

Cambridgeshire County Council

Jasmine House - Ely

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 

Overall summary

Jasmine House - Ely provides personal care to people living in two supported living premises and one person in their own flat. There were ten people using the service when we visited. The inspection took place on 18 December 2015 and was announced.

A registered manager was not in post. 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 2008

and associated Regulations about how the service is run. A manager had been appointed and they were in the process of applying to be registered with the Care Quality Commission.

Staff were knowledgeable about reporting any abuse. There were sufficient numbers of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

Staff had received training regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when

Summary of findings

people do not have capacity and what guidelines must be followed to ensure that peoples freedoms are not restricted. The provider had made a number of DoLS applications to the local authority and was awaiting their completion.

Staff were supported and received training to do their job and to ensure people's care needs were met. The staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated.

People's privacy and dignity were respected and their support was provided in a caring and a patient way.

Care was provided based on people's individual health and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make suggestions in relation to the support and care provided.

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 were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to safely meet people's needs.

People were appropriately supported with their medications.

Good



Is the service effective?

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff were supported and trained to carry out the expected care and support for people.

People's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good



Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and were able to raise concerns and issues with the manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good



Jasmine House - Ely

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 18 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office and looked at five people's care records and we spoke with seven people who were supported by the service. We also spoke with the manager, three relatives, and four care staff. We saw records in relation to people's support, the management of the service, the management of staff, recruitment and training. We observed the support that the care staff were providing to people. We also spoke with two care managers and a local GP surgery that had regular contact with the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “The care staff are really helpful and I feel very safe living here.” Another person said, “The staff help me to go out and visit the local town and shops.” A relative we spoke with said “My [family member] is very happy and receives safe and good care.”

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with their manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service’s office so that staff were aware of the reporting procedures.

Members of staff displayed a good knowledge of the safeguarding reporting procedures. One member of staff said, “I would never hesitate in reporting any incident or allegation of harm.” The manager was aware of the notifications they needed to send in to the Care Quality Commission in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their responsibilities in keeping people safe when they were providing care. Examples of risk assessments included communication guidance and supporting people with their medication and measures were in place to manage the risk. For example, we saw that the level of support people required with their medication was recorded in their care plan.

People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their care plan. Staff told us that they had attended annual training in administering medications and that they had to complete an annual competency check to ensure their practice was monitored. We saw a sample of medication competency checks and training records which confirmed this to be the case. We saw that people’s medication was securely stored and medication administration records were accurately completed which demonstrated that people had their medication as prescribed.

People said that there were enough staff to safely provide care and support. People we spoke with told us that there were enough staff to assist them. One person said, “I know which member of staff will be visiting in the evening to help with preparing my meals and help me with my money.” We saw that there were sufficient numbers of staff on shift to meet people’s needs both whilst at home and to access the local community

There were effective recruitment procedures in place to ensure that only staff who were suitable to work with people at risk were employed. Satisfactory recruitment checks had been carried out and these included evidence of completed application forms, satisfactory references, proof of identity, and Disclosure and Barring Service checks (DBS).

Staff only commenced work in the service when all the required recruitment checks had been completed. Staff and staff records confirmed this to be the case.

Is the service effective?

Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. One person told us, “The staff help me with my shopping and cooking and going to the doctors”. Another person told us that, “Staff support me with my money and budgeting during the week”.

Staff showed that they were knowledgeable about people’s individual support and care needs. Staff we spoke with gave examples of how they assisted people with their personal care and providing reassurance for one person with their anxieties. The atmosphere in the supported living schemes was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way. We saw that people were assisted to attend their hobbies and interests in the local community by staff. One person told us that, “I can go out whenever I want and visit shops and other places I like.”

The manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, epilepsy and administration of medication.

Training was monitored by the manager, senior care worker and the operational manager to ensure that staff remained up to date with refresher training booked on an ongoing basis throughout the year. This was confirmed by staff and staff training records. Staff told us they had received regular supervision and an annual appraisal. Staff also told us that they felt supported by the manager and by their staff colleagues. This showed that there was an effective system of training and support for staff.

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.

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 found that people’s rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the MCA and Deprivation of Liberty Safeguards (DoLS). Staff confirmed that they had received MCA and DoLS training. The registered manager was aware of the relevant contact details and local authority procedures regarding further information on this area. The manager informed us and we saw that applications had been made to the local authority. The service was waiting for these to be completed by care managers.

Assessments of people’s nutrition and any dietary needs and food preferences were recorded as part of the assessment of their support needs. People told us that the staff assisted them with menu planning and shopping and always asked them about their individual preferences and encouraged healthy eating choices. We saw that staff assisted people to choose and prepare their evening meal and their choice of lunch.

We saw that and where necessary, referrals were made to relevant health care professionals if there were any medical/health concerns. Any appointment with a health care professional had been recorded in the person’s daily notes.

We spoke with a local GP surgery who had contact with the service. They were positive about the healthcare support that was provided and that staff proactively contacted the surgery regarding people’s ongoing health needs. They also stated that they found the service was responsive to the advice given and that communication had been good.

We also spoke with two care manager from the local authority who were in contact with the service and they were positive about the care and support being provided. They also told us that communication was good and information provided was professional and detailed.

Is the service caring?

Our findings

People who used the service told us that the staff were kind and caring. For example, one person said, “They help me with what I need ask me if there is anything else I want to do at home or out in town and they are kind to me.”

Another person said, “They [staff] help me with what I need during the day.” A relative said, “The care is excellent and staff are brilliant and caring.” We observed that there were caring, friendly and supportive relationships in place between staff and people using the service in the supported living schemes that we visited.

We saw staff provided reassurance and dealt with people’s issues and concerns in a kind, cheerful and attentive way. One person said, “They [staff] assist me with sorting out my money and help me to keep my room tidy.” We saw two people discussing and agreeing the trip into town that they were planning during the day.

Members of staff told us that they assisted people to live as independently as possible and to have a good quality of life. The staff we spoke with displayed a great deal of warmth about their work and the care they provided for people. One member of staff said, “I love my job and we try to provide the best possible care.” One person told us that “They [the staff] are lovely helpful people and I can’t fault them.”

Staff talked about people they were supporting with a great deal of warmth and kindness. One member of staff said,

“We try to help people fulfil things they want to do in their life and assist them to make choices.” Another member of staff said, “Every day is different and I love supporting people here.” One person said, “I really like living in my own flat and the staff have helped me to become far more independent.”

We saw that the manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people’s equality and diversity was considered and acted upon.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

People told us that care staff respected their privacy and dignity. Our observations showed that staff maintained respect and dignity for people at all times to meet people’s needs in a caring and inclusive way.

The manager told us that no one currently had a formal advocate in place but that local services were available as and when required. We saw that relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were involved in discussing the care and support being provided. For example, one relative said, "I have been involved in [family members] care reviews and any changes to calls are made as necessary." A person said, "They increased our care package to support [family member]."

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them, including their preferences and likes and dislikes. People told us that on the majority of occasions their requests were met. One person said "The staff are very good and are on time to assist me with what I need."

We saw that people had been out shopping, gone out for walks and attended the local day services during the day. The service also had the use of vehicles so that people were able to regularly go on day trips, and be able to visit local towns. This showed us that people had opportunities to go out in the community and take part in their social interests.

Assessments of people's needs had been carried out by the manager or senior management staff before they used the service. People's preferences were recorded regarding their meal choices and their life histories to aid the staff's understanding of each person. The assessments were used to formulate the support plan and outline the care which was to be provided.

There were guidelines in place so that care staff were clear about the care and support that was to be provided. We saw care plans were in place, based on assessments carried out before the person used the service. These provided staff with the guidance to provide people with individualised care. For example, people told us that where they were assisted with their meals the staff had always asked them about their individual preferences.

Examples of care and support that people received included assistance and prompting with personal care, preparation of meals, assistance with medication, household chores and social activities. We saw that were agreements in place, signed either by the person, regarding the care and support to be provided. Staff gave examples about the varying types of care that they provided to

people such as assisting people with their finances/ budgeting, cooking, accessing community resources, prompting with personal care and assisting people with their medication.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit and we saw samples of detailed notes in one of the supported living schemes. This ensured that people had received the required support and assistance and that any significant events were noted.

We saw that staff reviewed the support plan with people and their relatives where necessary to ensure support was kept up to date and met the person's needs. One person said "I meet with staff to review how things have gone and change things when I want." We saw examples of completed reviews regarding the care and support that was being provided. Additional information was included in support plans such as extra support where the person's needs had changed. An example included a person's increasing assistance with their mobility needs. However, we saw that some reviews were not in detail and "no changes" were recorded. The manager told us that the care planning and review processes were being updated to provide more detailed recording of people's changing care needs.

Staff told us they received detailed handovers where any significant events or changes to care had occurred. There were also communication books in place where staff could record any significant events and pass messages to staff on duty. This ensured that staff were aware of information regarding changes to people's support needs.

People were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns I speak with the staff and they are good at helping me sort things out." People said that their concerns and complaints were dealt with in a timely and professional manner. People said that they felt able to raise and discuss their concerns at any time with the staff. There were also tenant meetings where people had the opportunity to raise issues and discuss forthcoming events. We saw a sample of the minutes of recent meetings and these demonstrated that people had been able to discuss issues that were important to them.

A copy of the service's complaints procedure was available to people using the service. The registered manager told us

Is the service responsive?

that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw a sample of recent correspondence to address a concern that had been raised

and now resolved. One person said, "I can discuss any concerns or a problem I have when I want." A relative also confirmed that any issues or concerns were promptly dealt with by the manager and staff.

Is the service well-led?

Our findings

People told us that they had regular contact with members of the service's management team and knew who to speak with if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can speak to the manager and staff about any concerns I may have." People were encouraged to make suggestions and comments during their individual and tenant meetings. Actions were taken in response to these, which included going on holiday, social events and developing menus.

There was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did."

Staff we spoke with told us that they felt the service was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. One member of staff told us, "The care staff work well together and I feel that I am supported." Another staff member told us that, "The manager and my colleagues are helpful and very supportive." There were regular staff meetings in place so that staff had the opportunity to raise and discuss issues. We saw minutes of staff meetings where a range of care and support issues had been discussed.

The manager and staff worked in partnership with other organisations and this was confirmed by comments from health and social care professionals we spoke with. Comments from healthcare professionals were positive and they felt that any concerns and issues were effectively dealt with and that communication and queries were responded to promptly..

The provider had regular contact with people and their relatives to gauge satisfaction with the services being provided. Surveys for 2015 were in the process of being sent to people who used the service and staff to gain their opinions regarding the care provided. The manager told us that an action report would be then be collated to respond to issues and comments raised by people and staff in their surveys.

The provider had a quality assurance system in place. The manager and staff undertook audits regarding people's financial records and medication administration in the supported living schemes. A manager from one of the organisations schemes also conducted regular audits of the service including; health and safety, care and support, staffing and records to ensure that people were receiving an effective service.

Any areas for action were highlighted and an agreed action plan was put in place to deal with concerns or shortfalls. Accident and Incident forms were kept by the manager and were monitored to reduce the risk of any incidents from reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided.