tell us they felt safe and enjoyed their life with the staff supporting them. Their body language while interacting with staff was relaxed and positive, which also indicated they felt safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This training was in the process of being updated.
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns. There was effective management of known risks that were known by all staff to keep the person safe.
- Staff knew the person very well and could recognise if the person was worried or unhappy. This meant any concerns about the person's wellbeing could be identified and followed up.

Assessing risk, safety monitoring and management

- The person lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well.
- There were comprehensive risk assessments in place covering all aspects of the service and support provided. This included accessing the community safely with the person being supported by two staff, which had resulted in a significant decrease in incidents over the years.
- The service worked in partnership with the person to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant the person could participate meaningfully in assessing risks and developing support plans. This created a positive culture where the person could participate safely in a range of activities of their choosing.
- Staff were trained to monitor, anticipate, and observe changes in behaviour. This helped them identify if the person was unwell or upset and provide the support they needed.
- The support plan contained clear guidance for staff about how to recognise and manage risks, for example when the person was experiencing emotional distress.
- The person's support records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly.
- There were effective systems in place to ensure information about any changes in the person's needs was shared across the staff team.
- The person was referred for support from external health professionals when this need was identified. For example, ensuring a recent dentist appointment was effective.
- There were governance systems which ensured the environment and equipment were effectively

maintained. Checks included hot water temperatures, fire safety, window restrictors and equipment to aid the person's independence.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep the person safe. There had not been any incidents for some time.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review the person's plan of care and treatment.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff empowered the person to make their own decisions about their care and support.
- Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

#### Staffing and recruitment

- The number and skills of staff matched the needs of the person using the service.
- The person's records contained a clear profile with essential information and 'dos and don'ts' to ensure that staff could see quickly how best to support them. Staff were all known to the person.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The service ensured the person's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that person's medicines were reviewed by prescribers in line with these principles.
- Staff made sure the person received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support the person needed to take their

medicines safely.

- Staff reviewed the person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to the person and their carers about their medicines.
- The person was supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting the person living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The service worked hard to instil a culture of care in which staff truly valued and promoted the person's individuality, protected their rights, and enabled them to develop and flourish. For example, the person was fully involved in our inspection and was looking forward to a trip out when we left.
- The assistant manager was visible in the service, approachable and took a genuine interest in what the person, staff, family, and other professionals had to say. They had grown up with the person and knew them very well.
- Staff felt respected, supported, and valued by the provider which supported a positive and improvement-driven culture.
- The provider promoted equality and diversity in all aspects of the running of the service.
- The provider set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The provider and staff put the person's needs and wishes at the heart of everything they did.
- Staff relationships with the person were caring and supportive. Staff provided care that was kind and compassionate.
- The person's equality, diversity and human rights were respected. The service's vision and values centred around the person they supported. The organisation's statement of purpose documented a philosophy of maximising the person's life choices, encouraging independence and the person having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Jasmine House. For example, the person was constantly encouraged to lead a rich and meaningful life with opportunities for new experiences.

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 service apologised to the person if necessary, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider and assistant manager had the skills, knowledge and experience to perform their role and a clear understanding of the person's needs and oversight of the services they managed.

- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Systems were in place to monitor the quality and safety of the service.
- Governance processes were effective and helped to hold staff to account, keep the person safe, protect their rights and provide good quality care and support.
- Staff were committed to reviewing the person's care and support on an ongoing basis as the person's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training that met the person's needs. This was in the process of being updated.
- The assistant manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of the person without having to refer to documentation.
- Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person worked with managers and staff to develop and improve the service. Staff acted in the person's best interests and advocated for them in the absence of family involvement.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider on an on-going basis. There was good communication within the staff/family group.

Continuous learning and improving care

- The assistant manager kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes possible.

Working in partnership with others

- The service worked with other health and social care professionals in line with the person's specific needs. Staff commented that communication between other agencies was good and enabled the person's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. One health professional commented, "[Person's name] is very happy and settled at Jasmine House. [Person's name] expressed to me they were enjoying life, plus getting out regularly with a carer to walk and care for the family's dog and also many trips out socially each week and also benefitting from planned holidays away with the provider. In reviewing [person's name] I have always found [the provider] ready to advocate for [person's name] in a positive way and it was evident that [person's name] valued their support and based on my observation at the time they had an excellent relationship.
- Regular reviews took place to ensure the person's current and changing needs were being met.