Care Quality Commission

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Jasmine House

Inspection report

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Ratings

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

Overall summary

We inspected Jasmine House on the 10 October 2015. Jasmine House is a family home within a residential setting that has space for three people with needs relating to old age. The service is family based. This was an unannounced inspection.

There was a registered manager in post at the service. 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.

People felt safe. The staffing within the service was adequate to meet people's needs and had a good understanding of safeguarding. There were clear risk assessments in place to support people safely. People received their medicine as prescribed. Medicines were stored and administered in line with stated guidelines.

Summary of findings

People's needs were understood by staff to ensure the care they received was effective. People's decision making was respected and the service had a good understanding of the Mental Capacity Act (2005). The MCA is the legal framework to ensure people's right to make their own choices is respected.

The Care provided to people was described as outstanding. There was a clear commitment to providing good quality care that made people comfortable. Positive relationships between people within the service were encouraged. The service went out of their way to make people feel cared for and improve their well-being.

The service was responsive to peoples changing needs and kept people needs under regular review. People had access to activities that interested them and benefited from a service that was person centred and wanted to improve from feedback they received

The service was described as well led. There were systems in place to monitor the quality and safety of the service. People and their relatives felt the management was open and approachable if there was a need to raise concerns.

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 safe

People had risk assessments in relation to their needs.

There was a good understanding of safeguarding within the service and alerts were raised appropriately.

Medicines were stored and administered safely.

There were enough experienced and suitably qualified staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People needs were clearly understood by the people supporting them.

There was a good system of support amongst the staff team.

The service understood the Mental Capacity Act (MCA) 2005. This is a legal framework to ensure people's right to make their own choices is respected.

People had access to appropriate health professionals as and when required.

Good

Is the service caring?
The service was caring.

The care provided at the service was described by people and their relatives as outstanding.

There were positive relationships between people and the staff who cared for them.

Positive relationships were encouraged between people who used the service.

People were involved in decisions relating to their care and there was a system in place to support people at end of life.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and regularly reviewed.

The service was person centred and designed peoples care around the needs and preferences.

People had access to activities that interested them.

Good

Is the service well-led?
The service was well led.

There was a system in place to monitor the quality and safety of the service.

There were clear roles of accountability within the service.

Good

Summary of findings

There was a clear vision within the service that was underpinned by the day to day approach of staff.

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 checked 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 October 2015 and it was unannounced. The inspection team consisted of one inspector. This service was last inspected in January 2014 and was meeting all the standards required at that time.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

At the time of the inspection there were three people being supported by the service. We spoke with all three people and three people's relatives. We also spoke with a professional who is in regular contact with the service. We spoke with the two registered managers who were the only staff within the service. We reviewed two people's care files, records relating to training, and the general management of the home.

Good

Is the service safe?

Our findings

People we spoke with felt safe. Comments included, "I feel safe thank you, it's a safe home" and "Oh yes, very safe thank you". People's relatives we spoke with also felt the service was safe. Comments included, "It's a very safe service, no worries at all there" and "We have never had reason to feel [relative] is unsafe".

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example, people with risks in relation to their mobility had risk assessments in place to ensure their safety around the house and in public. We also found the environment was reviewed between the staff on a day to day basis. One of the registered managers told us, "It's our home so we are always discussing potential risks to people". We saw that rugs had been removed from some rooms to prevent falls as a preventative measure.

There was a good understanding of safeguarding within the service, what constitutes abuse and what to do in the event of suspecting abuse. There had been no safeguarding alerts from the service, but there was clear procedure in place should that be required.

People received their medicine as prescribed. We found medicines were administered safely to people who required them in line with documented guidance. We also saw that most medicines were stored safely and stock levels were regularly checked.

The service employed two staff who were the registered managers. As this was a family home there were enough suitably qualified staff to meet people's needs. In the event of one of these carers not being available the service had a contingency plan to use agency staff. People we spoke with all told us there was always enough people around. "They (staff) are always around, I don't feel alone ever" and "They (staff) are marvellous always respond to my call bell day or night". We observed that both staff responded to call bells in good time.

Due to the nature of the service, recruitment was not applicable. However both members of staff had checks with the Disclosure and Barring Service (criminal records check). This check is to make sure people were suitable to work with vulnerable adults.

Good

Is the service effective?

Our findings

People and their relatives felt the service was effective. Comments included, “They understand me, I have been here for a long time”, “I feel very well cared for and my every need is understood, I trust them (staff)” and “My (relative)] is very well understood, it’s a family home, they are all treated like family”. A healthcare professional we spoke with informed us they felt the service was effective. We were told, “People are comfortable, staff take on board my recommendations”.

People were supported to maintain their mobility as they were supported to move freely around their home. People were also supported to use the toilet regularly to prevent infections and were monitored when receiving personal care to avoid pressure damage to their skin.

Staff within the service had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people’s freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive means. Each person in the service had capacity to make their own decisions, but we saw this was reviewed monthly and cognitive assessments were conducted to identify areas where people’s capacity may change.

Due to the nature of the service there was not a formal structure for supervision and appraisal but both members of the team told us they support each other every day and are always talking about their practise and the service as a whole. We were told if ever a system for more formal supervision was required then it would be considered, but that it is not needed at this point in time. People we spoke with told us that staff were always cheerful and patient with them. Comments included, “The staff are always so cheerful and kind” and “I don’t know how the staff stay so patient but they do, lovely people”.

The registered managers kept a record of their training. We saw the training attended included; safeguarding, moving and handling, MCA, palliative care and a number of others which included mandatory training such as first aid and health and safety.

People benefitted from a varied and balanced diet of their choosing. All food was home cooked with fresh ingredients. We were told by the registered manager responsible for the cooking. “We only get the best ingredients, full of nutrients and goodness”. People we spoke with told us the food was excellent. Comments included, “The food is beautiful and we can have what we fancy” and “We eat very well, food is delicious”. We also saw fresh fruit available around the house and snacks were provided as and when requested.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such chiropodists. Visits to professionals were recorded in people’s files as a record of previous and current treatments. This information could then be used to support professionals for future appointments.

Good

Is the service caring?

Our findings

People and their relatives described the service as caring. Comments included, “The care is excellent, it’s like a big family”, “I think the quality of care is why the service supports people to live such long lives” and “It’s the kind of care that gets lost in big homes, it’s personal with a loving family feel”.

Both registered managers clearly appreciated the relationships they had with the people they supported. Comments included, “We do all we can to support the people that live here, they are extended family, they are people who need love, care and understanding” and “People can often get forgotten in bigger homes, here each person is valued as part of the family”.

We saw a number of caring interactions throughout the day between staff and the people they supported. People were regularly made more comfortable in their seats and asked if they would like drinks. Staff checked on people regularly to ensure their drinks did not get cold and to ask if they needed anything.

Positive relationships between people that lived in the service was encouraged. We saw that people got on well and were laughing and joking with each other. We observed people referring to the people they lived with as friends. This culture was protected by an approach that valued the compatibility of people that used the service. One of the registered managers told us, “We ask that people visit first for an afternoon, it’s important that the mix works for people who already live here, their view is important”.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day and were informed that people were involved daily in what they wanted and needed. The registered managers told us, “We are talking with people about their needs every day, its on going, not just a monthly process. We offer advice, but respect what people choose”. We also saw that people’s independence was supported. People were encouraged to get regular exercise and move around the home. This was seen as important within the service to keep peoples as active as possible. One registered manager told us, “If people stay active, they maintain their confidence and that supports each area of their lives and independence”.

There was a system in place to respect people’s wishes regarding end of life care. However each person within the home had decided they did not want to discuss this. The service had respected these wishes and had informed relatives to ensure arrangements could be made that would respect the person’s dignity.

Good

Is the service responsive?

Our findings

People and their relatives described the service as responsive. Comments included, "I go to the doctor's if I don't feel well, they do keep a good eye on me" and "We are kept informed, they know people so well they pick up on the smallest of changes so care can be sought immediately". The registered managers both told us how responsive they could be to people's needs. Comments included, "With the two of us being here all of the time information doesn't get lost across a big team, we identify changes quickly" and "We have the same approach and speak about people every day. If we see something we can't support, we ring for specialist support immediately".

We saw that people enjoyed listening to music, doing puzzles and going for walks. People also enjoyed listening to audio tapes and had the choice to attend the local library and help choose them. We saw that one of the registered managers had designed a computer programme to enable the people they support to enjoy a game of bingo. This programme enabled people to both hear the numbers and also see them more clearly. Some people's relatives felt that people may benefit from more stimulation but were all happy. Comments included, "They do have some things to do, but may enjoy a wider variety", "I know they probably don't want to do anything else, but I don't know whether that's just being stuck in a rut" and "I think people are really spoilt, it's a wonderful home, but maybe new ideas like a 'pat dog' or having a sing song might be nice, there the kind of things my mum might say no to, but actually really enjoy". We spoke with the registered manager about the day to day activities and were told that they regularly check with people and their own choice was respected.

We saw when people's needs changed the service responded. For example, we saw that one person had become unwell and was referred to the GP. It was noted immediately that initial care was not working so further medical opinion was sought. One registered manager told us, "The medical advice wasn't working, so we kept on until finally [person] got the right support, I am sure I wasn't popular, but I'm here to respond to what people need".

The service was person centred. Each person's support file contained information important to them. Each person could live each day as they chose and would be supported accordingly. For example, we were told of an occasion where one person had wanted to go for a drive and whilst out chose to visit a place that was important to them. This was respected and the person was able to spend time at a place that was important to them as a child.

People benefited from a service that saw the feedback as important in improving the service. The registered manager told us how they were continually asking people and their relatives if they were happy with the service. The feedback received in recent years was continually positive. People and their relatives we spoke with all felt that their views were important. Comments included; "There is nothing I would change, but I know if there was it would be done, it's what [the managers] are like, they want what's best" and "If there was something I wanted to change I would just say, it's a nice home".

As well as reviewing people's needs daily as an on going process, people's needs were also assessed when they entered the service and these assessments were used to create support plans. We saw that support plans were reviewed monthly. The first month was also a process of seeing if the placement if working for all concerned. Following the monthly reviews people had an annual review. Both monthly and annual reviews involved people and their families.

People were supported to maintain links with their community. One person received monthly visits from a preacher for their holy communion. The service also signed up for the monthly local news on an audio device. This enabled people, who could no longer properly read the newspaper to listen to the local news and stay in touch with what was happening in their community.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. However there had not been any complaints for the service. We saw there were numerous compliments from previous families who had relatives being supported at Jasmine House.

Good

Is the service well-led?

Our findings

The service was described by people and their relatives as well led. Comments included, “It’s a well led family home, perfect” and “Really well led”. These statements also matched our observations. The home was clear on its culture and each member of the team were clear on their role. We spoke with one registered manager who told us, “If people’s needs are beyond what we can support, then we support people to move to somewhere that can”. This approach enabled the service to maintain its vision of being a family run homely service.

This vision had come from the history of the service being a desire to give people individual and personalised care when their health was suffering in larger homes. There was clear commitment to this vision still evident within the service and we were shown a book that was written by the services first ever resident a number of years ago. The registered manager involved at that time still spoke of this person very meaningfully and their commitment to not losing the traditional meaning of care. This manager told us, “Homes should not smell and people shouldn’t be wet. If people are down, they just need someone to talk to”.

There were clear roles of accountability within the home. These responsibilities were clearly identified and carried out day to day. For example one manager was responsible for the cooking and homeliness of the service and the other held more administrative and system responsibilities. There was a clear desire to remain in touch with best practise to keep the service under review. The management within the home was described as open and approachable. Comments included, “I can go to them with anything” and “I can call any time of day and ask questions, it doesn’t feel like a care home, it’s just like calling my [relative] in her own home.

There was a system in place to monitor the quality and safety of the service. Health and safety and fire checks had been conducted. The quality of the service was monitored day to day and captured through a continuous improvement plan. One registered manager had also designed a computer program to store all up to date guidance around best practise and guidance for meeting the Care Quality Commission’s (CQC) regulations. They had also signed up to the CQC newsletter and local authority support services. This meant that there was awareness within the service of important updates which could impact on service delivery. For example, the service was aware of the changing CQC inspection methodology and key questions. They used these questions to continually reflect on the practise within their own service.

The most recent local authority monitoring visit had given the service very good feedback. Recommendations had been made to improve the service with regard to more regular temperature checks had been acted upon.