

J.A.D. Healthcare Limited

Jasmine House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jasmine House is a residential care home which provides support for up to seven adults who have learning disabilities. The home is situated in a residential area of Fazakerley, close to local amenities. The home has seven separate bedrooms, shower rooms and bathrooms, two lounge areas, dining area, kitchen area, conservatory, large rear garden and an activity centre. The home provides accommodation over three floors and has been adapted to support people who are physically disabled.

At the last inspection, in January 2015 the service was rated Good, with the 'Effective' domain rated as 'Outstanding'.

At this inspection we found the service remained Good, with the effective domain continuing to remain outstanding.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We were provided with information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Medication was administered safely by staff who had received the appropriate training. Medication records were accurate, medication audits and competency assessments were conducted on a monthly basis, systems were in place to order repeat medication, dispose of medication and annual medication reviews were conducted for all people who lived at the home.

All care files contained individual care plans and risk assessments which were regularly reviewed and updated in order to minimise risk. Care plans were person centred and contained relevant information in relation to a person's wishes, choices and preferences.

Risk assessments were in place for all seven people who lived at the home. The assessments offered key information about significant areas of risk and how such situations would need to be managed for the safety of everyone living at the home.

Staff expressed how they were fully supported in their roles; they had completed all mandatory training as well as specialist training in order to fulfil their roles effectively. Staff were receiving regular supervisions as well as annual appraisals.

A formal complaints process was visible around the home but relatives explained that any complaints or concerns could be openly discussed with the staff and managers as and when they needed to be.

The registered manager had a number of different systems in place to assess and monitor the quality of the

home, ensuring that people were receiving safe, compassionate and effective care. Such systems included weekly, monthly, annual audits, staff and 'resident meetings' as well as resident questionnaires, stakeholder surveys and relevant health and safety and infection control checks.

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 remains Good.

Is the service effective?

Outstanding ☆

The service remains outstanding.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jasmine House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on Wednesday 3 and Thursday 4 May and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Jasmine House. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the service manager, deputy manager, one support worker, one senior support worker, three relatives and two people who lived at the home. In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

We also spent time looking at specific records and documents, including four care records, four staff personnel files, staff training records, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

Safeguarding procedures were in place at the home and were made visible for staff, people who lived at the home, relatives and visitors. All staff had received the necessary safeguarding training and could explain how they would raise any safeguarding concerns and who they would need to raise their concerns with.

Each person who lived at the home had an up to date care plan in place and the relevant risk assessments. The risk assessments provided staff with essential information in relation to specific support which needed to be provided and how to manage potential risks.

Four staff personnel files were reviewed during the inspection. Safe recruitment processes were in place at the home. The appropriate employment checks had been completed before staff began working at the service. Application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support. The home employed a full complement of staff and had sufficient numbers of staff during the day and throughout the night.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training. There was a large locked cabinet which contained a locked medication cabinet and medication fridge, which were both bolted to the inside of the cabinet to ensure safe storage. Monthly audits were being carried out to ensure that medication processes were being safely managed. Medication records indicated that people had been administered their medication as prescribed and there was a 'medication key' handover process in place which meant that there was a dedicated person accountable for the medication keys on a daily basis.

The home itself was clean and well maintained. There was evidence of health and safety audits being conducted to ensure the people who lived at the service were safe. Audits which were conducted included fire protection and prevention, water temperatures, fire evacuation audits as well as infection prevention control audits. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements.

Managers and staff at the home had developed an effective working partnership with Merseyside Police. They had sought information on the 'Herbert Protocol' which is a national scheme originally introduced by West Yorkshire Police. The 'Herbert Protocol' initiative was named after a War veteran, who lived with dementia. The initiative encourages all such health and social care services to compile useful information which could be used quickly and without delay in the event of a vulnerable person going missing. Relatives had been consulted in this process and staff believed it was a system which could prove to be of significant benefit in the event of an emergency situation.

Is the service effective?

Our findings

All seven people who lived at the home were receiving outstanding care and support they required. People were appropriately assessed from the outset, risks were identified and regular reviews were taking place. Those who lived at the home were supported and cared for by trained staff who were familiar with the needs and wishes. One relative commented "All staff are so well skilled and able to support (the persons) needs, (the person) has more here than what I could provide at home." Relatives also commented they were fully involved in the care and support which was provided and received regular phone calls from staff at the home.

The provider used the National Minimum Data Set for Social Care (NMDS-SC), which is a 'Skills for Care' on line database. The database ensured that staff were regularly completing both mandatory and specialist training in order to fulfil their roles effectively. All staff had completed medication management, fire training, food hygiene, equality and diversity, autism awareness, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as well as bespoke Non-Abusive Psychological and Physical Intervention training (NAPPI). This focuses on providing essential skills and techniques to manage challenging behaviour and enabled staff to effectively provide the support which may be needed. The service manager and deputy service manager had both completed Level 7 in 'Leadership and Management' since the last inspection.

It was evident that staff were incredibly passionate about meeting people's support needs. Staff were often liaising with the necessary professionals in order to ensure the support which was being provided could be as effective as possible. Staff were creative and innovative with the support they provided and developed different measures to improve the quality of life of those living at the home. For example the 'Snoezelen' had been created as a measure to reduce anxiety and to manage levels of distress. This was a calming, relaxing and therapeutic area which offered staff an appropriate diversion technique which could help support people who were distressed.

The manager informed us that they had been awarded an 'Investors In People' (IIP) gold award. 'Investors in People' is a nationally recognised framework that helps organisations improve their performance and realise their objectives through effective management and development of staff. It was clear that the management and staff team were always aiming to develop, progress and improve their delivery of care for the benefit of those who lived there. At the time of the inspection the manager was exploring how to attain the platinum IIP award.

Supervisions and appraisals were regularly taking place and all staff explained how they felt supported in their roles and were made to feel valued on a day to day basis. One staff member expressed "I feel really proud to work for Jasmine House; it's a brilliant place to work." Another staff member commented "It's lovely to know that I'm supported with my professional development as much as I am here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All

staff and management could explain their understanding of legislation surrounding the MCA and the associated DoLS. There was effective processes in place to ensure those living at the home were receiving the care and support they needed with the involvement of local authorities, GP's and relatives.

People who lived at the home were actively involved with food and drink purchases and staff were very familiar with their likes and dislikes. Meetings regularly took place to ensure people living at the home had full involvement with weekly menus and to also ensure that choice and preference was being supported. Specialist dietary needs were effectively catered for and staff had developed their own knowledge and understanding around such specialist needs. We saw that staff had made necessary referrals for specialist advise and support to ensure people's dietary needs were appropriately met.

Those living at the service had access to external health professionals and there was evidence of 'well woman/well man' health checks taking place. There was a 'Health Yearly Planner' found in each person's care file which provided information about specific annual appointments such as dentist, optician, GP, chiropodist, psychologist/psychiatrist.

There was also powerful evidence in relation to innovation and proactive measures being encouraged which supported people's health and well-being. For example both males and females at the home were encouraged to conduct 'self-checks' as a precautionary measure. 'Self-checks' had been agreed and discussed with those who lived at the home, consent was sought accordingly and there was full involvement from the GP.

The home had been adapted to ensure people with physical disabilities and mobility support needs were not restricted and could easily access areas within the home. Specialist aids and equipment were in place in order to provide essential care and support which needed to be provided. There was a defibrillator at the home so staff could respond to any heart related medical emergencies, all staff had been trained on how to use it and people at the home had been informed about the purpose of the defibrillator and the importance of it being in the home.

Is the service caring?

Our findings

During the inspection a Short Observational Framework for Inspection tool (SOFI) was used. This enhanced observations and it was a way of measuring care and support which was provided to those who could not express their experiences for themselves. The SOFI tool provided positive evidence that there was compassionate and considerate care being provided. Staff were attentive and responsive and promoted a culture of warmth and kindness. One person who lived at the home was able to explain how caring the staff were "The staff are great, they're really caring...they care about us all."

As well as the SOFI tool being used, several relatives discussed their thoughts on the home and the care which was provided. One relative expressed, "I couldn't be more positive about the service, my wife and I are incredibly moved by their commitment. It's like two families coming together to support him." Another relative said "It's the best place she has ever been, we're kept fully involved and the staff are so caring...It's a lovely home."

The role of 'Family Liaison Officer' had just been developed at the home. A senior support worker was responsible for developing and promoting relationships between staff, relatives and those living at the home. One relative explained, "I think this role is just excellent, it's like two families coming together...the experience and commitment has exceeded our expectations."

There was a lot of person centred detail in each of the care files which provided staff with essential information for those who lived at the home. Such information included 'All about me' information, personal details, relationships and social contacts, weekly activity charts, health and safe keeping charts, personal care profile, independence profile, relevant health planners, weight charts as well as individual care plans, additional care plans and risk assessments which were regularly reviewed and updated.

Those who lived at the home were encouraged to get involved with the care and support provided. There was a monthly 'Service User' meeting as well as there being a dedicated health and safety representative. The health and safety representative was a person who lived at the home but was also the 'voice' for those who lived at the home. There was evidence from monthly meetings taking place, discussions were being held about the different types of holidays they would like to explore, housekeeping, different activities they would like to be involved in and respect and equality amongst those living at the home.

Staff explained that those living at the home were always treated with dignity and respect. Staff commented that they would always knock on their bedroom doors before entering, privacy and dignity was also promoted especially when it involved personal care. People living at the home had many different choices about different aspects of their care such as weekly activities they wished to engage in, what food and drink they wished to purchase, how they wanted to decorate their bedrooms and what holidays and excursions they wished to participate in.

Is the service responsive?

Our findings

Not all seven people who lived at the home were able to directly communicate their level of involvement in their own care during the inspection. However, it was evident from observations, discussions with staff, relatives and two people who lived at the home that people have a great amount of involvement in their care, how the service delivers care and how they are listened and responded to. For example, a person living at the home expressed "It's great here; staff always go the extra mile....It's like a big family, other places haven't been so good."

Care records of four people who lived at the home were reviewed during the inspection. Each care record contained detailed information in relation to personal history, likes and dislikes, social activities, individual support needs and risks. Information about each person was gathered as part of the assessment process, relatives also explained how they have had 'full involvement' in the care which is delivered from the outset. One relative expressed, "We work together with staff here; it's a two way thing."

The staff and management team had worked extremely closely with family members, dedicated GP's and CPN's to ensure that correct, sufficient and appropriate care and support was being provided.

'The Hub' which could be found in the activity centre was an area dedicated to people who lived at the home. This area contained "Easy Read" material around the complaints process, safeguarding information, staff photo cards, information about their health and safety representative, recent newsletters which had been sent to relatives as well as a suggestion box and a staff contacts list. This helped people to access information about the service.

The home had a complaints policy and processes in place. At the time of the inspection there were no on-going complaints. One relative said, "I'm aware of a complaints policy but if I was ever unhappy or if I had concerns then I would come straight to management, they're approachable and they listen."

A monthly newsletter had been developed from a suggestion made by a relative of a person who lived at the home. Relatives who were spoken with during the inspection found the newsletter to be a "positive way to communicate." The newsletter informed relatives of the different activities which had taken place, who received 'employee of the month' award, who the health and safety representative was as well as other important information.

Weekly activity timetables were discussed between staff and each person living at the home. Activities accommodated individual choice and preference however there was also opportunity for all seven people to engage in activities together, if they wished to. Different activities ranged from drama groups, music sessions, 'movie nights', 'light and sound' sessions, cinema trips, shopping trips, excursions, gym sessions, Zumba sessions as well as an annual holiday abroad. One relative commented, "There are lots of different activities; they're always out and about doing different things, staff are brilliant at things like that."

Is the service well-led?

Our findings

From the observations which took place, relevant discussions held with staff, people who lived at the home and a number of relatives it was evident that there was a positive, open and supportive culture within the home. All of which promoted a person centred approach to care and support.

There was a registered manager for the service at the time of the inspection. A registered manager is 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.

The registered manager was aware of their responsibilities as service manager and it was evident from records and audits provided that there were effective systems in place to ensure that safe, effective and compassionate care was being provided. Statutory notifications were submitted in accordance with regulatory requirements; previous inspection report ratings were visible in the home however previous inspection ratings could not be found on the provider website. This was discussed with the registered manager on the first day of the inspection and the issue was rectified immediately.

There was evidence of routine team meetings being held which encouraged all staff to get involved with the day to day delivery of the care being provided. 'Employee of the Month' had also recently been introduced. This was a measure of acknowledging the care, compassion and support which staff were delivering.

The manager was passionate about gathering the views and opinions of those associated with the home. They gathered information from staff who worked at the home, those who lived at the home, relatives of those who lived at the home as well as professionals they worked alongside. All of which explored opinions and views around the standards of care and the quality of the care being provided.

Routine 'Mock Inspections' were also being carried out by an independent consultant. Managers explained that the mock inspections enabled them and the staff team to continue to deliver safe, compassionate care which needed to be delivered but to also enable them to maintain their understanding and familiarity with the Care Quality Commissions methodology (CQC).

The home was supported by an external quality assurance provider. This provider ensured that essential policies and procedures were in place and any legislation updates were communicated. The external provider also supported the management team with human resource support, employment law support and any developments within the health and social care sector. This enabled to management team to keep abreast of any legislation they needed to comply with.