

Complete Care Services 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 11 December 2015 and was unannounced. The service is a care home that provides accommodation and personal care for up to six people with a learning disability or mental health needs. On the day of the inspection there were five people living at the home and one person had been admitted to hospital.

The service has a registered manager. 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 and there were systems in place to ensure that people were protected against the possible risk of harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

Summary of findings

People received care and support from staff who were trained and competent in their roles. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and received support from other health care professionals.

People were treated with compassion and they had been involved in decisions relating to their care. People were treated with respect and their privacy, dignity and independence was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their independence and wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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 felt safe and did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care for and support people.

People received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff who were skilled and experienced and had been trained to meet their individual needs.

People's dietary needs were met.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

People's privacy and dignity was respected

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to pursue their hobbies and interests.

There was an effective complaints procedure.

Good



Is the service well-led?

The service was well-led.

There was a registered manager who was visible, approachable and accessible to people. She provided leadership and stability.

There was a caring culture at the home and the views of people were listened to and acted on.

Quality monitoring audits were completed regularly and these were used effectively to drive improvements.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 11 December 2015 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the five people who used the service. We observed how the staff supported and interacted with them. We also spoke with three care staff and the registered manager.

We looked at the care records for three people, including their risk assessments, medicines administration records (MAR) and four staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, “I feel safe here. At night we keep the front door locked.” Another person said, “I do feel safe. Definitely. There are staff here at all times.”

The service had safeguarding policies and procedures in place which included the contact details for reporting any allegations of abuse to the appropriate authorities, such as the local authority and the CQC. Staff confirmed that they had received training in safeguarding and they were aware of their responsibilities to ensure that people were protected from the risk of harm. One member of staff explained to us how to recognise various types of safeguarding concerns and they told us that they always ask people whether they had a good or bad day. They knew the signs to watch out for to ensure that people were protected and felt safe.

Each person had a risk assessment carried out and information on how to manage and mitigate the risk had been reflected within them. For example, one person who required support to maintain their general wellbeing had clear guidance on the signs for staff to observe and how to seek appropriate help and advice to prevent from relapse. One person said, “I have regular review sessions with my key worker and we discuss how to support me to manage the risks.” We noted from people’s care notes that their risk assessments had been reviewed regularly so that up to date information was available to staff. Risk assessments regarding the premises were also carried out and reviewed regularly to ensure that people lived in a safe and comfortable environment. There was an emergency plan to ensure continuity of business would be maintained in an event that might stop the service running safely. Staff were aware of the plan and said that they would contact the manager who were on call out of hours. As part of the emergency plan another care home belonging to the same provider could be used if required. People had a personal emergency evacuation plan so that they could be evacuated safely in an emergency.

There were sufficient numbers of staff to keep people safe and meet their needs. We looked at the staff duty rotas

which indicated that there was a consistent number of staff on each shift. People said that there was always enough staff on duty. One person said, “Staff are always available when we call for help.” We observed that staff were present in the lounge where people spent their day and others who stayed in their rooms were checked regularly. We saw staff spent time talking with people about their day on return to the home. Staff said that when they were short on a shift due to sickness or absence, the manager would make arrangements to cover the shortfall by use of ‘bank’ staff. The manager said that they regularly assessed and reviewed each person’s needs so that they were able to decide on the numbers of staff required on each shift.

We were told that staff had been working at the home for a number of years and there had been no staff recruited recently. We noted that the provider had effective recruitment processes and systems to complete all the relevant pre-employment checks. This involved obtaining references and carrying out employment history checks which provided assurances that staff were suitable for the role they were employed for, including obtaining Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were safe systems in place for the management and administration of medicines. People told us that they received their medicines regularly and as prescribed. One person said, “Two staff give my medicines in the morning and evening.” We observed medicines given after lunch time where the individual was required to use their ‘inhaler’. The members of staff giving the medicines had followed the instructions on the medicine administration records (MAR) and signed when medicines had been administered. We found that other medicine administration records had been completed appropriately. People had their medicines kept in their own rooms and appropriate facilities for the safe storage had been provided. Staff confirmed that they did not administer medicines until they had received the appropriate training. We noted that medicines no longer required had been returned to the pharmacy for safe disposal.

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. One person said, “Staff know how to help me. They know what to do when I am having a bad day.” The majority of staff had worked at the care home for a number of years and knew how to care and support each individual so that their needs were met.

A range of training including mental health awareness, equality and diversity, mental capacity, manual handling, nutrition and diet and managing challenging behaviour was provided for staff so that they were competent in their roles. Staff told us that they found these training very helpful in ensuring that people’s need were met. For example, they said that they used de-escalation techniques by talking and supporting people to manage their behaviour that challenged others. They followed the specific protocols developed for each person such as to ask them to calm down and take time out in their room until they were settled. They said that these techniques had been effective in the management of people when they exhibited behaviour that impacted negatively on others.

Staff told us that they had completed an induction programme when they first started work at the home. An induction programme welcomed staff to their new roles and provided them with support so that they were aware of what was expected of them. They also worked alongside other experienced members of staff so that they learnt safe procedures and practices. Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. We noted from staff records that they had received formal supervisions and annual appraisals where they discussed their work and identified other training or support they required for their roles. We looked at the staff training chart and noted that the majority of staff had completed the relevant training, and updates for others had been planned to refresh their knowledge. Some staff had completed the Qualifications and Credit Framework (QCF) in Health and Social Care.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. Staff were able to demonstrate that they understood the requirements of the MCA and Deprivation of Liberty Safeguards (DoLS).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act. Applications for the deprivation of liberty safeguards for people had been made in relation to them leaving the home on their own. The service was waiting for the assessment and authorisation from the local authority supervisory board.

Staff told us that they always asked people how they would like to be supported with their personal care. Some people were able to attend to their own personal care. Where people required help, they would let the staff know. For example, one person said, “I ask staff how to help me when I need my inhaler. That helps me with my breathing.” People said that they talked to their relatives or friends and staff if there were any decisions to be made about their health and wellbeing. We noted from the care records that people had signed to indicate that they had given their consent in relation to the care and support they received including their medicines.

People said that they food was good and that they enjoyed the meals provided for them. One person commented, “You make yourself as many drinks as you want and help yourself to breakfast and make your own sandwiches for lunch.” Another person said, “You do get choices and you can have other things if you do not like what is on the menu.” Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight monitored. The manager said that if they had any concerns about an individual’s weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to other health care professionals. One person said “I went to the dentist today and I had one filling done.” People had a whole life review regularly and some people saw the consultant psychiatrist as part of the reviews where their mental health was discussed and

Is the service effective?

medicines reviewed if required. People said that if they had any concerns about their health, they would talk to their key workers who would make an appointment to see appropriate health care professionals.

Is the service caring?

Our findings

We observed that people were spoken to in a respectful manner and staff treated them with kindness and compassion. The atmosphere in the home was calm and relaxed. People said that the staff were very good, kind and caring. We saw positive and caring relationships had developed between people and staff. One person said, “I am happy. Generally I feel I am well looked after. I have been in care since a very young age. Some places are very rough but this place is very homely. I like living here. Staff really go out of their way to help me.”

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. They said that they had regular meetings with their key workers where they discussed their care needs and other support they needed.

People we spoke with were complementary about the care and support they received. One person said “They are all very caring.” People told us that their privacy and dignity was respected. They said that staff always made sure people’s privacy was maintained by closing doors and curtains, and covered people appropriately to protect their dignity when assisting with any intimate or personal care.

Staff members also said that they supported people in maintaining and promoting their independence by attending to their personal health care needs. We saw staff knocked on people’s door and waited for a response before entering. One person said, “This is like home from home. There is nothing I would change. It is pretty relaxed here. I get the support. There is always someone here if I need any help. Hopefully I will get a place of my own soon.”

People said that they had received information about the service so that they were able to make an informed decision whether the service was the right home for them. They said that they had trial periods before they came to stay at the home. People maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them. People’s relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Staff were also able to tell us how they maintained confidentiality by not discussing people outside of work or with agencies not directly involved in their care. We also saw that the copies of people’s care records were held securely within the office.

Is the service responsive?

Our findings

People had their needs assessed before they came to stay at the home. We noted from their care plans that information obtained following the assessment of their needs had been used to develop the care plan. This meant that staff were aware of the care and support each person required when attending to their needs. Care plans were personalised and detailed and provided information on how people would like to be supported by staff to ensure that their individual needs were met.

Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, one person whose needs had changed due to their behavioural problems and refusing support, the care plan showed how staff should continue to encourage them so that they received appropriate support when meeting their needs.

People said that they maintained contact with their families and friends who were able to visit them at any time except very late when they had to let the staff know. One person said, "I get a visit from my son and his daughter. My sister and her husband also visit me." Another person said, "Sometimes I go for a bus ride. I use my walking trolley when I go to the town centre."

People were supported to follow their interests and participate in social activities. They said that they were able

to access the local community facilities and were involved in the activities of their choosing. One person told us, "I attend the day centre." Another person said, "I go swimming once a week and I enjoy it." We noted that one person worked in a local shop. People had their individual weekly activity programme planned and this included going out for lunch, having their hair cut, attending day centre, sewing and arts and crafts. Two people told us that they had been away on holidays and that they were looking forward to planning for their next summer holiday. Most people were able to go out on their own and they accessed the local community facilities and amenities. As part of their programme for independent living, people were encouraged to participate in the local community activities. The manager said that they encouraged people to be as independent as possible so that they would be able to live on their own in the future.

The provider had a complaints procedure which was available to people. We noted that several people had made a written complaint recently. The provider had spoken to each complainant to reassure them that their concerns were being addressed. People said that they were satisfied that their complaints had been taken seriously and were being dealt with. We looked at the complaints record books that showed there had been seven complaints received in the past year. These were mainly raised by people when their food had gone missing from the fridge. The manager said that they discussed these issues in the meeting with people so that everybody would be aware of the need to respect other people's belongings.

Is the service well-led?

Our findings

The service had a registered manager. People told us that she was approachable. One person said, “I see the manager [name] nearly every day. She is very nice and helpful.” Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. We discussed with the manager how the values of the service were promoted. The manager told us that staff were aware of the values of the organisation and that they discussed these topics with them at their one to one meetings. Staff felt that they were supported by management to promote the values of the home which were very important aspects of their roles. They said that they worked as a team to support people in meeting their needs and that they regularly discussed issues about their work including current practices and the day to day running of the home.

We saw that regular staff meetings were held for them to discuss issues relevant to their roles so that they provided care that met people’s needs safely and effectively. We noted from the minutes of the most recent team meeting that staff had discussed each person’s health and wellbeing. Staff told us that they found the team meeting informative because it related to people, general management of the home and future events.

The manager said, “We like to provide good care and make the service homely.” They said that they listened to people

and acted on any concerns they had. We noted that the service worked closely with other agencies such as the local authority and the Community Mental Health Team to support people and seek advice as required.

As part of the service quality survey the provider sought the views of people about the delivery of service. The feedback from the most recent carried out in September 2015 had been positive. People had stated that they were happy with the service and the staff who supported them in meeting their needs. The manager said that people had access to her on a daily basis, and that any concerns they raised would be dealt with on the day. They said that in most cases the concerns people had raised were regarding their health and wellbeing, in which case appropriate help from other health care professionals had been sought.

The service had a whistleblowing policy which staff were aware of and the contact details were available to inform them of who to report to if they had any issues of concern or poor practice. Staff said that they would use this policy if required because their values were to promote good practices so that people’s needs were met.

The manager had completed a number of quality audits. We saw records of recent audits on infection control and medicines. The audits stated that the systems in place were effective and that there had been no issues identified that needed to be addressed. The manager said that they also carried out other audits to ensure that people lived in a safe and comfortable environment.