

Mrs Maudlyn Smiley

# Jasmine House Residential Care Home

## Inspection report

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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

This inspection took place on 25 February 2016 and was unannounced. At our last inspection on 27 May 2014, the provider was meeting all the regulations that we assessed.

Jasmine House is registered to provide accommodation and personal care for up to eight adults with mental health needs. At the time of our inspection Jasmine House was providing support to seven people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

There were enough staff, which were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. We saw that care was inclusive and people benefitted from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from opportunities to take part in activities that they enjoyed and what was important to them.

People felt confident to approach staff if they were unhappy or wanted to raise a complaint.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

## 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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who were caring.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their concerns.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives said the registered manager was approachable and responsive to their requests.

Staff felt supported and guided by the management team.

# Jasmine House Residential Care Home

## **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 inspection took place on 25 February 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, 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 contacted social care professionals who purchased the care on behalf of people and health care professionals who supported people living at the home, to ask them for information about the service.

We spoke with five people who lived at Jasmine House, the registered manager and four care staff. We spoke with three relatives of people and one health care professional. We looked at the care records of three people, the medicine management processes and records maintained by the home about recruitment and staff training for two staff. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to check people received a quality service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe and secure living at the home. One person said, "I feel safe here", another person said, "If I was worried I would go straight to the manager." A health care professional told us, "I have no doubts people are kept safe." We saw that people looked relaxed and comfortable in the presence of staff. People told us if they wanted to lock their door they could but chose not to. We saw that staff acted in an appropriate manner to keep people safe. For example, two people required support with a walking frame and staff explained the potential dangers that could pose a risk to people. Staff ensured areas were kept free of obstacles and trip hazards to minimise the risk of people tripping or falling. Another staff member explained, "When people sometimes help us prepare meals or wash up in the kitchen, we always make sure they are aware of the dangers of sharp objects." People's relatives told us that they were confident their family members were safe. One relative told us, "I have absolutely no concerns about [person's name] safety." Another relative said, "I am confident [person's name] is safe here."

Although staff told us they had received training in protecting people from abuse, we saw that some staff training was completed a number of years ago. However, staff were knowledgeable about the different types of potential abuse and how to identify signs of what could be regarded as abuse. One staff member said, "I can't remember when I completed my safeguarding training, but we know people very well here and we would know if there was anything wrong." Staff recognised that changes in people's behaviour or mood could indicate people were unhappy or something was wrong. Another staff member told us, "I would speak with the manager or the police if I was concerned about anything and if I couldn't speak with them I would contact (Care Quality Commission) CQC all the contact details are in the policy." We saw the provider had procedures in place so staff had the information they needed to respond and report concerns about people's safety.

People told us they were involved in reviewing their support needs. Staff were able to explain to us what risks had been identified in relation to the people they supported. We saw that people had risk assessments completed to ensure the provider continued to meet people's individual needs. One staff member explained how the blood sugars for people with diabetes was monitored and recorded for the district nurse. An accurate recording of levels was maintained in a separate book that was reviewed daily by visiting nurses. We saw where there had been high readings, the GP or nursing team had been contacted for guidance. A relative told us, "If it wasn't for the staff recognising [person's name] was seriously ill, I can't begin to think what the outcome could have been, if it wasn't for them, I don't think [person's name] would be here." We saw that people were supported in accordance with their risk management plans and any changes in their support was picked up quickly and reflected in their assessments. The information would assist staff to support people safely and explained what action should be taken.

Everyone we spoke with felt there was sufficient staff to meet people's needs. One person said, "There is always somebody around to ask for help if you need it." Another person told us, "I don't have to wait for staff." A relative said, "I think there's enough staff." The registered manager explained they had permanent staff as well as bank staff who could be asked to cover unplanned absences. This ensured people were supported by staff that knew them well and maintained consistency of care. We saw there was sufficient

staff on duty to assist people with their support needs throughout the day.

The provider had a recruitment policy in place and staff we spoke with told us that they had completed a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. One health care professional told us, "They [provider] must think very carefully about who they employ because they seem to select just the right people for the job." We reviewed the recruitment process that confirmed staff were suitably recruited to safely support the people who lived at the home.

We saw that medicines were stored securely, however, we saw there was no separate storage for medicines that required more secure storage. We discussed this with the registered manager. We explained to the registered manager that before this type of medicine could be stored the provider would need to ensure appropriate secure storage was installed. The registered manager confirmed this would be implemented.

Administration records detailing when people had received their medicines had been completed by staff. People we spoke with told us they had received their medicines as prescribed and were happy with the support they received from staff. We checked daily records of three people and counted the medicine that confirmed people had received their medicine as prescribed. Although we saw there was a small recording error on one record, there was no impact to the person. For medicine that was administered on an 'as required' basis, people were able to tell staff when they were in pain and required pain relief medicine. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.



## Is the service effective?

### Our findings

People, relatives and health care professionals were all complimentary about the staff. We were told they thought staff were skilled, knowledgeable and trained to support people. One person said, "The staff are very good, they show me how to clean my room and do my laundry." Another person told us, "I've been here a long time so the staff know me well, they know what I like and what I don't like." A relative said, "Staff know exactly what to do to support [person's name]." All of the staff spoken with felt they had received the training they needed, in order to do their job effectively.

One staff member said, "I'm about to start the Skills for Care, Care Certificate." The Care Certificate is a set of standards that social care and health workers abide by in their daily working life. It is the new minimum standards that should be covered as part of induction training for new staff. They continued to explain how they shadowed other staff members during their induction and how helpful they found the support. Another staff member told us, "The training is good." We saw that staff had received appropriate training and refresher training was being arranged for staff in safeguarding people and diabetes awareness.

Staff we spoke with told us that they felt supported and that the registered manager was approachable. They said there was an open door policy and they received regular supervision. One staff member said, "The manager is really good, she is always on hand when you need her." Another staff member told us, "If you are really stuck or worried about something you can call her anytime, day or night, she's very approachable." People and relatives felt assured by the registered manager, one person told us, "The manager is always here, I would tell her anything." A relative said, "If there is anything I need to discuss I would have no concerns in contacting the manager." We saw that the registered manager was accessible and available; staff freely approached her for guidance and advice when needed.

Most of the people living at the home were able to make decisions about their care and support. People told us they discussed their care and support with the staff on a regular basis therefore, they were able to agree and have some control over their treatment. However, some of the people who used the service were subjected to some restrictions under the Mental Health Act. For example, some people could be recalled to hospital by the Home Office, if their mental health deteriorated. Therefore, people had to abide to some limitations set for them.

We saw there was one person who may not have had the mental capacity to make an informed choice about some decisions in their lives. We saw staff cared for the person in a way that involved them in making some choices and decisions about their care and support. For example, staff asked the person what they wanted to eat and they pointed to the pictures to let the staff member know what they wanted. We asked the person were they happy living at the home, they smiled and gave us a thumbs up indicating they were happy. A staff member told us, "We use a form of sign language and picture cards to speak with [person's name] they will always tell us what they want to do or what they don't want to do."

Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that the training for some staff had taken place a number of years ago

and required updating. This was being arranged by the provider at the time of our inspection. 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. The application procedures for this in care homes and hospitals are 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 were being met. We saw the provider had recognised that one person could be a potential DoLS and had made enquiries to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected.

People could tell staff what they wanted for their choice of food. The staff used photographs of food to support one person to choose what they wanted to eat. People told us they enjoyed the food, one person said, "We get to try different foods, it's very nice." Another person said, "We get two choices a day, it's good." Another person explained to us how they helped staff with the weekly shopping. Staff spoken with were able to tell us about people's nutritional needs and knew what food people liked and disliked. One staff member told us, "If [person's name] doesn't like what is given to them, they won't eat it and we offer something else, we always give them a choice." Another staff member said, "People tell us what they want and we try to accommodate it as best we can, we try to set a varied menu and encourage people to eat vegetables and fruit." At tea time we saw staff gave people choices of what to eat and people told us they had enjoyed their meal.

We saw that for people who had specific dietary requirements for example diabetes, health care professionals had been involved in supporting people to follow a healthy diet. Staff explained how they encouraged people to eat healthy alternatives and purchased low sugar substitutes. One person told us, "I am happy with the help I get with my food, I have to be careful what I eat, but I do still have some chocolate sometimes (laughing)."

We saw people were well cared for. People and relatives spoken with told us they felt people's health needs were being met. One person told us, "I went to the dentist and had to have a tooth out." A relative said, "Any concerns with [person's name] health and the staff will call the doctor." A health care professional felt the home was 'extremely effective', care needs were met and staff liaised and ensured the care delivery of people was met. Another health care professional said, "I often educate and teach the staff and the service provided is highly effective; multi disciplinary working is visible." Information leaflets were available to people that provided guidance on healthy eating, giving up smoking, diabetes and stroke awareness. One person told us how they were receiving support from the staff and the GP after giving up smoking. They told us, "It's not been easy and sometimes I could really have a cigarette but I know it's for my health." We saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, podiatrist, community nurses, opticians and GP as required, so that their health care needs were met.

# Is the service caring?

## Our findings

On entering Jasmine House we felt the atmosphere was warm and welcoming. One person told us, "I love living here, I am very happy." Another person said, "The staff are very good." A third person told us, "I would give this place 1000%." A relative said, "[Person's name] is very settled here, the staff are excellent, I am very happy they live at Jasmine House." A second relative told us, "Staff always go that extra mile, nothing is too much trouble for them." We saw that staff called people by their preferred names and listened to what people had to say about their day out and other matters that were important to them. Staff were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff been able to care for people in a way that was individual to the person. A staff member said, "I love working here." Another staff member told us, "This is the best place I have worked."

People explained how they were involved in planning their care and support needs. One person said, "The staff always check with me before doing anything." Care plans we looked at were personalised. A health care professional told us when they were assessing people's care and support needs; they found the staff were knowledgeable about people's preferences and medical history. We saw staff had a good understanding of people's needs and showed empathy towards people. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw the provider supported one person to make choices and decisions about their support with the use of pictures, for example what they wanted to eat. People were supported to be as independent as much as possible. People told us they were encouraged to be involved in shopping, helping in the kitchen and completing household tasks. For example, cleaning their rooms, taking out the rubbish and maintaining a tidy garden area. One person told us, "I Hoover my room." Another person said, "It's my turn to do the washing up tonight." A third person told us, "I'm taking all the bins out."

We saw that people were treated with respect and dignity. One person told us, "Staff are always polite and never say anything that is disrespectful." Another person told us, "Staff always knock on my door." Staff knew the people who lived in the home and were able to explain how they ensured people's privacy and dignity. One staff member said, "It's important not to crowd people, they need their space." A health care professional explained when they visited the staff would make sure they could meet with people in private. This safeguarded the person's privacy and ensured there was no breach of confidentiality.

We saw people's privacy was promoted. People confirmed they were free to remain in their rooms and relax when they wanted to. They told us they chose when they got up and went to bed. Staff spoke with people respectfully and personal care was delivered in private. We heard staff addressing people by their preferred names and saw that people were dressed in their own individual styles of clothing that reflected their age and gender.

Everyone we spoke with told us they were able to contact friends and family if and when they wished. One relative told us, "I usually visit unannounced and have always been made to feel welcome."

## Is the service responsive?

### Our findings

All the people who lived in the home were able to make decisions about their care and support needs. People told us they were 'very happy' how their support needs were being met. One person said, "The staff are great, I've no complaints." We saw that staff knew people well and they knew what people liked. One relative told us, "[Person's name] isn't always the easiest person to get on with but the staff are so patient with them, especially when they are unwell." Relatives we spoke with told us they were all involved with their family members care reviews and were in regular contact with the home about their family members support needs. A relative told us, "I can't speak highly enough of the place (Jasmine House) the manager and staff are very responsive to [person's name] care needs, they are all marvellous." A health care professional told us that any instructions they gave to staff was always carried out and if there were any concerns or worries, they would always contact them for guidance and advice.

We saw that all people who lived at the home had their own bedrooms that were personalised and contained items and pictures that were important to the person. Staff supported people to celebrate events and photographs were on display around the home. We could see people were happy in the photographs.

People told us they had regular activities and spoke with staff about what they would like to do. People were supported to structure their week which helped to establish a positive use of their time. For example, a number of people attended a local centre on regular days. Three people told us about their day out and how much they had enjoyed it. People were supported to attend their place of worship. One person told us, "I try to visit the church every week but sometimes I don't feel up to it." Another person told us, "I look forward to the weekend so I can have a rest." A third person said, "I have plenty to do, we go out for birthdays and pub lunches." A relative said, "I think there is enough for people to do here, they go away on day trips, holidays, out for meals." A staff member told us, "We try to make sure people have something to do every day."

People were encouraged to maintain contact with the family members and friends, if they wanted this. One person told us, "My relative comes to visit me when they can but I do get to talk to them on the phone." Another person said, "If I wanted to visit my family I can but they come to visit me."

People, relatives and health care professionals told us they had no complaints about the quality of the service being provided. People told us they knew how and who to complain to if they had any concerns. One person told us, "I have no complaints but if I did they would soon know about it." Another person said, "I'd speak to the manager." Staff explained how they would deal with complaints and were confident the registered manager would resolve them quickly. We saw the provider had a complaints recording system in place to investigate and monitor any complaints. The registered manager explained to us how they would follow the process to reach a satisfactory outcome. We saw there had been no complaints made about the home since the last inspection.

## Is the service well-led?

### Our findings

People, relatives and health care professionals we spoke with felt the home was 'well managed' and the quality of the service was 'excellent'. One person told us, "We all get on with each other like one big happy family," another person told us, "The manager is good, you can go to her if you are upset or worried about something." We saw that staff would speak to the registered manager for direction and guidance. A health care professional told us, "The manager is excellent, she always seems to be here, it is a well-led home, good, clear communication between the management and staff." A staff member said, "I enjoy working here, we get on well and everyone is supportive of each other," another staff member said, "I can honestly say she is the best manager I've worked for." A third staff member told us, "This is a lovely home with lovely people, I am very happy here."

Staff spoken with felt supported and were confident they could approach the registered manager and be listened to. Staff were clear about their responsibilities and all said that the people who used the service were central to the care they provided. Staff told us they had regular supervision and staff meetings where they were kept informed on the development of the service and encouraged to put ideas forward.

We saw the provider gave feedback surveys to people at regular intervals. One person told us, "I have completed surveys." We asked family members if they were given an opportunity to feedback on the quality of the service. They confirmed they had all given feedback to the registered manager. Everyone who lived at the home was capable of raising any issues directly with the staff themselves. We saw there was also a comments book in the home that anyone could access to leave feedback. The registered manager explained they encouraged visiting professionals to leave feedback. We saw evidence to support this, that clarified the provider's processes for analysing feedback and we saw how this was recorded.

There was a registered manager in place who had provided continuity and leadership in Jasmine House. We saw the registered manager had an open door policy. One relative told us, "There isn't anything I would change about the home." Another relative said, "I think the home is well managed, the manager is always happy to speak with me when I ring." A third relative told us, "I can see that [person's name] is very happy at the home." Staff told us they regularly went to see the registered manager and confirmed she would help staff around the home. We saw the registered manager was visible around the home during our inspection.

The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. We saw that accidents and incidents were logged so that learning could take place from incidents. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had a whistleblowing policy and staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager. They confirmed if it became necessary they would also contact Care Quality Commission (CQC), the local authority or the police.

We were told the provider did not hold house meetings with people, the registered manager explained because the home was 'small and friendly' they were always in discussion with people and relatives. The

registered manager also explained how they reviewed daily logs at staff handover to ensure events and activities were recorded in detail. We saw this system allowed staff and the registered manager to identify any changes quickly and amend care plans accordingly.

We saw there was a system of internal audits and checks completed within the home by the registered manager to ensure the safety and quality of service was maintained. For example, regular checks of medicines management and care plans. The registered manager also carried out regular audits from which action plans had been generated and where there was a need for improvement, this had been identified.