

Society Of Christ (Great Britain)

# Jasna Gora Residential Care Home

## Inspection report

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Date of inspection visit:  
23 April 2019

Date of publication:  
31 May 2019

## 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: Jasna Gora is a residential care home that provides personal care for up to 12, predominantly Polish people, aged 65 and over; nursing care is not provided. When we visited 12 people were using the service.

People's experience of using this service: People told us they received safe care and were happy living there. There were enough staff to meet people's needs. Medicines were managed safely. Staff followed infection prevention and control guidelines. Safe recruitment procedures were in place.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff training in key areas was up to date.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well. People knew how to make a complaint, although nobody we spoke with had any.

There were effective systems in place to monitor the quality of the care provided. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

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: Good (report published 27 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Jasna Gora Residential Care 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. 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:** This inspection was carried out by two adult social care inspectors who were supported by a Polish interpreter.

**Service and service type:** Jasna Gora 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 on this inspection.

The service had a manager registered with the Care Quality Commission but they were on extended leave at the time of the inspection. The deputy manager was managing the home when we visited. A registered manager 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 which meant the provider did not know we would be visiting.

**What we did:** Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service and Healthwatch to gain their views.

The provider had 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with seven people who used the service and one relative. We spoke with the deputy manager, two senior care assistants, two care assistants and the cook.

We looked at care records for three people, medicine records for six people, recruitment records for three staff and other records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they safe living at Jasna Gora. One person told us, "Yes I feel safe here. All the staff are very good and take care of me." A relative said, "I'm very satisfied with the care."
- Staff had completed training in how to protect people from abuse. Staff understood the need to report any concerns to the management team without delay. There had been no safeguarding concerns since the previous inspection.

Assessing risk, safety monitoring and management

- There were systems in place to assess and monitor risk. However, we identified some small windows on the first floor did not have window restrictors in place. When we mentioned this to the deputy manager they took immediate action to rectify this.
- People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using equipment such as walking aids. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Regular planned and preventative maintenance checks were up to date, such as water temperatures and electrical and gas safety.

Staffing and recruitment

- A thorough recruitment and selection process was in place which included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.
- There were enough staff to meet people's needs quickly and keep them safe.

Using medicines safely

- Medicines were managed safely and stored appropriately. Medicine records we checked had been completed accurately.
- Staff who administered medicines had completed up to date training and their competence was checked regularly.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- The service was clean and decorated to a good standard.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated thoroughly. These were analysed to look for trends, although no trends had been identified.
- The deputy manager had introduced a body map to be completed when safeguarding concerns were raised, which meant staff could monitor any injuries more closely.
- Lessons had been learnt following a choking incident to reduce the risk of this happening again.

# 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.

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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction.
- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff training in key areas was up to date.
- Staff told us, and records confirmed, they had regular supervision meetings to support their development.

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

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People told us they enjoyed their meals, and if there was anything in particular they wanted they only had to ask. There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Kitchen staff we spoke with had a good understanding of people's nutritional needs.

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

- People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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

- The premises provided people with choices about where they spent their time.

- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and spacious, with a homely feel.
- There were visual and tactile items to engage people living with dementia. A sensory box was available which helped reduce people's anxiety. Signage was written in English and Polish.

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. 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.

- No one using the service lacked capacity to make decisions for themselves and no one was subject to DoLS authorisations. The deputy manager told us how capacity assessments would be arranged if they became necessary, with involvement from relatives and external professionals. This was in accordance with the principles of the MCA.
- Staff received training in the MCA, and throughout the inspection we saw them obtaining people's consent before delivering care and support.

# 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.

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 received care from staff who developed positive, caring and compassionate relationships with them. One person told us, "I'm well taken care of."
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke with knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what was important to them.

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

- People were involved in day to day decisions and in regular reviews of their care. People told us they felt listened to.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Care plans recorded if people needed glasses or hearing aids to aid their communication.
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- People's confidentiality was respected and people's care records were kept securely.
- People's independence was encouraged without compromising their safety. People's care plans showed what aspects of personal care people could manage independently and what they needed staff support with.
- People's religious beliefs were known and respected. The service had a chapel on site and the priest celebrated Mass daily. It was clear this was important to most people who lived there and an integral part of their culture.

# Is the service responsive?

## Our findings

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

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 plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to.
- Plans were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on all aspects of the person's wellbeing, including their social, emotional and spiritual needs. Staff knew people's full range of needs well.
- Care records contained information about people's interests. People were supported to take part in a wide range of activities such as reminiscence games, exercises and singalongs. There was a large shed in the garden known as 'the man cave'.
- Staff and animals from a local bird of prey centre had visited the home, which people said they enjoyed very much. People said they were happy with the activities available and enjoyed spending time in the large garden.
- Information about the service was on display in Polish and English and was available in other formats if people needed this.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the deputy manager.
- No one we spoke with had any concerns or complaints.
- Records showed complaints had been dealt with appropriately and promptly.

End of life care and support

- No one using the service was receiving end of life care.
- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Care plans contained details of people's end of life preferences where people had felt able to discuss this sensitive matter. A comprehensive checklist was in place for staff to follow after a person had died.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff had confidence in the management team.
- People and staff said the management team were approachable and they would raise any concerns with them straight away.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- Staff told us they worked as a team to deliver high standards of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The deputy manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was good communication within the staff team, and there were clear lines of responsibility.
- Staff felt respected, valued and supported.
- Staff were required to read policies and procedures, we saw recorded evidence that this had occurred.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The Care Quality Commission (CQC) had been notified of events which the provider was legal obliged to share.

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

- Feedback from people and relatives was sought via a survey. Positive feedback about the quality of care was received.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- The deputy manager positively encouraged feedback and acted on it to continuously improve the service.
- The service had received several thank you cards which contained numerous positive comments from relatives about the service.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

#### Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- When an incident occurred this was investigated thoroughly and lessons learnt where appropriate.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

#### Working in partnership with others

- People benefitted from the partnership working with other professionals, such as GPs, specialist nurses and a range of therapists.