Care Quality Commission

Downing (Alton) Limited

Jasmine House

Inspection report

4A Geales Crescent, Alton, Hampshire
GU34 2ND
Tel: 01420 82369
Website: www.downingcare.co.uk

Date of inspection visit: 12 November 2014
Date of publication: 17/03/2015

Ratings

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

Overall summary

The inspection of Jasmine House took place on 12 November 2014. Jasmine House is a care home for up to five young adults with a learning disability or autism. There were two people living at the home when we inspected, both of whom required a high level individual support to minimise the risk of them becoming agitated or frustrated.

Jasmine House is located in Alton, Hampshire, close to the town centre. The accommodation is over two floors and bedrooms are ensuite. The home has a lounge and a large kitchen/diner as well as a separate activities room and a sensory room. Plans were in place to install a passenger lift. The enclosed rear garden has a patio area and raised planters for vegetables.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People living at the home were not able to describe in detail their experiences of care, but we observed care and

Summary of findings

spoke with relatives. Their relatives were very complimentary about the quality of care provided at Jasmine House. They praised the management and staff and felt included. We were told, for example, that care was "Absolutely excellent," there was good teamwork amongst the staff and people were "Treated as individuals."

People were kept safe. Staff suitability was checked at recruitment to ensure they were safe to work with people with a learning disability. Risks were identified and managed, with steps taken to keep people safe from harm. The home was staffed with enough care workers to meet people's individual needs and staff received training relevant to their roles. People's medicines were managed to ensure people received them safely.

People were cared for by staff who knew and respected their specific preferences and needs. Staff demonstrated a very caring and friendly manner with people and communicated in ways that people understood and could respond to. They also supported people to maintain relationships with friends and relatives, and arranged their rotas to accommodate the specific needs of people and their families. Care was delivered with warmth and sensitivity. Care was personalised so people chose what they wanted to do or eat and staffing was organised to ensure care was consistent and met people's emotional needs.

Management and staff at the home worked effectively with health and social care professionals and followed their advice when planning people's care. Support was provided to maintain or improve people's health and wellbeing, through regular appointments with health professionals such as GPs and providing care to minimise anxiety and frustration.

Care plans were developed in consultation with people, their families and others important in people's lives. They provided guidance on how people wished to be supported and people were involved in making decisions about their care. Where they had been assessed as lacking capacity to make decisions about their care, the manager followed the requirements of the Mental Capacity Act 2005 (MCA) to ensure decisions were made in the person's best interests. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which is part of the MCA and relates to promoting people's rights to freedom of movement. We found the home was following the correct DoLS procedures.

The home was well led and there was an open and caring culture. The manager made herself available to staff, visitors and people using the service and was actively involved in all aspects of the service. There was a focus on monitoring safety and quality and making improvements to the home to improve people's lives.

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.

Staff protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely, without restricting people's freedom and any incidents were reported and investigated.

There were sufficient staff with the right skills and experience to care for people.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff were trained and supported in their roles and knew how to care for people in the way they liked. They applied guidance provided by health and social care professionals to help people develop their life skills.

People were helped to maintain their health and wellbeing and they saw doctors and other health professional when necessary.

Staff understood the Mental Capacity Act (2005) and the home met the requirements of the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff related well with people and were kind, friendly and supportive. Relatives were highly complementary about the caring attitude of staff. Staff also took the initiative to support people to see their relatives when it would otherwise have been difficult for families to meet up. Staff organised their shifts to fit in with people's preferences for particular staff.

People were involved in making decisions about their care and staff helped promote their independence. People's privacy and dignity were respected and staff supported people to develop skills at an appropriate and sensitive pace.

Outstanding

Is the service responsive?
The service was responsive.

People's individual needs and preferences were assessed and care was provided in line with their support plans. Care was personalised so people spent their time doing the things they enjoyed.

Staff understood people's preferences and what made them agitated and responded appropriately to minimise people's anxiety. People, and their relatives or advocates talked with staff about their care and questions or concerns were addressed promptly.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was visible leadership within the home, and the manager involved people and staff in developing the service.

There was a philosophy of care whereby the person came first and staff liked working with this approach. There was good morale among the staff. Staff said they felt supported because they were listened to and were encouraged to gain additional skills and qualifications.

Systems were in place to monitor the quality of the service and implement improvements.

Jasmine House

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 unannounced inspection took place on 12 November 2014 and was carried out by the lead inspector for the home.

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. We used this information to help us decide what areas to focus on during our inspection. We also reviewed other information we held about the home, for example any events the provider had notified us of or any concerns raised about the service. We also spoke to four health and social care professionals who visit the home regularly before the inspection.

During our inspection we observed how the staff interacted with the two people using the service. We looked at how people were supported during their lunch and daily activities. We spoke with the registered manager and five members of care staff. We reviewed people's care records, staff training records and recruitment files for three staff and records relating to the management of the home. These included maintenance reports, audits and policies. After our visit we spoke with people's relatives to obtain their reviews on the quality of care.

The last inspection of this service was in April 2013 and no concerns were found.

Good

Is the service safe?

Our findings

There was an emphasis on providing safe care at Jasmine House and people were supported to live their lives how they wished in ways that maintained their safety.

People were not able to describe their care, but we observed their interactions with staff and spoke with relatives. The relatives said the staff did everything they could to manage the risks to people and the registered manager maintained a safe staffing level. One relative said "I have never visited to find there were not enough staff. They are always able to provide one-to-one care". Another comment was, "[My relative] is safe, [their] care is absolutely excellent". We were also told that staff discussed potential risks with relatives and explained the actions they took to keep people safe. A relative outlined how the staff had prompted a review of one person's medication, to ensure they received medicines in a form that they could take safely. Our observations of care showed there was careful attention to keep people safe by minimising opportunities for people to become anxious or frustrated. This was done by anticipating what events could cause upset and taking steps to remove the trigger or by assisting the person to maintain their routine.

The staff took action to minimise the risks of avoidable harm. Staff understood the importance of keeping people safe, including from abuse and harassment, and they could describe what was meant by abuse. They received regular training in recognising and reporting abuse and there were local policies and protocols on reporting abuse. There were posters on display to remind staff how to report suspicions of abuse and staff told us they would be prepared to raise concerns if they had any. There were robust arrangements for managing people's monies. Health and social care professionals confirmed that any allegations of abuse were handled professionally, to ensure people's safety. There was also guidance on display for people in the home to describe how to seek help if they were worried or felt unsafe. This was also a topic for discussion when they had meetings with their keyworkers. A keyworker is a member of staff allocated to take a lead in coordinating someone's care.

Risk managements procedures were in place to minimise people experiencing harm in the home or in the community. Risks were considered effectively to balance people's freedom so they were cared for with the minimum of restrictions. Risk assessments were in place for people using activities safely in the community. Staff reported incidents in detail and the reports were reviewed so that changes were made to people's care if appropriate to keep them safe. The manager had reorganised the staffing rotas in response to incidents, to minimise the risks of people causing harm to themselves or others. As a result, the frequency of incidents had reduced.

The provider had taken steps to prepare for emergencies, both those associated with the running of the home and those relating to the health and wellbeing of people. There was an up to date business continuity and emergency response plan, covering evacuation procedures. This included important contact details and checklists. The fire risk assessment had been reviewed in 2014, fire alarms were tested at different times each week and people practiced fire drills. There was signage to show where fire alarms were located, written in a style that people could recognise. The manager had positioned emergency 'grab bags' near the front door, containing up to date information sheets, as well as items that could be needed in an emergency. In addition, there were documents prepared to give to emergency service or hospital staff describing people's specific health and care needs. This showed that risks to people's safety would be minimised in emergency situations.

The home and equipment was maintained to a safe standard for people and for staff. The maintenance staff carried out day-to-day repairs and staff said these were attended to promptly. There were contracts for the servicing of utilities and we saw that equipment was assessed before it was commissioned for use. During the inspection, a health professional visited to check that an electric wheelchair was suitable for a person at the home and that staff were competent in using it. The manager required this to be completed before the wheelchair was allowed to be used.

There were enough staff on duty and staffing levels were based on the needs of people living at the home. Staff said the management was committed to providing a safe staffing level, which they appreciated, as they said it kept everyone safe. This was confirmed by health and social care professionals who said that regular routines could be maintained due to safe, consistent staffing levels.

Recruitment procedures included checks on staff suitability, skills and experience. These included checks on

Good

Is the service safe?

whether people had criminal records or were barred from working with children or vulnerable adults. Applicants were interviewed and met people at the home before the registered manager decided whether they would offer them a role. This meant people were cared for by staff who had demonstrated their suitability for the role.

The manager had established a safe procedure for managing medicines, including medicines controlled under the Misuse of Drugs legislation. People's medicines were stored safely, in locked cupboards with secure key management. They were kept at the right temperature and any in boxes were labelled correctly with people's names and the date of opening. Most medicines were supplied in a medicine dispensing system which made them easier for staff to administer. Staff recorded when people had their medicines on the medicines recording reports. There were policies and procedures for medicines management and only staff assessed as competent were allowed to administer medication. There was guidance in place for when to administer drugs, such as pain killers, needed only 'as required'. The manager had ensured that people's mental capacity to manage their medication had been completed, and staff explained how they assisted people with their medication to keep them safe.

Good

Is the service effective?

Our findings

From speaking with relatives of people living at the home, and observing practice, people experienced care from skilled and experienced staff. Staff ensured people were supported with their health and wellbeing and followed guidance from health and social care professionals.

Relatives told us staff worked well with health professionals and "Took on board their suggestions and guidance." They told us that people's health was reviewed with GPs, podiatrists and learning disability specialists and that staff "Went the extra mile" to ensure people were well and happy. Relatives said they had been involved in mental capacity assessments and that staff consistently sought their views on how best to care for people. We were also told that people were assisted to develop a healthy diet, whilst respecting their wishes and preferences for snacks and treats.

Relatives and health and social care professionals were positive about the skills and knowledge of the staff at Jasmine House. Notes from keyworker meetings showed people liked the staff and were happy with the support they received. We saw that staff communicated clearly and effectively with people and used agreed strategies to keep people happy and safe. For example, they used short sentences or pictures as prompts and had strategies for introducing new activities.

People were cared for by staff who were trained to provide safe and appropriate care. Staff completed essential training for their roles, including training in how to minimise the risk of people's behaviours escalating and causing harm. Training was monitored and staff were prompted to keep their competency levels up to date through a mix of on-line and face to face learning. We observed that staff communicated with people in a way they understood and anticipated the support they needed and preferred. Specialists from the Learning Disability Trust provided guidance on how to support people whose behaviour could be challenging and staff said this had been useful. They had provided suggestions for different ways of providing support and care. Further training was booked for staff to extend their knowledge of people's specific conditions and how best to provide care. New staff completed an induction period which included training required for safe care and familiarisation with the home's aims, objective, policies and procedures. This meant staff training was tailored to support the needs of people living at the home.

Staff said they felt supported in their roles and had regular supervisions and appraisals. Staff described how they worked well as a team to keep each other updated on people's emotional wellbeing and health, and this helped maintain a calm environment. Staff supervisions followed a set agenda and enabled staff to share their experiences, make suggestions and review their progress. Training needs and development opportunities were discussed and staff said this helped them tailor care for people.

People's ability to make decisions about their life at Jasmine House was assessed in line with the principles of the Mental Capacity Act 2005 (MCA). Procedures were in place to complete mental capacity assessments, following the Hampshire County Council's guidance and involving family members, health or social care professionals and advocates as appropriate. Staff understood that decisions made for people who lacked capacity must be made in their best interests, and outlined examples of how they supported people to choose their clothes and carry out personal care. They also explained how they assisted people in making decisions. For example if people did not wish to take their medication, staff said they would offer it again later, and involve different staff. We saw a range of examples of mental capacity assessments that had been carried out, for example in relation to medical tests, medicine administration and resuscitation. Staff received training in the MCA and could explain that the legislation meant people should be supported to have freedom and choice. A healthcare professional commented that care was provided in the least restrictive way and the manager was proactive in establishing effective strategies to support people's independence and wellbeing.

The manager had completed Deprivation of Liberty Safeguards (DoLS) applications for people living at the home. One had been authorised and the other was waiting for the authority's decision. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. Care practices were in place which supported people's rights to freedom.

Staff understood people's dietary preferences and goals and they supported people to have a suitable diet. For

Good

Is the service effective?

example, staff gradually introduced new foods, such as vegetables, to encourage people to enjoy a more balanced and varied diet. People were involved in choosing their meals and independence at mealtimes was encouraged. We observed that people assisted with meals, chose where they ate and helped clear away. The meals were hot, appetising and people appeared to enjoy them. Records showed that people's weight was monitored and strategies were in place to help manage people's weight without being restrictive.

People were supported to maintain their health, and each person had a health action plan. These included information about their medical history, health needs and the care and treatment they required. Healthcare professionals told us they were contacted promptly for advice and staff followed guidance consistently. People had regular appointments with dentists, opticians, chiropodists and GPs for health reviews, and staff took pride in describing how they helped people maintain good overall health. One person received speech and language therapy and their verbal communication skills and confidence had increased since they had moved to Jasmine House. Where professional advice was considered by staff to be not in the best interest of the person, there was further discussion to agree the most appropriate approach.

Outstanding ☆

Is the service caring?

Our findings

Relatives were positive about the caring attitude of staff. We heard comments such as "They can't do enough for my [relative]," "[They] are as well cared for as I could provide at home," and "It is without doubt caring; with real warmth." They were pleased that people living at the home looked well cared for, and that staff communicated in a way people could understand. One relative said, "It's absolutely excellent care, I couldn't ask for more."

Staff at the service supported people to maintain good family relationships. Family members told us of the support they had received when they had suffered an accident and could not travel to the home to visit. The manager had arranged for their relative living at Jasmine House to visit them twice a week instead. This kindness was volunteered and the family were extremely grateful, saying the provider had gone "Over and above what they were obliged to do." They said they felt the service provided was outstanding in the way it cared for people. We were also told how the staff had rearranged their rotas, to enable a staff member to accompany one person to their family's home for Christmas Day. This was accommodated at short notice to help the family enjoy a relaxing day.

We saw staff talked in a friendly and relaxed way with people, and there was calm environment. This had been created by careful planning of people's activities and organising staffing rotas to suit people's needs and preferences. The manager explained that staff shifts were arranged to enable people to be cared for by their preferred care staff as much as possible. Staff respected this approach and said they liked the working arrangements and wanted to create a homely environment for people.

Staff understood people's care preferences and respected them. There were plenty of symbols on display for staff to refer to when they needed, and staff communicated well with people. They understood what people wanted and recognised how best to respond to their needs and wishes.

Staff explained how they recognised when people wanted to be left alone, or did not like something, and how they responded. We saw their support strategies meant people were helped to stay calm and relaxed. Health and social care professionals also commented that staff developed good relationships with people and involved family members when planning their care. One said the provider went over and above the care detailed in the contract.

People were asked for views about their care by staff and had regular meetings with their keyworkers. People were encouraged to try new activities, and if people liked them they were built into people's routines. Relatives were fully involved in people's care and helped inform people's care plans by sharing what they knew people liked and disliked and how they liked to live their lives. One person had moved into Jasmine House very gradually, over a long period, as it was agreed between the family and the provider that this would be the best approach to enable them to feel at home. Advocacy services were also used where appropriate, to help people with making decisions.

People were cared for with dignity and respect. Their independence was supported and they made the house their home. People had their own rooms and bathrooms and staff gave us examples of how they ensured people's privacy was respected when they assisted with personal care. A healthcare professional commented that staff were respectful towards people and conversations of a confidential nature were always held in private.

The manager explained they worked hard to build up people's trust in the staff, and did this slowly and sensitively to help people gain their confidence in new situations. They offered people opportunities to try new activities, and gave them practical support in tasks associated with everyday life. One person was wearing eye-catching shoes, and we were told the staff had taken them to many shops to find this pair, which was the person's choice. They were soft, safe, colourful and comfortable.

Good

Is the service responsive?

Our findings

Relatives said people were treated as individuals and their care was reviewed regularly. Comments from relatives included, “It’s as good as it gets here,” “There are lots of review meetings when needed,” “They manage any challenges well and I am kept informed of events promptly” and “They are definitely encouraging independence.” Relatives did not have any complaints and said if they had any concerns the manager worked hard to resolve them.

Care records were up to date and were updated following discussions with the family and health and social care professionals. These included risk assessments and care plans, which were personalised and described in detail how people liked to live their lives. They included ‘my life so far’, with family histories and details about people’s lives before they moved to Jasmine House. People’s care plans described the staffing numbers required to provide support and goals people would like help in achieving. These plans were formally reviewed with people if they wished, their family and professionals involved in supporting their care.

People were supported to follow their own interests and they had individual activity plans and daily routines that were meaningful and enjoyable for them. People took part in a range of activities outside the home, including swimming, walking, shopping and socialising, depending on their own preferences. Their care records showed they were given opportunities to try new activities and these were reviewed after the event to find out if people wanted to continue with them.

Records of daily care included information about people’s choices and how different activities made them feel. Staff maintained behaviour records, and had used these to identify triggers for different behaviours which had helped in the development of effective support plans. Care plans were followed consistently, and there were times during our inspection when staff had to act in accordance with guidance to minimise the risk of people becoming agitated or distressed. Staff told us these had been refined and updated as they had learnt more about people’s specific needs and responses whilst living at Jasmine House. Healthcare professionals, who had been involved in developing these support plans, said they were confident that care was provided in line with the agreed guidance.

People’s health plans were up to date, and reflected their specific needs. Staff were prompt to raise issues about people’s health and people were referred to health professionals when needed. Specific guidance about supporting people’s health was documented, such as body maps for injuries.

The manager took account of suggestions for improving people’s care, from people during key worker meetings and from staff, family members and behaviour specialists. There had been no written complaints. Relatives told us that if they had any concerns the registered manager took them seriously and issues were resolved. People using the service and relatives had been asked for their views using a standard questionnaire. The questionnaire was presented in way people could answer for themselves. It asked them to comment on their overall view of the home, and its safety, cleanliness as well as staff attitude and care. People were also asked if they knew how to complain if they wanted to, and the responses showed they did.

Good

Is the service well-led?

Our findings

Relatives told us the service was well led. They said the service was "The best it's ever been," and we were told this was because there was a good team of staff, with good morale. One said the manager was open to new ideas and keen to develop skills to improve people's care and welfare. We heard comments such as "The manager is very approachable" and "Outstanding care, good teamwork." Health and social care professionals were also complimentary, saying that meetings held at Jasmine House were cooperative and constructive, and staff were well prepared with relevant paperwork.

The home's philosophy of care placed an emphasis on people learning new skills and developing social interpersonal skills. The statement of purpose included a commitment to providing a user-led service based on trust, choice and respect. The 'service user guide' stated 'personalisation is our priority'. These values were put into practice and there was an open culture at the home which placed the needs of people at the centre of the organisation. The home's values were made clear to staff from recruitment onwards, and the manager had an effective, 'hands on' leadership style, putting people first, which staff liked.

Staff enjoyed their work and felt supported by the manager, with access to training, supervisions and professional development. They were encouraged to gain further qualifications and extend their knowledge in supporting people with different behaviours and developing their communication skills. Staff felt involved in improving people's care, and contributed ideas and learning in developing people's care arrangements. One staff member said the manager was very good at supporting staff. The manager had professional development plans in place for herself and for staff, to develop and grow the skills of the team and to enhance the personalised care for people. One staff member was also taking leadership courses to enable them to develop their career and support the manager.

The provider was committed to providing a high quality of care for people, respecting their human rights to make the service their home. Plans were in place to alter the accommodation to support people's specific needs and to enable them to continue living safely and happily at the home.

The approach to quality assurance was robust, with systems for regularly checking that people were cared for safely. The manager had set up a range of monitoring procedures. These included checks on people's money, medicines and records. Incidents were reviewed and used to improve care and safety checks were carried out on staff, the premises and equipment. People using the service and relatives were asked for their feedback on the quality of the home, and their opinions and suggestions were taken forward. There was a monthly internal audit of finances, cleaning and food safety and there was evidence of action taken in response to findings from audits. For example, minor improvements had been made to the management of medicines as a result of learning from audits.

Staff understood the importance of maintaining accurate records and they said they had been trained in how to create daily records. Records were stored securely but were accessible.

There was a consistent approach to care, developed through effective communication between staff at handover meetings, monthly staff meetings and from the use of a communication book. Staff said they were told of the outcome of meetings with external organisations which meant they learnt how to improve the care they provided.