J.A.D. Healthcare Limited

Jasmine House

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 06/05/2015

Ratings

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

Overall summary

The inspection was carried out by an adult social care inspector on 14 and 15 January 2015. The inspection was announced.

There was a registered manager at the service at the time of our inspection. 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.

Jasmine House is a residential care home that provides accommodation, care and support for up to seven adults who have a learning disability. The home provides accommodation over three floors and is accessible to people who are physically disabled. The service is situated in the Fazakerley area of Liverpool.

Summary of findings

People who lived at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Clear procedures for preventing abuse and for responding to an allegation of abuse were in place. Staff were very confident about recognising and reporting suspected abuse and the registered manager was aware of their responsibilities to report abuse to relevant agencies.

The premises were safe and very well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's needs in line with the advice of relevant professionals.

People were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

There were appropriate numbers of staff on duty to meet people's individual needs and lifestyle choices and to keep people safe. Staff recruitment checks were robust and staff were only employed to work at the home when the provider had obtained satisfactory checks on their suitability. People who lived at the home were involved in the staff selection process and in the staff induction process.

The registered manager had a good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. They were able to clearly demonstrate how they had worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests when this was required.

The service was person centred. This means that people were provided with care and support that was tailored to meet their individual needs and the way in which the service was delivered was based on the individual needs of the people who used it. We saw many examples of best practice being followed and we found the service was responsive to people's changing needs. We heard how staff provided flexible and innovative support to make sure people were achieving the things they wanted to.

People's needs had been assessed and they had a plan of care which was detailed, personalised and provided clear guidance on how to meet their needs. Risks to people's safety and welfare had been assessed as part of their care plan and plans to manage any identified risks were in place. We found people were well supported to take risks as part of living an independent life style.

People were well supported to access a range of healthcare professionals as appropriate to their individual needs. We heard many examples of how people who lived at the home had made significant progress with their physical and mental health needs since moving to the home. The provider worked proactively to ensure people who used the service were able to recognise and act upon their health needs. The also worked closely with healthcare professionals to ensure people had regular health checks and screening as a means to prevent detect or prevent ill health. This is in line with best practice.

Medication was very well managed and people received their medication as prescribed. The provider had tight processes in place to ensure medication was managed safely. We saw detailed guidance about how to support people with their medicines and information about what medicines were prescribed for. This meant that staff had an understanding of medicines they were administering and the effects of these. People were also supported to have a regular review of their medicines with their GP.

People were regularly supported to use the facilities in their local community and were supported to take part in work placements and social and recreational activities. The activities were based on the needs, wishes and choices of the individuals living at the home.

Staff presented as caring and we saw that they treated people with warmth and respect during the course of our visit. Relatives we spoke with told us they felt staff cared about the welfare of their family member. They told us the service exceeded their expectations of a care home.

Staff were well supported in their roles and responsibilities. Staff had been provided with relevant training and they underwent annual refresher training in a range of topics. Staff attended regular supervision meetings and team meetings. Staff had lead roles for matters such as 'mental health' and 'safeguarding'. Staff had been provided with specialised training linked to the needs of the people they supported and they were

Summary of findings

knowledgeable about people's needs. The provider had attained a gold 'Investors in People' award which is recognition of their commitment and investment to develop and support staff.

Staff were aware of their roles and responsibilities and the lines of accountability within the home.

Staff told us there was an open culture at the home and that they would not hesitate to raise concerns if they had any. They felt that any concerns they did raise would be dealt with appropriately. Throughout our visit staff demonstrated how they supported the aims and objectives of the service in ensuring it was person centred and inclusive.

Very clear and effective systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular audits on areas of practice and seeking people's views about the quality of the service. The registered manager was keen to develop the service in response to people's views and to changes in best practice guidance.

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?

Good

The service was safe.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were very confident about recognising and reporting suspected abuse.

Staff recruitment procedures were robust to ensure staff were suitable to carry out their roles and responsibilities.

People's medicines were managed safely and in line with clear procedures.

There were sufficient numbers of staff on duty to keep people safe, meet people's individual needs and promote their independence and choice of lifestyle.

Risks to people's safety had been assessed and were well managed. This was in line with respecting people's right to independence and choice to take risks.

Procedures were in place for responding to emergencies such as fire or medical emergencies.

Is the service effective?

Outstanding

The service was effective.

Staff had been provided with the training they needed to support people effectively and they received good support through regular supervision and attending team meetings.

The registered manager and staff had a good knowledge and understanding the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). They worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interest when it was deemed that a person did not have the capacity to do so.

The service worked very well to ensure people's physical and mental health care needs were met. We found that staff worked well alongside mutli-disciplinary professionals to ensure the best outcomes for people who lived at the home.

The home was fully accessible. Aids and adaptations had been made in order to meet people's individual needs and in line with advice from relevant professionals.

Is the service caring?

Good

The service was caring.

Staff presented as very caring and we saw that they treated people with warmth and respect during the course of our visit.

People who lived at the home and relatives we spoke with told us they felt staff cared about the welfare of their family member.

Summary of findings

Staff had a good knowledge of people's needs and preferences. They were able to tell us about the different approaches they used to support people in line with their individual needs. People's care plans included detailed information about people's need, wishes and choices and how they were supported to communicate and express choices and live as independently as they could.

The culture within the service was person centred. 'Person centred' means the individual needs of the person and their wishes and preferences are at the centre of how the service is delivered.

Is the service responsive?

Good

The service was responsive.

Staff engaged well with people who lived at the home and involved them in decisions about their day to day care as much as they could. Staff communicated well with relatives to share information about their family member's needs, to seek their feedback and to ask them to advocate on people's behalf.

People received personalised care that was responsive to their needs. Staff listened to people who lived at the home and responded quickly to changes in their needs.

People were supported to access work and pursue social and leisure activities on a regular basis. The activities were based on the needs, wishes and choices of the people living at the home.

Is the service well-led?

Good

The service was well-led.

We found that the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. People who lived at the home were asked their views about the service on a regular basis. Numerous audits were carried out at the home at a range of intervals. These were carried out to assess and monitor the service and to ensure people were protected from risks to their welfare and safety.

There was an open culture at the home and staff told us they supported the aims and objectives of the service in ensuring it was person centred and inclusive.

Jasmine House

Detailed findings

Background to this inspection

The inspection was carried out as part of the new inspection process we have introduced for adult social care services. The inspection was carried out by an adult social care inspector on 14 and 15 January 2015. The inspection was announced. We gave notice of the inspection the day before our visit because the service is small and we needed to be sure people would be in. This is in line with our methodology for inspecting this type of service.

We reviewed the information we held about the service before we carried out the visit. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were seven people living in the home. We spoke with each person to gain their feedback about the service. We also contacted relatives of three people who lived at the home to gain their feedback about the quality of the service provided to their family member.

During the inspection visit we spoke with the registered manager of the service and three support workers.

During the inspection we viewed a range of records including the care records for two of the people who lived at the home, four staff files, records relating the running of the home and policies and procedures.

Following the inspection visit we also contacted two care managers/social workers who had knowledge of the service in order to obtain their feedback.

Good

Is the service safe?

Our findings

People who lived at the home were protected from risks to their safety. People told us they felt safe when we asked them questions about the home and about how staff supported them. Relatives we spoke with told us they had no concerns about how their family member was treated.

An adult safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy was in line with Local Authority adult safeguarding policies and procedures. All staff had been provided with training in safeguarding vulnerable adults and were required to refresh this training on an annual basis. We spoke to three support workers about safeguarding and the steps they would take if they witnessed abuse. They gave us appropriate responses and told us that they would not hesitate to report any incidents to the manager. The registered manager was aware of the actions they would need to take in the event of an allegation of abuse. This included informing relevant authorities such as the Local Authority safeguarding team, the Police and the Care Quality Commission (CQC).

Each of the people who lived at the home had a detailed support plan which highlighted any risks to their safety and provided staff with guidance on how to support people to manage these. During our discussions with staff we found they had a good knowledge of people's needs and how to support people safely whilst respecting their freedom of choice to take risks and their independence.

We found that the number of staff on duty was appropriate to keep people safe and meet their individual needs. Staff told us they felt the staffing levels were safe and that they had time to support people on a one to one basis with activities of their choice. A number of people were provided with one to one support throughout the day and other people provided with one to one support for set times throughout the week as assessed by the commissioners of the service. At the time of our inspection the service was well staffed and we saw people being supported on a one to one basis. We viewed staff rotas for the previous month and these showed us that there had been a consistent number of staff on duty over this period.

We looked at the staff recruitment process. We found that people who lived at the home had been actively involved in the staff recruitment process at the interview stage. We found that appropriate checks had been undertaken before staff members began work. Application forms had been completed and applicants had been required to provide confirmation of their identity. References about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. All staff had been provided with training in medicines management. We found detailed and individualised information and guidance about how to support people safely with their medicines was being maintained. People who used the service had signed their consent for staff to maintain and administer their medicines. Staff carried out daily checks on the medicines in stock and the manager also carried out regular checks on medication practices to ensure they were safe and to ensure that any medicines errors had been reported and acted upon appropriately. The medicines administration records we viewed were clearly presented and showed that people had received their medicines as prescribed. Individualised information had been produced about the use of 'when required' medicines. The home had attained signed consent from people's GP to confirm regular reviews of people's medicines and to agree to 'as required' medicines. We found that medicines were stored safely and adequate stocks were maintained. Daily medicines counts were being completed to help ensure that should any shortfalls arise they could be promptly identified and addressed. Regular audits of medicines and medication practices were also carried out. A medication communication book was being maintained for the purpose of communicating medication issues across the staff team.

We found that all areas of the home were safe, clean and well maintained. The home was accessible and aids and adaptations were in place to meet people's mobility needs and to ensure people were supported safely. For example there was ramped access to the house and equipment was

Good

Is the service safe?

in place for people who required support to move and transfer. Regular health and safety checks were carried out and certificates to verify the safety and suitability of equipment were up to date.

Hazards to people's safety had been identified as part of a service level risk assessment and management plans were in place to control/manage any identified risks. Procedures were in place for responding to emergencies such as fire or medical emergencies and there were managers 'on call' to ensure staff could seek guidance, advice and support at all times.

Procedures were in place to control the spread of infection and staff had been provided with regular training in infection control. Staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. The home had achieved a 5 star rating for food hygiene practices by the local council. This is the highest rating for good food hygiene practices. During a tour of the building we viewed the kitchen and found it was clean and well organised.

Outstanding ☆

Is the service effective?

Our findings

People who lived at the home told us they felt listened to and that staff asked their consent to matters. One person told us, "They always ask me what I want to do." Another person said "We talk about things we want to do together."

Staff were able to describe how people's consent to care and support was attained. They gave examples of asking people's permission to carry out tasks with them and including people in decisions about the running of the home. The manager also described asking relatives to advocate on behalf of their family members if this was deemed appropriate. This was confirmed during discussions with relatives who told us staff communicated well with them and they felt included in contributing to decisions in support of their family member. Staff told us the communicated regularly with relatives and that they had a system in place whereby they contacted relatives on a monthly basis to promote positive and open communication.

All staff had attended training in the Mental Capacity Act (2005). The manager demonstrated a good understanding of the principles of the Act. The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, due to the fact that they lack mental capacity, particularly about their health care, welfare or finances. The manager was aware of the requirement to refer for an assessment if it was deemed that any of the people living at the home were being deprived of their liberty. This is in line with 'Deprivation of Liberty Safeguards' (DoLS) which comes under the Mental Capacity Act 2005. The Care Quality Commission has a duty to monitor the use of the safeguards in all care homes. At the time of our inspection nobody was subject to a DoLS. The manager was however able to provide us with a good example of how a recent decision had been made in a person's best interests. The decision in question had been made on a mutli-disciplinary basis alongside family members and health professionals.

Discussions with staff and training records confirmed that staff had been provided with the training they needed to carry out their role effectively. Staff told us they felt well supported, trained and sufficiently experienced to meet the needs of the people who lived at the home and to carry out all of their roles and responsibilities effectively. Staff had undergone an induction programme when they started work at the home and people who lived at the home had been actively involved in this. All staff had achieved a nationally recognised qualification in care. A number of staff were enrolled to progress to a higher level of qualification.

The provider used the National Minimum Data Set for Social Care (NMDS-SC), which is a Skills for Care on line database, to update information on staff training on a monthly basis. This helps authorities to plan resources for the local workforce and commissioning services. We found that staff had undergone annual training in topics such as: equality and diversity, care planning, risk assessment, medication management, challenging behaviour, mental health, autism awareness, safeguarding, confidentiality, the role of the support worker, communication, person centred care, fire safety, health and safety, food hygiene and infection control. Staff were required to undertake two training sessions per month and these included a mix of on line training, workbook training and face to face training.

Staff had also been provided with bespoke training linked directly to the needs of people who lived at the home. For example at the time of our inspection some of the staff team were being provided with a specific piece of training linked directly to the needs of a person who lived at the home. The purpose of the training was to support the person to achieve a goal which they needed to achieve to promote their health. Other bespoke training included training on how to support people who lived at the home with a specific physical or mental health need. The training was attained from a number of sources including a range of health and social care professionals who knew the needs of the people concerned.

The service had appointed champions for mental health and safeguarding. These are members of the staff team who have received training in these areas and who take a lead for disseminating good practice and changes in practice or policies and procedures across the staff team. The appointment of the champions therefore supports staff to work within best practice guidance.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a very regular basis throughout the year. Staff also underwent an annual appraisal of their work with their line manager. The manager told us that people who lived at the home were asked to give individual feedback on staff members prior to

Is the service effective?

the member of staff undergoing an appraisal. People's feedback was then used to inform the appraisal process. This is good practice as it empowers people who use the service to have their say about the staff who support them and assists staff with their professional development. Staff also had the opportunity to attend team meetings on a regular basis. These support systems provide staff with opportunities to explore their practice, to develop as workers and to communicate important information about their roles and responsibilities.

Following the inspection the provider confirmed that they had achieved a gold award from 'Investors in People' (IIP). IIP is an accreditation which recognises effective staff support and it signals that an organisation puts people first. Gold is the highest award of the accreditation by IIP.

We saw that people's care plans and associated records clearly detailed the care and support they had been provided with. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support that met their needs. We found that staff responded appropriately to changes in people's needs and referred to multi-disciplinary workers for support and advice when required. For example, people had been referred for nutritional advice and support if they had difficulties with maintaining their diet. We saw in records that staff regularly referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, chiropodist and optician. This showed us that the service worked well to ensure that there was a multi-disciplinary approach to meeting people's needs.

We heard some powerful examples of how the people who lived at the home had been supported with their physical and mental/emotional health needs and the impact this had had on their wellbeing. The service appeared to meet people's needs, some of which were complex, quite naturally and seamlessly. In the background there was a lot of thought and work going into supporting people effectively. We found that staff had really thought about people's needs and developed ways of working which supported people to achieve good outcomes and this had a positive impact on people's quality of life.

Each of the people who used the service was supported to undergo an annual 'well man' or 'well woman' health check at their local community health centre. This type of health screening helps to detect potentially unrecognised health needs and they are an important means to help promote equality of access to healthcare for people who have a learning disability. We also saw evidence that staff liaised with people's GPs on a regular basis to ensure people had regular reviews of their health and medicines. We found other areas of practice which were innovative and which were in place such as a proactive measure to ensure people were supported to maintain their health and wellbeing. For example staff worked proactively to protect people's health by carrying out regular 'self checks' with people. These were carried out as a precautionary measure and they had been agreed with the people concerned and with their consent and with the support of their GP. For women who lived at the home this meant they were supported to carry out breast awareness checks. The checks were carried out within clear guidelines.

The provider had also attained a defibrillator to respond to heart related medical emergencies and all staff had been trained on how to use it. People who lived at the home had been informed about the purpose of the defibrillator and had been asked to give consent for staff to use it if required and in line with their capacity to consent to such a matter.

These practices demonstrated to us that the provider was promoting best practice in supporting who have a learning disability to remain healthy. This was because people were supported to have equality of opportunity to healthcare through following best practice in supporting people to receive regular health screening.

We spoke with two adult social care professionals who had up to date knowledge of the service. They told us the service was very effective in meeting people's needs. They told us they felt the service was proactive and they both described the service as "Excellent."

Each of the people who lived at the home had a support plan which detailed their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. We saw that staff had referred for specialist advise and support to ensure people's dietary needs were appropriately met. People's likes, dislikes and preferences for food and meals were clearly documented in their support plan and in a menu book. Discussions with staff indicated that they were fully aware of people's dietary

Outstanding ☆

Is the service effective?

needs, likes and dislikes. People chose their own meals on a daily basis and staff supported people to prepare their food and meals as appropriate to the needs and wishes of the individual. People who lived at the home used the kitchen facilities with staff support. People told us they often chose to eat with their peers but sometimes chose to eat on their own. The registered manager provided examples of how they were supporting people with some complex needs relating to their diet and how this was being done in consultation with the person, their relatives and alongside multi-disciplinary professionals. They also provided us with a powerful example of how they had worked alongside multi-disciplinary professionals to act in a person's best interests to ensure they received the food and nutrition they needed to maintain their health and wellbeing.

The home was a large detached house in a residential area. The location of the home meant that people could easily access the facilities in the local community and public transport. The home had been adapted to ensure people who had difficulties with their mobility were able to access the premises. Aids and adaptation were in place to meet people's needs and protect their safety. The home was warm and comfortable and provided a welcome and relaxed atmosphere. The garden had been created to provide people with safe and accessible outdoor space and we were told this was well used for social occasions in the warmer months.

Good

Is the service caring?

Our findings

People who lived at the home gave us very good feedback about the staff who supported them. We asked people if staff were kind, if they listened to what they said and if they acted upon what they said. People told us they did. One person said, "The staff are good carers because they really do care." Relatives told us they felt the service was caring. One relative said, "The staff are lovely. Every time we visit they're very nice. They keep in good communication."

The culture within the service was person centred. 'Person centred' means that people's individual needs, wishes and preferences are at the centre of how the service is delivered. We saw a number of examples of how the service was tailored to meet people's individual needs. For example, one person wanted to keep busy and have an active schedule and this was what they had in place. Another person needed a lot of encouragement and support to undertake activities and this person's support was tailored to meet their needs.

The staff team consisted of established members of staff who had worked at the home for a number of years. This meant that people were supported by staff who knew their needs well and with whom they had had the opportunity to build relationships. During discussions with staff they were well aware of the individual needs of the people who lived at the home and of the important intricacies of how people liked to be supported. Staff knew about any particular conditions people had and the potential impact of these upon people. This enabled staff to understand people's behaviours and see them in a context. The effect of this promoted staff empathy and resulted in them putting a lot of thought into how they supported people.

During the visit we saw staff interacting with people and communicating with people in a caring way. Staff ensured people were included in discussions and decisions. There was relaxed banter between people who lived at the home and staff. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing. Staff used terms such as 'encourage', 'support' and 'choice' when describing how they supported people. We saw staff promoting people's independence and supporting people to make choices and use their skills. For example we saw staff supporting people to carry out tasks in the kitchen. People also told us that staff supported them to prepare and cook food and meals and to undertake household tasks. We saw that staff listened to people and gently encouraged people to use and develop their skills.

People's care plans were individualised and included details about the people's preferences and choices. For example they provided detailed information about how people preferred to be supported with aspects of their personal care and the gender of staff they preferred to be supported by. We found that other records, such as daily reports, were written in a sensitive way that indicated that people's individual needs and choices were respected and that staff cared about people's wellbeing.

We saw that key pieces of information, such as the complaints procedure, had been written in plain language and included the use of pictures to make it more accessible for people who used the service.

The atmosphere in the home was warm and friendly and people looked relaxed. Staff were supporting people with a range of complex needs but we saw they undertook their work with ease.

Good

Is the service responsive?

Our findings

People who lived at the home told us they were very happy with the care and support they received. They told us they had active lifestyles. One person said "I go to work and I love it" and another person said "I do something every day." People told us they were supported with work placements on a regular basis. These included working at a gardening project, an animal shelter and a children's care facility. The manager told us people who worked at the animal shelter were actively involved in fund raising and helped to run a stall at charity events. One person told us they were looking to increase the time they spent at work and their keyworker was actively supporting them to do this.

We found that people who lived at the home were supported to pursue their interests and to be active members of their local community. A member of staff was designated as an activities co-ordinator and they took the lead for arranging a wide range of activities based on people's individual needs and wishes. A number of people who lived at the home attended a charity based drama group which was run by the local community. The manager told us that people who lived at the home were actively involved in supporting the charity and organising fund raising events. People were also involved in performances organised by the drama group. One person who lived at the home had been supported to take part in a 'Race for life' event for which they were supported to complete a 5 kilometre run in aid of charity. Other activities people were involved in on a regular basis included going to; the gym, an art class, the swimming pool, the cinema, a driving range and football matches. One person who lived at the home was supported to attend church on a regular basis to meet their religious and spiritual needs. The home was scheduled to hold a 'Comic relief' bake sale and the manager saw this as another opportunity to make links with the local community and neighbours. Fun days were also held twice per year and people who lived at the home invited their friends, relatives, colleagues and people who they knew in their local community to these.

At the time of our visit people who lived at the home were going out for lunch and to the cinema to celebrate a birthday. We heard that each of the people who lived at the home were supported to celebrate their birthday with their peers and this often included a party. People also told us they were planning a cruise holiday for the summer. The manager told us they provided the staff to support people to have a holiday and made a financial contribution towards the cost of the holiday.

All of the relatives we spoke with told us the service was responsive to the needs of their family member. Two relatives told us the service exceeded their expectations of a care home. One relative told us "They go well beyond the call of duty." Relatives told us staff communicated with them regularly and responded quickly to any changes in their family member's needs. One relative gave us a very powerful example of how staff had acted above and beyond their expectation in how they had supported one of the people who lived at the home.

Each of the people who lived at the home had an individualised care plan which included information about their spiritual, cultural or diverse needs. We found that care plans were detailed and provided clear guidance for staff on how to meet people's needs. They included information about people's likes, dislikes and preferences. They also included information about what was important to the person and about how they communicated their needs, wishes and choices. People's support plans had a section entitled 'Plan about making sure I have a say in the way my life is and increasing the choices I make'. This provided information about how staff needed to support people to have as much control over making their own decisions as possible. People had been asked if confidential information in their support plans could be shared with other people and they had signed to agree who could have access to their information. People's care plans had been reviewed/ evaluated on a monthly basis to ensure the information remained up to date and reflected changes in their needs.

People had an annual review of their care and support. The provider included family members and relevant professionals in this. This enabled people to give their view on the quality of care and support provided and it enabled relevant people to have an oversight of the service provided to ensure people's needs were being met and all matters about their care and welfare were up to date. People who lived at the home had a designated keyworker and they had a weekly 'catch up' meeting with their keyworker. A keyworker in this context is a designated

Good

Is the service responsive?

member of staff who takes a lead for ensuring the person is receiving appropriate support with matters such as health appointments, work and educational placements and skills development.

During the course of our inspection we heard many examples of how the service was responsive to people's needs and changing needs. We heard how the registered manager had worked alongside a range of health and social care professionals to make sure people were provided with the care and support they needed to promote their health and wellbeing. We also found that staff worked proactively in supporting people. For example they ensured people were supported to identify potential health risks through annual well person checks and other regular checks on aspects of their health.

We found that the provider had built an on-site activity centre in the grounds of the home in an attempt to meet the needs of a person who did not want to leave the premises. The centre was part of a desensitisation programme and was created as a step to build the person's confidence and towards supporting the person to access the local community and fulfil their ambitions and it was successful in doing this. The area is now used regularly by a number of people live at the home. The provider demonstrated best practice in developing this aspect of the service in order to meet the needs of the person concerned in a creative, innovative and person centred way.

The provider told us in their self-assessment off the service that they had two company vehicles, which enabled people to access the community in addition to using public transport. A new person who was not able to access the vehicles was moving into the home and the provider responded by purchasing an accessible car. This was to ensure the person felt included and had an equal opportunity to have use of a vehicle.

During discussions with staff we found they were knowledgeable about people's individual needs. Staff were able to describe in detail what each person needed and how they preferred to be supported. This assured us that people's choices and decisions were respected. Staff told us they strived to make sure people received the best care and support they could provide. They told us they continually thought about ways to improve people's experiences in response to changes in their needs.

The provider listened to people's views and experiences and acted upon feedback about the service. The service had a complaints procedure and an easy read version of this which included the use of pictures. People who lived at the home told us they would be happy to raise any concerns they had and they felt they would be listened to and action would be taken in response. The provider told us they had only received one informal, verbal complaint/ suggestion in the last 12 months. The nature of this was that the front entrance to the home was not well lit enough during the evening. This complaint was dealt with within a one week time frame. Additional external lights were added to the existing system to ensure extra lighting around the front door and car parking area. The person who raised the matter was informed as soon as the work was completed and they were happy that the issue was acted upon and resolved swiftly. Relatives we spoke with were very positive about the care provided by staff at home. They told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed. One relative told us "I have no worries at all what they provide is excellent."

People who lived at the home had the opportunity to attend regular house meetings. These gave people the opportunity to feedback their views about the home. The meetings empowered people and ensured they were involved in making decisions about the running of the home. People who lived at the home were included in writing up the minutes of these meetings as a further means of empowering people to contribute to the running of the home.

Good

Is the service well-led?

Our findings

We found the home was well managed and staff were clear as to their roles and responsibilities and the lines of accountability within the home. The service had a registered manager and it was managed in a way that ensured people's health, safety and welfare were protected.

One of the ways in which the provider was able to monitor the quality of the service was by regularly reviewing the support provided to people who lived at the home. People who lived at the home had a monthly review of their care plan and they attended an annual review meeting which included family members, who could advocate on their behalf and outside professionals (as appropriate to the person's needs). The review meetings considered what support was being provided to the person and whether this continued to be appropriate. The meetings also provided an opportunity to plan for future events or goals with the person. These then became a focus for people to achieve with the support of the staff team.

We saw that a survey had recently been carried out to attain feedback about the quality of the service from people who lived at the home. People had been asked to rate a range of indicators including: staff conduct and professionalism, whether people felt they had choice and control, whether people felt safe and if staff supported to maintain their independence. We saw that the feedback was positive and high scores had been returned in all areas. Surveys had also been carried out with relatives and health and social care professionals. All feedback we viewed was very positive.

The provider also commissioned an independent advocate to visit people who lived at the home on a regular basis to spend time with people and gain their feedback about the quality of the service.

As part of our inspection we contacted two social care professionals who had knowledge of the service and they both told us they felt the service provided at Jasmine House was "Excellent."

Staff told us they felt there was an open culture within the home. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to and they felt the registered manager would take action if they raised any concerns. The registered manager and provider were described as 'approachable' by all people who we spoke with including people who lived at the home, their relatives and staff.

During discussions with staff they told us that the ethos of the home was very clear. This being that the service was the home of the people who lived there and staff were very clear about the expectations that they were there in a capacity to support people. One member of staff said "We respect that this is people's home, we are very mindful of that."

The provider had introduced an 'Employee of the month' to recognise when staff performed well and to reward good practice and encourage staff development. Staff told us they were highly motivated and enjoyed going to work. Some of their comments included "We strive to do the best we can and to perform to our best", "We want to maintain being the best we can be and to develop based on people's feedback" and "I am so lucky to work here". They told us there were high expectations on them and that they were made to be accountable for their work but that they felt supported to achieve the high standards expected of them. Staff told us that communication across the service was very effective and one person told us it was "brilliant".

Following the inspection the provider informed us that they had achieved an 'Investors in People' (IPP) gold 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.

The provider had a clear well- structured system in place for assessing and monitoring the quality of the service. This included a range of audits which were carried out at different intervals. For example, daily audits were carried out on medication, weekly checks/ audits were carried out on medication, the environment, the vehicles, daily diaries and handovers, water safety and fire safety. Monthly audits were carried out on matters such as staff training, fire evacuation, first aid equipment and financial records. Quarterly checks were carried out on matters such as staff meetings, resident meetings, staff supervision, care planning, menus, health and safety. Bi annual audits were carried out on matters such as electrical appliance tests, certificates of maintenance. Annual audits were carried out on matters such as the fire risk assessment, policies and procedures and service level risk assessments. The annual

Good

Is the service well-led?

audit also included surveying people who used the service, relatives, staff and visiting professionals. We viewed people's feedback in surveys and this was positive in all areas. The provider also commissioned the services of an independent person who visited the service to gain feedback from people who lived at the home.

One of the people who lived at the home was included in carrying out health and safety checks around the home and they took a lead for relaying information from their findings to regular house meetings attended by people who lived at the home. They also feedback any health and safety issues people raised at the meetings to the manager.

Accidents and incidents at the home were recorded and were used as an opportunity for learning and to identify risks to people's safety and wellbeing. The reports showed us that people were being provided with safe and effective care and support.

We saw that a service level risk assessment, sometimes known as a risk register, had been produced to promote safe working practices. Plans were in place to control risks to the safety of people who lived at the home, staff and visitors as part of this. For example, one of the risks identified on the risk register involved assisting people who are physically disabled to transfer. The provider had identified any risks associated with this and what controls were in place. For example controls may involve ensuring staff were provided with regular up to date training in safe moving and handling, ensuring all appropriate equipment was in place and that this had been assessed as required by a relevant professional, ensuring that this was checked and serviced regularly.

Procedures were also in place for responding to emergency situations and staff had ready access to this information and to an 'on call' manager for advice and support at all times.

The provider also used the services of an external quality assurance provider. These were used to ensure all policies and procedures for the service were in place and updated when there were any changes in legislation or best practice. Staff were required to sign policies and procedures as having read and understood them and this was also the case when policies and procedure were updated. The quality assurance provider was also used for human resources support, employment law support and to gain regular updates on developments within health and social care sector.

The provider had introduced a system of mock inspections of the service and had provided staff with information about the new inspection methodology the Care Quality Commission was now using. The provider had an annual development plan and they shared information from this with us as part of their submission of the Provider Information Return (PIR). The provider told us they felt the service was always developing and changing in line with new guidance and best practice.

The manager told us they were registered with the Institute of Leadership and Management (ILM) and with the Information Commissioner's Office (ICO) which is an independent body which provides advice on the responsibilities of holding information and rights of access to information.

The registered manager and provider demonstrated throughout the course of our inspection that they were continuously looking at ways to improve the quality of the service for the benefit of the people who lived at the home. They were able to give us many examples of how they were striving to support people to improve their quality of life and to have an active and inclusive lifestyle whilst also ensuring people were provided with a safe, supportive and caring home environment.