

Chorley Lodge Limited

# Jasmine Court

## Inspection report

Botany Brow  
Chorley  
Lancashire  
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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 ●

# Summary of findings

## Overall summary

### About the service

Jasmine Court provides residential care to up to 66 adults over the age of 65 some of whom are living with dementia. The home is purpose built with accommodation over three floors. People living with dementia are mainly on the top two floors. At the time of inspection there were 51 people living in the home.

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

People and their relatives told us they felt safe in the home and were protected from avoidable harm. Staff understood how to recognise abuse and avoidable harm and were confident to raise concerns. People were further protected by an improved analysis system of incidents which minimised the risks of reoccurrence.

People were confident staff knew how to support them and understood their needs. Not all care plans were as detailed as others, this was being addressed by the management team together with support from the local authority. There was no evidence care needs had been missed. Staff felt they had the right amount of support and training in order to support people.

People told us staff were kind and caring. Staff understood the importance of dignity and respect and ensured people felt comfortable with their support. Some people experienced significant distress at times, due to living with dementia. Staff were skilled in recognising how to interact and reassure people.

People's needs were reviewed and updated regularly. Referrals were made to other professionals when required and their advice and guidance was included in care plans. People felt able to raise their concerns and were confident they would be responded to.

The service was well managed, staff had clearly defined roles and responsibilities. Regular checks ensured care was provided as required. People and their relatives reported feeling confident the service was well run. People felt able to express their views and give feedback about their experiences.

### Rating at the last inspection

The last rating for this service was requires improvement (published 18 October 2018), with breaches in relation to the management of risks to receiving care, good governance and failure to meet the conditions of their registration. We also made a recommendation in respect of mental capacity assessments. Since this rating was awarded the home has changed its name and the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 home 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 home was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The home 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

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### The inspection team

The inspection was completed by two inspectors and one Expert by Experience. 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 providing residential care for people over 65 some of whom are living with dementia. The home can accommodate up to 66 people, at the time of inspection there were 51 people living in the 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 who was in the process of applying to register with CQC. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make

#### Notice of inspection

The first day of the inspection was unannounced and the second day was agreed with the provider.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who live in the home and six of their visitors. We met with the manager, deputy manager, a team leader, six care staff and two visiting health professionals. We reviewed the services policies and procedures and records relating to the care and support people received. We reviewed recruitment records and governance records. We toured the building and reviewed the maintenance and environmental risk assessments.

# 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 requires improvement. At this inspection the service had improved and is now rated as good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- At our last inspection we found risks had not been managed robustly and found the provider was in breach of the regulations. At this inspection sufficient improvement had been made and the provider was no longer in breach of the regulations.
- The provider assessed the risks people needed support to manage; and ensured there were clear person-centred management plans in place to minimise the impact of the risks people faced. These included, nutrition, hydration, choking, mobility and skin viability. There was an improved system for monitoring risks which were reviewed and evaluated regularly.
- The provider had a system for maintaining the premises and equipment, which helped to ensure the environment was safe. Fire risk assessment and safety documentation was up to date. The maintenance person followed clear routines and responded to any maintenance issues raised in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse and avoidable harm. People told us they felt safe as a result of the care they received. Comments included; 'I feel safe here.'" and 'I couldn't ask for better care.'
- Staff understood how to recognise signs of abuse and felt confident their concerns would be responded to. Information about how to contact the local safeguarding team was displayed in public areas of the home.
- The provider kept a safeguarding log where concerns were recorded and responded to. Outcomes were recorded and, where necessary, changes had been made to care practices to improve safety.

### Staffing and recruitment

- The provider had robust recruitment procedures, which they continued to follow. Staff had been recruited safely with all necessary checks being completed prior to them starting employment.
- The provider had a system to calculate the level of staffing required based on people's needs. We received mixed reports about staffing. Some people and their relatives were concerned about the number of agency staff at weekends. Some staff felt a reliance on agency staff affected the quality of support they provided. We discussed this with the manager who advised they were actively recruiting and addressing attendance to achieve a more stable staff team.
- Staff we spoke with said they felt they had enough time to support people safely. We observed people received support in a timely way and call bells were answered in a reasonable time. A person told us, 'Someone always comes when I call; very nice.'

### Using medicines safely

- The provider continued to manage medicines safely. People felt they had the right support. One person said, 'My tablets are taken care of for me.'
- Staff mainly gave people their medicines as prescribed, however we found some conflicting information about one person's medicine, which had been ceased by the GP but had accidentally been given for two days. No harm had occurred, and the provider remedied this straight away.
- The provider checked staff competencies to administer medicines on a regular basis, any concerns identified had been addressed directly.

#### Preventing and controlling infection

- The provider had clear infection control procedures in place. Staff were observed using gloves and aprons when supporting people with personal care. Hand cleaning facilities were available throughout the communal areas and bathrooms. Wet wipes were available to help people maintain hand hygiene in the dining room.
- There were housekeeping staff in post who followed good routines. The home appeared clean and tidy. We noted some malodour on the top floor of the home, which was addressed during the inspection.

#### Learning lessons when things go wrong

- At the previous inspection we found the service had not always analysed incidents and events in ways which allowed them to learn lessons and avoid repetition. This meant avoidable harm may not always have been mitigated. At this inspection we noted there had been improvements in the providers systems which made it more likely that lessons could be learned from incidents.
- All incidents had been reviewed weekly and a monthly analysis completed, which prompted an action plan. We reviewed the most recent analysis and saw the manager had identified a peak risk time for falls and advised staff to be more vigilant at these times. Staff had signed to show they had read and understood this guidance.



# 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, and people's feedback confirmed this.

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

- The provider ensured people's needs had been assessed holistically with input from other professionals and families. Care plans reflected people's needs and the support they needed to meet them.
- Staff understood how to access information in care plans. Daily handover meetings and documentation ensured staff knew what people needed each day. Single page profiles helped agency staff understand a person's needs quickly.
- People felt staff understood their needs. Comments included, 'I couldn't ask for better care', and, 'This is my home and I am treated well.'

Staff support: induction, training, skills and experience

- The provider had a training schedule which included both on line and face to face training. Staff had received training pertinent to their roles.
- Staff received regular supervision. Supervision is a one to one meeting between a member of staff and a senior to look at areas of development and achievements. Records reviewed showed practice issues had been regularly discussed.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- We received positive comments about the food; including, 'Food is good with plenty of choice.' and 'The food my (name) is given is of a high standard.'" and "'I do enjoy my food but I have a special diet which the home gives me.'
- The provider ensured people's nutrition and hydration needs had been assessed and plans developed to ensure people had enough to eat and drink. There was an improved system in place which identified people who were at risk of poor intake and ensured they had the necessary support.
- The provider worked with health professionals, including speech and language therapy services to ensure people who needed a modified diet received this. We checked the food provided and found people received food and drink at the correct consistency.
- Staff demonstrated a good understanding of people's nutritional needs and kept clear records of people's intake. Any concerns had been raised regularly and referrals made to the dietician.
- We observed meal times on four occasions and saw people received appropriate support to eat and drink. Where people had not fancied what was available an alternative was provided.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs had been assessed, some records had more detail than others. We discussed this with the manager who agreed some care plans were still being updated.
- A visiting health care professional told us the staff always referred people to them in a timely way and followed their guidance.
- Staff had received training about the key long term health conditions people needed support to manage; including, diabetes and dementia.
- The provider ensured people had regular health screening. We saw records from opticians, podiatrists, dentists and other community-based health staff.

#### 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.

- The provider was working within the principles of the MCA. Capacity assessments had been completed and best interest decisions recorded when required. Some of the capacity assessments would have benefitted from more detail. We discussed this with the manager who was in the process of addressing this.
- The provider had applied to the local authority for DoLS authorisations. At this inspection only two people had DoLS in place. The provider had a system for chasing up outstanding applications.
- Staff had a good understanding of consent and were observed to ask people before providing care and support.

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

- Jasmine court is purpose built and spacious. There were a variety of communal areas available for people to access. The home was decorated to a good standard and ongoing refurbishments were taking place.
- People's bedrooms reflected their personal style and taste. Some people had pictures on their doors to help them to find their rooms.

# 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 good. At this inspection this key question has remained the same. 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

- People felt they were well treated by kind and caring staff; comments included, 'I am struggling to settle but staff are really helping me.' and 'We couldn't ask for better care for mum.' and 'This is not my home but the staff could not be nicer. They are always asking me if I am alright and if there is anything I want. I am well cared for.' and 'I love these girls. They are kind and caring and look after me.'
- People appeared to be well cared for, a relative commented, 'I call in at all different times, she always looks well dressed with freshly done hair and a little bit of jewellery on.'
- The provider ensured people's equality needs had been recorded in their care plans. Staff understood who had protected characteristics as defined in the Equality Act. People were supported to celebrate religious festivals and religious leaders visited the home to provide support.

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

- The provider had assessed people's communication needs and developed communication strategies which were understood by staff. We saw staff interacted politely and kindly throughout the inspection. Staff were gentle and offered reassurance regularly.
- Staff ensured people had access to opticians and hearing assessments to maximise their communication.
- We saw staff interacted with people and encouraged social conversation. Staff were able to describe how they ensured they understood what people wanted and how they offered people choice and control of their lives.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people's privacy was protected. People's information was stored securely and shared only when needed with appropriate people. Staff understood the importance of discretion when offering support with personal care and approached people appropriately.
- The provider recognised the needs of people who may experience distress. People's care plans clearly identified what might cause a person to experience distress and how staff should respond to them.
- Staff promoted people's independence by supporting them to maintain their skills. Care plans included information about what people could do for themselves.

# 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 had 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

- The provider ensured people received person centred care which reflected their needs. Care plans included details of what was important to the person and how they preferred to be supported. Some care plans were more detailed than others. We discussed this with the registered manager who acknowledged some plans still needed to be reviewed and a plan was in place to achieve this.
- The provider ensured care plans had been reviewed and updated regularly to reflect any changes to people's needs and preferences. Where required, referrals had been made to other professionals, including district nurses, speech and language therapy and falls clinics. Care plans included updated advice and guidance from other professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recorded details of people's experiences, hobbies and interests and considered these when planning activities within the home. We received mixed views about the activities provided. Comments included, 'I like that (name) is encouraged to take part in activities. Without the staff stimulating her I think (name) would just do nothing.' and '(name) could do with a bit more stimulation; (name) can't always join in with others.'
- The provider included information about people's important relationships in their care records. Staff knew who to contact and the support people needed to maintain social ties.
- People's visitors were free to come and go at any time. Visitors told us they were made to feel welcome. Comments included, 'I am here all the time, I am always made welcome.' and 'As a family we are always offered drinks and a meal if we wanted one.'

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.

- The provider had met this standard. Information was available for people in a variety of formats including large print, easy read and pictorial guides.
- The provider had completed communication assessments to identify how people preferred to be communicated with.

#### Improving care quality in response to complaints and concerns

- The provider had a complaints procedure and had logged any complaints and concerns. These had been responded to and the outcome was recorded.
- The provider ensured people were aware how to raise their concerns, information had been provided in the service user guide and was displayed throughout the home. A relative told us, 'We haven't had a problem yet, but I know where to complain and I am sure it will be dealt with.'
- The provider had responded to some concerns about the food which was reported to have improved recently.

#### End of life care and support

- Staff had supported people to consider their wishes in relation to end of life care and support. Preferences had been recorded in care plans. Some care plans did not contain much detail in relation to this. We discussed this with the manager who advised they continued to update care plans.
- The provider could support people in the home at the end of their lives in partnership with community health practitioners.

# 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

- The provider had robust systems to ensure staff were clear about their roles and responsibilities. These included; daily handover, flash meetings and huddles which were spot meetings to discuss and consider any event or incident.
- The provider checked on the quality of the service through a number of audits and governance checks. Area management support completed regular audits of the systems. Action plans had been developed in response to any findings in the auditing processes to address any issues.
- The management team had delegated responsibilities across the senior staff. Regular staff meetings ensured staff were up to date with any changes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were committed to providing good outcomes for people and embedding this in the staff team. The management team worked alongside the staff regularly to achieve this. An on-call system also provided effective support and guidance.
- People spoke positively about the management team and felt improvements had been made. A relative said, "I feel confident with the new owners and managers, they are approachable and responsive."
- The provider ensured people were consulted about their care through regular meetings for both residents and relatives. People were able to express their views and felt confident they would be responded to.

Continuous learning and improving care

- The provider had improved the way they learned lessons and avoided reoccurrence. Accidents and incidents were reviewed weekly, there was a monthly analysis and action plan developed. A recent one showed actions needed by staff in response to changes and good practice, staff had signed to confirm they had read it.
- The provider had identified a peak risk time for falls and had ensured increased vigilance.

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

- The manager understood their responsibility towards duty of candour. Relatives confirmed staff got in touch with them to let them know of any incidents or changes.

- The manager understood their responsibilities to notify appropriate agencies of any incidents, including; CQC, safeguarding and adult social care teams.

#### Working in partnership with others

- The provider continued to work in partnership with other organisations including care forums. Following a recent event, the manager had started to introduce champions in relation to dementia and safeguarding. Champions have increased knowledge about key areas and can be a point of contact for staff.
- The provider had worked closely with the local authority since the last inspection to continue to drive improvement.
- Staff including the two activity coordinators worked alongside local community groups to improve people's access to the wider community. Some people had recently started to have pen pals and a local school choir visited during the inspection.