

Charis House Limited

Jasmine Court Nursing Home

Inspection report

13 Park Place
Weston Super Mare
Somerset
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Jasmine Court Nursing Home is a nursing home that provides accommodation with nursing and personal care for up to 24 people. When we visited 20 people lived there. The property is situated close to the sea front in Weston Super Mare.

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

Since our last inspection it was evident the registered manager and the staff had made improvements, which had raised the standard of care people received in respect of reporting safeguarding concerns. Systems were in place to monitor safeguarding to ensure information was shared with the appropriate professionals and us. This formed part of the oversight and governance of the home.

People were treated with kindness, dignity and respect. Staff interactions with people were warm, kind and caring. People and their relatives spoke positively about the care and support.

People told us they felt safe at the home. There was sufficient staff supporting people who had been through a thorough recruitment process. Staff supported people to manage their medicines safety. People were protected from the risk of cross infection and appropriate guidance was followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved decisions about how they wanted to be supported.

There were systems in place to monitor the quality of the care and support. The provider regularly visited the service to drive improvements and support the registered manager and the staff. There was an extensive refurbishment programme being completed within the home including carpeting, redecoration, improvements to fire safety and refurbishment of bathrooms.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2019) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jasmine Court Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jasmine Court Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who completed telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Jasmine Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jasmine Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider, registered manager, three members of staff including the deputy manager, five people that lived in the home, eight relatives and a visiting health professional. We observed how staff interacted with people. The Expert by Experience made calls to relatives remotely by phone.

We reviewed a range of records relating to the management of the home, two staff recruitment records, two people's care records and a sample of medicine records. We looked at quality assurance records. We contacted a health and social care professional for their views about the service. We considered all this information to help us to make a judgement about the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to ensure systems and processes were in place to safeguard people from the risk of abuse resulting in a breach of Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. Systems were in place to monitor any allegations of abuse to ensure these were reported appropriately and to monitor any subsequent actions.
- Staff had received training on safeguarding and understood their responsibility to report to the shift leader/nurse and the registered manager. Staff were able to describe the different types of abuse and knew how to report safeguarding concerns internally and externally.
- People and their relatives told us the service was safe. Comments included, "I feel safe, staff are kind, I have no concerns", another person said, "Yes, I am safe here, they (staff) regularly pop their head into check I am ok". A relative said, "I feel very confident that she is safe".

Assessing risk, safety monitoring and management

- Robust arrangements were in place in respect of ensuring people's safety. Risks which affected people's daily lives, such as mobility, communication, skin integrity, management of health conditions such as diabetes and continence were documented and known by staff. The management team had a good oversight of these risks and the actions being taken to reduce further risks to people.
- Routine health and safety checks were completed on moving handling equipment, equipment to keep people safe, and specialist equipment for reducing pressure wounds. Staff had received moving and handling training and their competence regularly reviewed.
- Routine checks were completed on the environment such as water temperatures, legionella checks, fire, gas and electrical appliances. These were completed by a designated member of staff and external contractors. Radiators and window restrictors were in place and checked monthly to ensure they were safe.
- The provider was in the process of arranging for an external company to complete a fire risk assessment. This was in response to a recent fire safety officer visit. Areas of the home were being refurbished, which included making areas safer in the event of a fire. An action plan was in place to show when these improvements would be completed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staffing was planned based on people's care needs. The registered manager said staffing would be increased if people's needs changed and based on occupancy. A member of staff told us that they had recently introduced a twilight shift to help in the evenings.
- Catering and housekeeping staff complimented the care staff enabling the care staff to focus on the care of people living in the home. There was always a nurse on duty. Staff confirmed there was sufficient staff to enable them to support people.
- People told us there was enough staff on duty. Comments included, "Yes, I think so, I may have to wait a few minutes as the staff maybe upstairs" and, "I have no complaints they come when I ring my bell", and another person said, "Yes, when I need help such as showering, staff will help".
- Relatives said there was sufficient staff and their loved ones were well supported.
- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Jasmine Court Nursing Home.

Using medicines safely

- People received their medicines safely. Medicines were stored, ordered, administered and disposed of safely.
- People's medication records confirmed they received their medicines as required. Information was provided about how people preferred to take their medicines.
- Only staff (nurses) that had been assessed as competent were able to administer medicines to people.
- Medication audits were completed monthly along with regular stock checks to ensure that people received their medicines when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager facilitated visits for people. People were observed receiving visits from friends and

family.

Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. People's risk assessments and care plans were updated where needed. This was communicated to staff via handovers and staff meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider had failed to ensure systems were in place to ensure they were consistently submitting statutory notifications to the Care Quality Commission. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Relatives confirmed they were kept informed of any accidents or incidents that happened to their loved ones. A relative said, "Staff called as soon as it happened (fall) and provided reassurance that she was ok. I feel very confident that she is safe".
- The provider displayed their rating prominently in the home and shared the outcome of the last report with people and visitors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the care and support they received. The registered manager worked alongside the team and had a good insight into the care and support people received.
- People were consulted about their care. Some people continued to access the local area independently, for example one person told us they had been into town shopping and to the dentist. People's interests and hobbies were explored with them as part of the assessment process.
- The responses from relatives were positive and consistent, about the care and leadership in the service. Comments included, "It's like living in a luxury hotel, within reason anything he wants, he gets", "Nothing seemed to be too much trouble for them. As a result, both she and us feel very happy that she is in the best and safest place" and "The staff are very kind and caring, nothing is a problem for them".
- We observed the registered manager and the provider engaging with people and staff in a relaxed and knowledgeable way. They demonstrated they were aware of people's needs and the support they needed. The provider told us they visited at least twice a week to meet with the registered manager and staff.

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

- Systems were in place to monitor the quality of the service and these were effective in driving improvements where required.
- Two of the bathrooms on the first and second floor were not being used and were being used to store moving and handling equipment. People were accessing a shower room on the ground floor. The provider told us there was extensive refurbishment plan in place which included a refurbishment of both bathrooms, one into a wet room and the other would have an accessible jacuzzi bath. This was to improve people's experiences, when receiving personal care. Plans were shared with the inspector and they were waiting for the contractors to start.
- Other areas of the home were being refurbished to ensure fire safety, including replacement of carpets in hallways and the balcony to the front of the home. This area was being modernised so people could safely access the first-floor balcony enabling them to have a pleasant place to sit and a sea view. The provider told us, "We want our residents to have a unique and a pleasant experience in Jasmine Court Nursing Home".

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

- A monthly newsletter was produced and shared with people living in the home and their relatives. Three monthly resident and family meetings were held to share information and seek feedback. These were held electronically during the pandemic for family and friends.
- Surveys were completed to seek people's views and aid improvements. These were sent to people, family, stakeholders and staff. The registered manager completed a 'you said, we did' report which was shared with people on a notice board in the reception area of the home. Overall, comments were positive with people being happy to recommend the home to others.
- Team meetings were held three every three months to share updates and seek the views of the staff. The registered manager said they were planning to record any agreed actions so these could be followed up at subsequent meetings.

Continuous learning and improving care

- Staff confirmed they received regular training and one to one supervisions with either the nurse or the registered manager. Handovers were a means to share information and plan the day to ensure people received the care and support they required.

Working in partnership with others

- The service had worked with health and social care professionals such as the GP, health and social care professionals and the care home hub team who routinely visited the service. Feedback was positive from a visiting healthcare professional who said the service was "Absolutely lovely, they want to do their best by people, they refer and follow our advice."
- Another health professional told us communication could improve in relation to improving the ward rounds to ensure information prior to the ward round was received. This would enable the health professional to be prepared. The registered manager and deputy said they had taken on the advice and this would be implemented.