

J.A.D. Healthcare Limited

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jasmine House is a residential care home providing personal care to six people at the time of the inspection. The home is registered for up to seven people and supports people with complex needs including learning disability, physical disability and mental health. Accommodation is provided in single bedrooms.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practise guidance. This ensures that people who use the service can live a full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible.

The home excelled in effective monitoring of peoples' well-being and welfare. Healthcare checks were thorough and inclusive. People were also encouraged to check their own intimate areas regularly for signs of changes. Discussion meetings were held to enable people understand and manage their mental wellbeing through talking.

We observed people's support during our inspection and saw that staff were gentle and showed people kindness and affection, within their professional boundaries.

Audits and servicing contracts for the environment ensured that the home people lived in was safe.

Staff working in the home were recruited safely and received regular and ongoing training so they had the knowledge and skills to fulfil their role. This included medication training so that people received their prescribed medications safely and as required. There was a low turn over of staff which meant that people were supported by those who knew them well.

Care and support was provided on an individual basis. People maintained control over their lives by planning their activities and daily living schedules 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.

Families spoke of their continued involvement with their loved ones and spoke of Jasmine House as "extended family".

There was an effective complaints procedure and any complaints were managed well.

Food, snacks and drinks were in plentiful supply in the home and the majority of people could access food independently. Staff supported people when cooking.

The management team had a good oversight of the support needs of the people in the home and an

effective way in supporting staff to fulfil their responsibilities. Managers worked alongside support staff regularly to understand the support needs of those living in the home and the staff training needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published June 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 as part of our regulatory functions. This inspection checked whether the provider is 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.

The inspection team

The inspection was carried out by one inspector.

Service and service type

Jasmine House 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked at one person's care records and aspects of the care and support for two other people. We also reviewed the records relating to staff administration of their medicines. We inspected the records for staff completion of all training in the home, and checked audits and quality assurance reports, incident and accident records so see how the home managed risk. As nobody had been employed since the last inspection we sampled one staff file to assess the quality of the records and the supervision information. The inspection involved meeting with all the people living in the home and the staff on duty. We spoke with relatives of two people currently living in the home. We also spoke with one person from a commissioning authority.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected and kept safe. Staff had received training in relation to safeguarding so that they were equipped with the knowledge to recognise the signs and symptoms of abuse.
- People living in the home were protected from potential harm. Staff competently told us of the action they would take should they suspect any form of abuse occurring in the home.

Using medicines safely

- A comprehensive medicines policy was in place and included medicines that should be given as required (PRN). This ensured that staff had guidance about administration of medicines. Staff also received training in medicine administration and periodic competency assessments were done with staff to ensure good practice was maintained.
- Prescribed medicines were given to people as required. Effective auditing of medicines administration ensured that any errors were identified early. Records showed if errors occurred immediate action was taken to address the situation.
- Medicines were stored securely. The home received regular support and input from the dispensing pharmacy to review medicines management in the home.
- Improvements have been made to the management of medicines when people were away from home, including policy and guidance, so that people continued to receive their medicines appropriately.

Assessing risk, safety monitoring and management

- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risks assessments were evident in care files relating to individual choices and activities.
- People lived and worked in a safe secure environment. Environmental risk were monitored, we looked at some of the testing frequencies and certificates to ensure the environment was maintained to a good standard. Service agreements and certificates were all in date.
- Managers daily walk around, maintenance records and managers weekly and monthly audits supported effective management in maintaining a safe environment.

Staffing and recruitment

- Staff supported people in sufficient numbers to accommodate people's interests and activities. Hours relating to people having one to one support or enhanced hours was clear and identified so that their needs were met.
- Nobody had been recruited to work in the home since the last inspection. We checked one person's

recruitment file to satisfy ourselves that the information was being stored and updated in accordance with the company policy.

- There was effective monitoring of Disclosure and Barring Scheme (DBS) clearance. These are checks to ensure people are suitable to work in the caring sector. Staff also made declarations that circumstances had not changed in their status in the preceding three months. This was seen as good practice.

Preventing and controlling infection

- People lived in clean comfortable surroundings. The home had been awarded a five star environmental health rating; rotas and check lists were evident for cleaning to ensure that people lived in clean hygienic surroundings. Staff and those living in the home had access to personal protective equipment for example gloves and aprons for use when cleaning or providing personal care.

Learning lessons when things go wrong

- The management team regularly reviewed information when things did not work well or there were shortfalls in the service. Documents relating to errors in medication administration clearly identified what improvements were required. Activities such as hospital admissions were reviewed when they did not go well, to improve the experience should further admissions be required.

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 best on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question is rated as good. 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

- People's physical and mental health continued to improve whilst living in the home. There were many success stories of improved behaviours relating to absconding, and challenging behaviour. Improvements to people's physical well-being with planned operations had been huge contributing factors. Plans for managing phobias with food, the environment and agoraphobia had tremendously improved people's lives and anxiety levels.
- The owners showed an exceptional level of thought behind the running the home, with the impact and mix of people living in the home of paramount importance. A vacancy had been left open despite a high level of enquiries. This was a decision by the owners to support everybody following an intense period of challenging behaviour. The was to allow people time to readjust and to settle into new calmer living arrangements, before introducing anybody new. This was seen as a positive move.
- Staff worked alongside people to help them maintain their own level of independence. Staff spoke passionately about delivering good quality care and support. Our observations showed us that staff worked collaboratively with people and genuinely enjoyed each others company.
- Support plans were regularly reviewed and updated, and care plans confirmed this. Care plans were current and accurately reflected people's support needs. Plans were also written to achieve goals and showed careful planning to make progress and achieve success. One relative said, "We have good contact with staff, we have and review process and information sharing for when [Name] has weekend visits home", another relative told us "We are reliant on staff to guide us, particularly with all the changes to benefits and allowances".
- People were encouraged to live healthy lifestyles and this incorporated regular exercise and activities. Individualised plans meant that people attended various gyms and leisure facilities in the area at different times. This meant they had one to one staff support and support to engage with other people using the venue. One person told us they had friends at the gym who they saw each week.

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.

We checked whether the service was working within the principles of the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We saw that mental capacity assessments had been completed to consider whether people were being deprived of their liberty. People were supported to make a variety of decisions relating to their care and support so that they remained in control of their lives.
- Paperwork in relation to MCA and DoLS was clear and appropriately completed. Any applications for DoLS had been submitted to the local authority.
- Admissions to hospital and planned surgery had been made in the persons' best interest, this demonstrated that the home worked within the principles of the Mental Capacity Act.

Staff support; induction, training, skills and experience

- The provider has maintained its Gold standard Investors in People Award. 'Investors in People' is a nationally recognised framework that helps organisations improve their performance and realise their objectives through effective management and development of staff. It was clear that the management team constantly look for ways to develop the staff so in turn they enhanced the lives of people living in the home.
- There was a wealth of training made available to staff so that they gathered excellent knowledge and fully understood the complex needs of the people they supported. Training had also been delivered in relation to individuals specific physical or mental health needs.
- Staff received regular guidance and supervision so they could competently fulfil their role. Managers worked alongside staff to share experience and good practice. Staff said they felt supported both professionally and personally, this enhanced staff well-being.
- There was a strong commitment to training and developing staff. Staff had worked in the service for many years and were extremely knowledgeable about the people living there. There was an exceptionally high take up of training available and all staff had achieved a recognised qualification either in healthcare and/or management. Staff told us that support was excellent in helping them in achieving their goals.

Supporting people to eat and drink enough with choice in a balanced diet

- People living in the home had very effective eating support plans, which identified their likes and dislikes and any specialist dietary requirements relating to medical conditions, such as diabetes or coeliac disease, weight loss or swallowing difficulties. Regular meetings took place to ensure that people's choices and preferences were supported. People were actively involved with menu planning, food shopping and learning cooking skills.
- Records were kept as appropriate to ensure that people had enough to eat and drink. Staff ate with people, which meant that they could quickly identify if there were any changes to their eating habits and action any necessary medical intervention.
- People who were fed by a tube directly into their stomach (PEG) were able to choose when this happened so that it was as least invasive into their daily living and routines.

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

- The home had been adapted to ensure people with physical disabilities and mobility support needs were not restricted and they could easily access most areas within the home. Specialist aids and equipment were in place as required to provide essential care and support needed when bathing. Access to outside space was via a ramp and meant that people in wheelchairs had direct access to the activities/social centre and snoozelan, this is a sensory experience including lights and music to help with relaxation.
- The home had recently been refurbished throughout. The décor was calming subtle and age appropriate. Two people told us that they had chosen all their colours and soft furnishings in their bedrooms. Which demonstrated the owners/manager consulted and involved people in the decision making in the home.

Staff working with other agencies to provide consistent, effective and timely care; Ensuring consent to care and treatment in line with law and guidance; Supporting people to live healthier lives, access healthcare services and support

- Care records relating to people's health and well-being were comprehensive and holistically considered individuals' needs. This meant that a number of health care professionals were involved in supporting people and monitoring their health. One healthcare professional we consulted told us "They were very professional with all the information I needed on hand. They appeared to provide a high quality service for the person concerned".
- People were supported to maintain good health. There was continued use of the 'Health Yearly Planner' found in each person's care file which provided information about specific annual appointments such as dentist, optician, GP, chiropodist, psychologist/psychiatrist and other specialist support groups. This gave oversight of each person's well-being.
- People continued to be encouraged to conduct 'self-checks' regularly looking for changes in their body. 'Self-checks' had been agreed and discussed with those who lived at the home, consent was sought accordingly and there was full involvement from the GP. This is excellent practice to maintain peoples' health and well-being in looking for early signs of change.

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 has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People and relatives provided exceptional feedback about Jasmine House saying, "We just love Jasmine House. We know all the staff, we feel like extended family". "[Name] is the safest he has been in any placement in his life, it's a very successful placement". Our discussions with families highlighted that they continued to feel involved with their relatives' lives.
- There was an exceptionally strong person-centred culture in the way that staff supported people to maintain, achieve and learn new skills. Staff worked collaboratively with people and used simple tasks, such as menu planning as points of learning and fun whatever their skill level was.
- There was mutual respect between staff and people living in the home. All staff had worked in the home for a number of years and had developed exceptionally strong bonds with people. People living in the home and staff shared their lives with each other. Celebrating birthdays and special occasions. One person told me of a secret plan for a baby shower for a member of staff showing that people were valued and respected.
- Equality and diversity were promoted in the home we found that celebrations and events were organised around religious festivals and multicultural events. People also celebrated gay pride events and the rainbow flag was displayed to ensure that people from the LGBTQ community felt welcome.
- People were supported to follow their religious beliefs. One person told us that they regularly attended church, and that they prayed each evening and said 'grace' before meals.
- People living in the home contributed to MacMillan cancer support by organising a coffee morning raising well deserved funds whilst using the opportunity for continued learning relating to their 'self-checks'. People told us that they enjoyed people coming to their home, they like raising money for charity and this made them feel good.
- Events had been organised for shared learning for the people living in the home and the staff. A mental health awareness day and a dignity day demonstrated that staff understood and worked within the principles of equality and shared experiences.
- We observed staff consistently treated people in a very kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home within their professional boundaries. Staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.

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

- People were treated as active partners in their care. Regular, individual and collective meetings were held between those living in the home and key staff to listen to their opinion, views and wishes. This showed that people were truly valued and were supported how they wanted. Relatives were invited to contribute to

review meetings to ensure that people's needs were met and information was shared.

- There were a number of examples when people's physical and mental well-being had improved since moving to the home. Staff were extremely effective in managing and supporting people with complex care needs so they could live their best possible life.
- Innovative use of a 'wish board' gave people living in the home an alternative way to contribute to planning of their care. People told us that they could choose a favourite activity or experience. Wishes were relevant to their interests and likes, for example restaurants they liked or football matches.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld, all personal care was delivered in private and personal information was securely stored.
- People received support as they preferred. Staff levels and staff allocation meant that daily living was unhurried, could be flexible and specific to each person living in Jasmine House. One person told us "I choose what I want to do. Today I went swimming I did five lengths".
- People had control over their lives. Staff understood they were in a supporting role. We heard and observed many interactions involving people with making decisions, aiding in communication and planning activities together.

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 meet people's needs, preferences, interests and give them choice and control; 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

- Technology was used to maintain contact with family, friends and staff using social media and an Ipad. Photographs of activities and messages were shared with families and staff to promote positive working relationships. People were encouraged to contact friends and loved ones by using video calls to avoid social isolation.
- Care plans were individualised and clearly identified people's wishes and preferences. Activities were planned weekly in advance but staffing levels were such that plans could be flexible to accommodate people's wishes. This shows that people were truly in control over their lives.
- Steady progress had been made when working with people who struggled with social anxiety and changes to regular routines. With careful planning people had been supported with new experiences, such as journeys in cars, going to the gym and social clubs to avoid social isolation.

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.

- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- People's eyesight and hearing were regularly checked. Information was available in a variety of formats in the home for example written, pictures, Makaton and photographs as points of reference. This was so the service could be as inclusive as possible.

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints procedure, people told us that they knew how and to whom they should complain. Records were maintained of any smaller concerns raised including the action taken. This meant that the manager could monitor the quality of the service.
- Only one formal complaint had been received in the year prior to our inspection. This was not relating to care and had been dealt with appropriately showing that the manager takes concerns seriously and the process was effective.

End of life care and support

- At the time of the inspection nobody was receiving end of life care. Some people had funeral plans in place, this was good practice as it identified people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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.

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

- There were regular staff meetings and staff supervision sessions. Weekly meetings were held with people living in the home, and staff liaison with families to ensure that everyone had the opportunity to contribute to the running of the home.
- Questionnaires were sent to all stakeholders to gather their views about the quality of the service. Comments received without exception were positive, "The best staff team ever", "I think they are excellent and fantastic the best team ever", "We continue to be very happy with the care [name] receives".
- Staff told us that they received training relating to equality and diversity and that the provider promoted and open inclusive culture where people could feel safe in expressing themselves. This shows that staff truly understand the importance of inclusion.

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

- The provider worked collaboratively with all stakeholders to achieve the best outcome for people. People living at Jasmine House, family members and staff told us that there was an open positive supportive culture in the home. One staff member summed it up by saying, "We are like family".
- There was an extremely positive person-centred culture in the home, people were respected and treated as individuals. Resulting in them being empowered to live their lives as they wished.

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

- There was a set of values which sat alongside the mission statement for the service, which demonstrated that the people in receipt of care were at the centre of the expected practice.
- Managers were effective in maintaining a high performing organisation. A comprehensive range of audits and checks undertaken by the management team quickly identified shortfalls and any found were immediately addressed.
- The manager attended various external managers forums to share experiences and learn from others. This showed that they were an outward looking care service and evidence showed that they adopted best practice.

Continuous learning and improving care; Working in partnership with others

- Outcomes for people were positive. Care records demonstrated that staff worked effectively with other professionals, including commissioners and health professionals so that peoples' needs were met.
- The provider employed an external quality assurance provider, they ensured that policies and procedures were up to date and the staff were aware of any changes to the legislation. This demonstrated that the provider was open to external scrutiny and had a desire to improve the care delivered.