

# Complete Care Services Limited

## Jasmine House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service:

Jasmine House provides accommodation, care and support for up to six people with mental health support needs and learning disabilities. There were five people using the service at the time of the inspection.

### People's experience of using this service:

- People were not always protected from the risk of harm, because window restrictors were not in place on the first floor of the building, to ensure the safety of vulnerable people.
- Audits were not always effective. A health and safety check was not properly filled out. It stated that windows had been checked for safety, and were appropriately restricted, when they were not.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Medicines were stored and administered safely.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were trained to support people effectively.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people likes dislikes and preferences.
- People were able to take part in a range of activities and outings.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 30/03/2016)

### Why we inspected

This was a planned inspection based on the rating at the last inspection.

### Enforcement

Please see the bottom of this report for further information on action we have taken.

### Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Jasmine House

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type

Jasmine House is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted local authorities who commissioned services from this provider.

During the inspection process we looked at two people's care records, we spoke with three people and two members of staff. The registered manager was not available on the day of our inspection, although we were able to briefly speak with them on the phone. We also examined records in relation to the management of the service such as quality assurance checks, staff training, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed. Regulations were not being met.

Assessing risk, safety monitoring and management

- The service was not always safe. Windows on the first floor of the building, including people's bedrooms, did not have window restrictors on them. The Health and Safety Executive guidelines for care homes state that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. Whilst the height of the windows did not pose a risk of anybody accidentally falling from them, they opened wide enough for a person to climb up and out. The service supported people with mental health support needs, and had not considered the windows to be a risk to people who could climb out and fall. This meant the premises were not fully safe for vulnerable people to be living in.

This was a breach of Regulation 15(1)(b) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. One person said, "It's lovely here, I have always felt fine and at home."
- Staff understood safeguarding procedures. One staff member said, "We have the contact numbers displayed should we need to contact the safeguarding team." One staff member said, "I have raised a serious safeguarding issue in the past. It was immediately dealt with by the manager, and was raised as a safeguarding alert." The registered manager raised safeguarding alerts appropriately and as required.

Staffing and recruitment

- There were enough staff on shift to safely support people. People we spoke with told us that staffing levels were good, and staff that worked with them were consistent. The staff understood which times required more support, and followed the assessed plan of care. The staff we spoke with told us that staffing levels had been consistent. Some agency staffing use was required to fill shifts, but these agency staff members were regular and consistent to the service.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

Using medicines safely

- People continued to receive their medicines safely. One person told us, "The staff sort all my medicines out. I'm very happy with that arrangement." Medicines were administered by staff that were trained to do so. Medication administration records in use were accurate, and regularly checked for any mistakes.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to

guide staff on when to administer them safely and consistently.

- People had their medicines stored individually within their bedrooms. They were stored securely in locked cabinets.

#### Preventing and controlling infection

- The home was very clean, tidy, and well maintained. All staff said they had the equipment they required to manage the control of infection, such as gloves.
- People told us the home was always cleaned to a good standard, and they were encouraged to clean their own rooms. Staff were trained in infection control procedures.

#### Learning lessons when things go wrong

- The staff we spoke with felt that lessons were learnt when any mistakes or incidents had taken place. One staff member told us that after an incident involving a person's finances, new systems were put in place to reduce the risk of the same issue occurring again. The staff member felt that the improvements and lessons learnt from the process were robust.
- All accidents and incidents were reviewed to ensure that trends were identified, and action was taken appropriately.

# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed to ensure people's needs could be fully met, before they moved into the home. The staff confirmed that the registered manager would conduct pre-assessments which took in to account the needs of the person, as well as compatibility with the other residents using the service.
- Care plans were detailed for each identified need people had, and staff had good knowledge of each person and how to deliver their care and meet their needs.
- Care and support plans were reviewed, which ensured staff continued to meet people's changing needs.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. All staff had undergone induction training when their employment commenced, as well as ongoing training which included medication administration, safeguarding, infection control, moving and handling, nutrition and diet, health and safety, equality and diversity and more. Staff we spoke with thought the training was useful and made them confident within their roles.
- Staff felt able to progress their knowledge and training within care. One staff member said, "I have completed my level three NVQ (National Vocational Qualification) in care. I'm now thinking about a level four."

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

- People were supported to maintain a healthy diet. One person told us, "The food is good, I have all the things that I like."
- People told us they enjoyed the food on offer, and were involved in choosing the menus and options. One staff member said, "We encourage healthy options for all the residents. This includes making sure one person has the right foods for their diabetic diet."
- Staff understood any dietary requirements people had, and care plans explained what people's needs, likes and dislikes were with their diets.

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

- People told us they had the access to healthcare they required, and that staff supported them to appointments as required.
- The staff understood people's healthcare requirements and ensured people got the access to healthcare they needed. The staff we spoke with had an excellent understanding of the individual health conditions that people had, and the support they required to manage them.

- Care plans gave a detailed description of people's needs, and the contact they had with health professionals.

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

- The service was designed in a way that was accessible for people to use. There were several communal areas which we saw were accessed and used by people. This included a communal kitchen, lounge, conservatory, and garden. People we spoke with told us they felt at home at the service.
- People's rooms were decorated and furnished in the way they wanted.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

# 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

Good: ☐ 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

- People we spoke with said they felt well cared for by staff, and were comfortable within the service. One person said, "The staff are all lovely, they are respectful and make me feel at home." We saw one written compliment from a relative of a person using the service which said, 'The staff at Jasmine House are very dedicated, always cheerful, giving [name] constant kindness and support.'
- Our observations during the inspection were that staff treated people with kindness and respect. Staff we spoke with were focussed on promoting each person's independence, and encouraged them to do things for themselves when they could.

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

- People told us they felt involved in making decisions about their care, one person said, "Yes, they always talk to me, and ask me first."
- A keyworker system was in place, which meant that staff took a lead role in making sure a particular person's care records were up to date, and that they and their family members had been involved in their care decisions as much as they were able to be. People we spoke with were positive about this system, and told us they liked having a keyworker staff member.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw staff knock on doors before entering and speak with people discreetly when required.
- People's independence was promoted. People we spoke with told us they felt able to be as independent as they could be, and did not feel restricted by staff in any way.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was personalised to meet individual needs, and people were supported to follow their interests. One person told us about their busy schedule of activity, which included being supported to access gardening and outdoor activities at a day service, as well as things like art and craft sessions within the home itself.
- Staff understood each individual's needs and tailored support towards them. One staff member told us about supporting a person with weight loss. They said, "[Name] had weight loss goals, which was really important due to many other health conditions they have. [Name] has done really well so far. I helped them make a poster to put in their room, displaying the right sort of foods for their diabetic diet."
- Another staff member said, "[Name] really lacked confidence when they first moved here. With the right support, they are now flourishing in to a really confident person."

Improving care quality in response to complaints or concerns

- A complaints system was in place and people knew how to use it. The people we spoke with told us they had not had to make any complaints. Complaints and issues had been recorded, for example, there had been complaints made about the condition of some of the furniture within the home. We saw that these complaints were responded to, and action had been taken to replace furniture.

End of life care and support

- No end of life care was being delivered at the time of inspection. People were able to discuss and end of life plans and preferences and record them in care plans if they wanted to. The staff were aware of the support that would be required for someone should they need end of life care, including contact with relevant health professionals, communication with family members, detailed care planning, and access and management of appropriate medications.

# 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

Requires improvement: ☐ Quality audits and safety checks were inconsistent. Regulations were not met..

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

- Quality audits in place were not always effective. We found a health and safety check which was conducted monthly, that had not been accurately completed. Checks on the physical environment were completed, including the safety of the windows in the service. These checks stated the windows had been checked and were appropriately restricted and safe. This was not the case, as no window restrictors had been fitted at all. No link between the risk of supporting people with a history of self-harming behaviour, and unrestricted windows, had been made.
- People's personal information was not always stored securely. The service had paper trays in the communal kitchen area, containing personal information belonging to people. This included bank statements, and healthcare information and appointments. We raised this with the staff at the service, who moved this information to a locked and secure area.
- Staff were confident in their roles, and felt well supported by the management and team in general.
- Staff told us they were aware of the registered provider's whistle-blowing processes and were able to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns they raised with the registered provider were not being listened to or acted upon appropriately.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a friendly and open culture and staff spoke positively about the leadership at the home and told us the emphasis was on teamwork. A staff member told us, "The registered manager is excellent. She is very supportive, even on a personal level."
- People told us they found the registered manager, and senior staff approachable and easy to talk with. One person said, "Yes, I know who the manager is, she is very nice."
- All required notifications were sent to the CQC, such as safeguarding incidents.

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

- Feedback was sought from people, their relatives, and professionals involved in people's care, about the overall quality of the service and any changes that may be required, and this feedback was reviewed and analysed to make any improvements. This information was available in an accessible format for people to use and understand.
- People we spoke with told us they felt engaged and communicated with by a staff team who treated them as individuals, and understood their needs.

#### Working in partnership with others

- The staff told us they supported people to engage with outside agencies regularly. This included a variety of day service opportunities, as well as health and social care professionals that were involved in people's ongoing care and support.
- The staff also told us they had a good relationship with the local authority, who also conducted quality checks on the service that people were receiving.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Window restrictors were not in place on the first floor of the building, to ensure the safety of vulnerable people.