

Rushcliffe Care Limited

# Jasmine Court Nursing Home

## Inspection report

Nottingham Road  
Loughborough  
Leicestershire  
LE11 1EU

Tel: 01509265141

Website: [www.rushcliffecare.co.uk](http://www.rushcliffecare.co.uk)

Date of inspection visit:  
30 June 2021

Date of publication:  
11 August 2021

## 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 ●

# Summary of findings

## Overall summary

### About the service

Jasmine Court provides accommodation, nursing and personal care for up to 66 adults with needs relating to dementia, physical disabilities, and mental health. It specialises in the care of people with complex needs. The service is divided into six separate units over three floors. At the time of our inspection visit there were 47 people using the service.

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

The service was well-staffed, and people received prompt, quality care. Relatives said the staff were patient and understood their family members. A relative told us, "[Person] is happy and the staff have been doing an incredible job looking after them during the COVID-19 pandemic."

Staff cared for people safely. They understood people's needs and how to protect them from harm. The premises were cleaned to a high standard and the provider had good infection control systems in place to protect people, visitors and staff.

Some improvements were needed to the way medicines were managed at the service. We have made a recommendation to the provider about this.

The service provided residential and nursing care and people's healthcare needs were met. A relative said, "The two nurses I deal with are both outstanding human beings and whenever I've raised a concern, they've been on to it straight away."

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

Relatives said their family members had improved mentally and physically since coming to the service. A relative told us, "[Person] seems to have come to life since coming from a previous home. The staff are all amazing. I would recommend this home to anyone."

The registered manager led the service with kindness and compassion and knew all the people using the service well. A visiting healthcare professional said, "The management are very knowledgeable and person-centred. They are caring towards residents and families and they're well organised."

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 May 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Jasmine Court Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor, and two experts by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Jasmine Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

### What we did before the inspection

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

### During the inspection

We spent time with people in three of the six units at the service and saw them interact with staff and take part in activities. We spoke with the registered manager, senior home manager, clinical lead, activities co-ordinator, two care workers, and two care team leaders. We also spoke with 14 relatives and a visiting health care professional by telephone.

We reviewed a range of records including people's care records and a sample of medicines records. We also looked at a variety of records relating to the management of the service including audits, policies and procedures, and infection control documentation.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there was a failure to record or report potential abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Safeguarding incidents were identified and reported to the relevant authorities including the local authority and CQC. The service kept detailed records of safeguarding incidents including actions taken and who had been notified about these, including family members.
- Relatives said the service provided safe care and support. A relative said, "[Person] is being safely cared for. I'm happy [person] is looking well and always clean when I visit. The staff have been following good safe practice when we visit."
- Staff were trained in safeguarding and knew how to protect people from harm and report any concerns about people's well-being to the registered manager or another senior member of staff. They understood the service's safeguarding policies and procedures and were aware of the different forms abuse can take.

Assessing risk, safety monitoring and management

At our last inspection people were placed at risk because risk assessments were not always followed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures staff followed to keep people safe. Some relatives said their family member's health had improved since coming to the service due to risk-reducing measures such as regular turning and food and fluid monitoring.
- People had assessments for areas of risk including nutrition, falls, tissue viability, moving and handling, and choking. These were reviewed monthly.
- Staff were trained to identify risk. For example, the clinical lead was trained in the management and prevention of pressure ulcers. The clinical lead said care staff were good at alerting the nurses to any early signs of tissue damage so immediate action could be taken to address this.
- Care records were in paper and electronic form and, to get a full picture of a person's care, they had to be read in conjunction with each other. This was complex and time-consuming and meant it was sometimes

unclear when reviews had taken place. The registered manager said she would address this to ensure the two systems worked more effectively with each other.

- Safety checks were carried out on the environment and the equipment used. Personal emergency evacuation plans were in place and instructed staff on how to safely evacuate people in the event of an emergency.

### Staffing and recruitment

At our last inspection appropriate numbers of staff had not been suitably deployed to meet people's needs in a safe or timely manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The service was well-staffed with care workers, nurses, and support staff. None of the relatives we spoke with expressed any concerns about staffing levels. A relative said, "They seem to have their own staff rather than agency staff which is good."
- The registered manager used a dependency tool to calculate staffing numbers to ensure people's needs were met. The registered manager said the division of the premises into six units caused challenges at times if one or more of the units were underpopulated. When this happened, the registered manager directed staff to work across two units on the same floor to prevent the use of agency staff and ensure people were supported by staff they knew well.
- Relatives said the staff were experienced and skilled and worked as a team. A relative said, "There is a high level of nursing staff at Jasmine Court which we appreciate and the relationships between the staff seems to be good."
- Staff were safely recruited in line with the provider's recruitment policy. Since we last inspected additional checks had been put in place to ensure students working at the service had the right to work in the UK while attending their college courses.

### Using medicines safely

- Some improvements were needed to medicines management. These were put right on the day of our inspection visit or shortly afterwards.
- The medicines storage room temperature had exceeded the recommended maximum on occasions during the recent hot weather. Following our inspection visit air-conditioning was fitted in this room to prevent it overheating.
- Some handwritten prescriptions were illegible in parts. During our inspection visit staff contacted their medicines supplier and arranged for replacement printed prescriptions to be supplied.
- Other areas of improvement were identified including a liquid medicine undated on the day it was opened: three overfilled medicines destruction kits: and a medicine not given until two days after it was due. Improvements were also needed to the way covert medicines and transdermal patches were managed and recorded. The registered manager and clinical said they would promptly address all these issues.

We recommend the service reviews its system of medicines checks and audits to ensure they are comprehensive and effective in identifying shortfalls in medicines management at the service.

- Relatives said medicines were reliably administered. A relative said, "Staff are very particular about medication. [Person] gets their medications regularly and they always contact me straight away if there are any changes."
- There were areas of good practice in medicines management. Reference material on medicines was

available for nurses. Medicines records clearly identified who they belonged to, and there were 'as required' medicines protocols in place. Staff followed the safe rules of administration when giving people their medicines.

#### Preventing and controlling infection

- Robust systems were in place to ensure the premises were clean and hygienic and people, visitors and staff protected from infection, including COVID-19. A relative said, "The cross-infection control has been very good when we've visited, and we've felt safe."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Following several falls at the service, the registered manager worked with the local authority falls team to reduce risk. A specialist in assistive technology visited the service and provided further aids and adaptations to people who needed them.
- The registered manager completed a 'falls safety cross' (a visual data collection tool used to identify areas for improvement), updated care plans and risk assessments, and reviewed staffing levels and the premises. As a result, the number of falls at the service had significantly reduced.

# 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, based on best available evidence

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them coming to the service and assessments formed the basis of people's plans of care. Referrals were made to external professionals as necessary, for example, people were registered with a local GP .
- Care plans were regularly reviewed and updated to ensure they reflected people's changing needs and wishes. Care plans showed people were encouraged to make choices about all aspects of their care.
- Staff supported people to look after their oral health. People's oral health care needs were assessed in line with NICE (National Institute for Health and Care Excellence).

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction which included shadowing experienced staff and receiving online and face to face training. Training in infection control, hand hygiene and the use of personal protective equipment was included so staff could keep people safe during the COVID-19 pandemic.
- Following their induction, staff completed a wide range of ongoing training courses including equality diversity and inclusion, information governance, and person-centred care. Nurses completed further clinical training to keep their skills up to date.
- The service's training matrix showed that a small number of staff had courses that were overdue and needed completing. The registered manager said this would be addressed. One nurse had an overdue medicines competency check. The registered manager arranged for that to be carried out on the evening of our inspection visit.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the meals served and relatives told us staff ensured people had their nutritional needs met. Relatives gave us examples of people (who needed to) gaining weight at the service and enjoying the food. A relative said, "The staff have bent over backwards to give [person] the food they like and they're eating well."
- At lunchtime there were plenty of staff available to support people with their meals. If people needed 1-2-1 assistance staff sat with them and provided this discreetly. Staff checked regularly on people who ate and drank independently to ensure they were managing their meals and to see if they needed anything. Drinks were offered regularly. The food was of good quality and people said they were enjoying it.
- People's nutritional needs were assessed and planned for. If they were at risk of choking or losing weight staff referred them to dietitians and speech and language therapists for specialised support. Where appropriate, staff kept food and fluid charts to monitor people's intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with external healthcare professionals to ensure people's healthcare needs were met. For example, if people were at risk of skin breakdown staff referred them to the tissue viability nurse.
- Records showed staff sought advice, where necessary, from healthcare specialists and acted on advice given. Treatment plans were followed, and people monitored as necessary to ensure their healthcare needs were met promptly and effectively.
- Nurses and care workers at the service had developed good working relationships and respected each other's expertise. The clinical lead said, "The carers know the residents really well; they often know when something is wrong before there are any obvious clinical indicators."

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

- The premises were purpose-built and divided into six units, so people lived in small communities supported by staff they knew well. The signage and decoration were suited to people's needs and made it easier for people to find their way around.
- People's bedrooms were personalised and had identifying features to help people locate them. The service had a spacious passenger lift which made all areas of the premises accessible. There was a large secure courtyard garden at the rear of the premises with seating areas and a visiting pod so people could enjoy the outdoors and meet with family members in safety.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found that they were.

- People's mental capacity was regularly assessed. Assessments were decision-specific and time-specific. This meant the principles of the Act were applied each time a decision was made.
- Staff were trained in MCA and DoLS and understood their responsibilities to protect people from any unauthorised restrictions.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection the staff team did not always have the time to recognise and give people the individual care they needed. At this inspection staffing levels and interactions had improved, and people received appropriate, prompt care.
- Relatives said the staff were exceptionally kind and caring. A relative said, "They've been like another family to us. [Person] is respected, loved and honoured. It's their attitude and approach, how they talk to people and work around their quirks, even when they're having a bad day."
- We saw many examples of staff supporting people with patience, compassion and understanding. They sat with people who needed reassurance, provided hugs to those who wanted them, and were always calm and positive.

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

- People and relatives were involved in people's care and information about advocacy and other types of support was available at the service.
- Staff encouraged people to make choices about all aspects of their lives. For example, at lunchtime showed people different dishes to help them decide what they wanted, and assisted them to choose where to sit. Some people decided to dine alone whereas others preferred to sit in a group and staff accommodated this.
- Some staff were signed up as Dignity Champions meaning they believed passionately that being treated with dignity is a basic human right, not an optional extra. Dignity Champions challenge poor care, act as good role models and educate and inform all those working around them.

Respecting and promoting people's privacy, dignity and independence

- Care plans directed staff to respect and promote people's privacy, dignity and independence when providing personal care. Staff followed these instructions so people had discreet support that did not compromise their independence or undermine their independence and self-respect.
- If a person became distressed staff were immediately at their side, comforting them and listening to them. Where appropriate, staff provided a distraction for them, for example a change of scenery, an activity, or a cup of tea. No-one was left alone in a distressed state.
- Information about people was kept securely in line with the Data Protection Act and staff maintained confidentiality about the people they supported.

# 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 Requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection care plans did not always include the information staff needed to provide personalised care to people. At this inspection care plans had improved and staff had comprehensive information about people's personal histories, individual preferences, interests and aspirations.
- Staff knew people well and were responsive to their needs. A visiting healthcare professional said, "The care is good there; they know their residents and are good at reducing a person's anxieties."
- Staff providing 1-2-1 care wore lanyards advising others they were supporting one specific person. This was explained on posters outside the units, so visitors understood they were not to be interrupted or called away.
- The service's activities co-ordinators worked with people on a one-to-one or group basis depending on their needs. During our inspection visit people took part in a group reminiscence session. Following this an activities co-ordinator did one-to-one sessions with people who preferred these to group activities. A relative said, "They do try and put on things and they do organise singing the old songs which [person] likes."

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.

- Care plans provided detail and guidance for staff to follow when they communicated with people. Staff spoke clearly to people and used touch and sign language to help people understand what they were saying.
- People's care plans included any specific needs they might have in relation to the Equality Act. For example, if a person spoke a first language other than English, staff who also spoke this language spent time supporting them.
- The registered manager had systems in place to help staff communicate with people, for example, pictorial menus and signage to show where bathrooms and toilets were. Information about the service was available in large print or other formats on request.

Improving care quality in response to complaints or concerns

- Relatives said they would have no hesitation in raising concerns if they needed to as managers and staff were approachable and always addressed issues put to them. A relative told us, "I've no concerns; I would speak to the manager or staff if I had any. I feel confident that any concern I raise with the staff will be dealt

with"

- The provider had systems in place to help people, relatives and others complain if they needed to. The registered manager and staff encouraged anyone with a concern to tell them about it so they could, where possible, put it right. People, relatives and others could also use the provider's formal complaints procedure.

End of life care and support

- Where appropriate, people had DNACPR (do not attempt cardiopulmonary resuscitation) forms in place supported by RESPECT (recommended summary plan for emergency care and treatment) documentation showing the clinical rational decisions and who was involved.
- Staff were trained in end of life care and understood the importance of making a person comfortable and pain-free. End of life care plans set out a person's wishes and who should be contacted if their health declined. Medicines were readily available as prescribed by the person's GP.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the systems used to monitor the service were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Regular and robust checks took place to monitor and improve the quality of the service. For example, the provider's compliance lead audited the service on 6 July 2021. The audit was mostly positive with only four improvement actions required. At the time of our inspection three of these were completed and the fourth in progress and due to be finished by the completion date.
- The service had an effective management structure with clear roles and responsibilities and hierarchy in decision making. Shifts was well-organised, and staff clear about their duties and responsibilities. Relationships between managers, care workers and nurses were positive and supportive. Staff worked as a team with a shared the goal of providing high-quality care that enabled people to lead fulfilling lives.
- The registered manager understood the importance and responsibility of their role and fulfilled their regulatory responsibilities including submitting notifications and other information to the CQC. They were supported by the provider and the provider's representatives. The registered manager said, "I can go to the senior managers about anything. They are helpful and approachable."

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

- Relatives said the service was well-managed and their family members received high-quality person-centred care. A relative said, ""The staff have been excellent under the circumstances (COVID-19). They've helped [person] settle with kindness and the care has been excellent."
- Relatives and staff made many positive comments about how well the registered manager led the service. A relative said, "I know the manager; she's very efficient and a good administrator and she's got her eye on everything." Staff said the registered manager worked throughout the COVID-19 pandemic to act as a role model and provide reassurance to people, staff, and relatives.
- Managers and staff understood the importance of creating a culture at the service that was open and inclusive and ensured people's individual needs were met. Systems and training were in place to promote

equality, diversity and human rights at the service, and records showed these issues were addressed in people's care plans.

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

- People and relatives were involved in how the service was run and managers and staff listened to their views and addressed any concerns they might have. A relative said, "Whenever I go in one of the managers or senior staff on shift will come to me to have a chat. They seem to document everything very well and if I have a question or concern I just ring in."
- The provider sent out annual quality assurance surveys and displayed the results on a 'You said ... we did' noticeboard. This showed managers and staff had acted on people's ideas and suggestions. For example, people and relatives had asked for more activities. In response the service produced a weekly activity planner which showed an increase in group and one-to-one activities.
- All the staff we spoke with said the registered manager listened to their views and took them into account when planning the service. A staff member told us the registered manager was, "Very visible and very approachable." Staff meeting minutes showed nurses and care workers had the opportunity to discuss good practice and make suggestions about the running of the service.

Continuous learning and improving care

- The service had a focus on continuous learning and improvement. Audits and staff meeting minutes showed areas where the service could do better were identified and addressed. Managers and staff worked to clear action plans to ensure best practice was followed and regulatory responsibilities met. If shortfalls were identified they were quickly addressed and put right.
- People and relatives were at the heart of learning and improvement at the service. Relatives said it was easy to raise issues with managers and staff. A relative said, "The [registered] manager is very pleasant and easy to talk to and there's always someone available in the office to talk to if you need to."

Working in partnership with others

- The service worked well with external stakeholders including health and social care professionals. A visiting healthcare professional said, "They are one of the better homes in the area in terms of contact with healthcare professionals. Referrals are appropriate and detailed."