

Affinity Trust

Jasmine Lodge

Inspection report

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Tel: 01797252614

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29 May 2019

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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

About the service:

Jasmine Lodge is a residential care home for six older people and younger adults who need support due to having learning adaptive needs/autism. At the time of this inspection five people were living in the service. All of these people had complex needs for support and used individual forms of sign-assisted language to express themselves.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who live in the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs/or autism to live meaningful lives that include control, choice, and independence.

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

People's experience of using the service:

People and their relatives were positive about the service. A relative said, "I do think that the service is very good. I can see from how my family member is in themselves that they see Jasmine Lodge as being their home."

People were safeguarded from the risk of abuse.

People received safe care and treatment in line with national guidance from support staff who had the knowledge and skills they needed.

There were enough support staff on duty and safe recruitment practices were in place.

Medicines were managed safely.

Lessons had been learnt when things had gone wrong.

People had been helped to receive medical attention when necessary.

People and their relatives were consulted about the support provided and suitable arrangements had been made to obtain consent.

Arrangements had been made to address a small number of shortfalls in the maintenance of the accommodation and grounds.

Support staff were courteous and polite and confidential information was kept private.

Equality and diversity was promoted and people were supported to pursue their hobbies and interests.

There were robust arrangements to manage complaints.

There were arrangements to treat people with compassion at the end of their lives and to enable them to have a pain-free death.

People had been consulted about the development of the service and quality checks had been completed.

Good team work was promoted and regulatory requirements had been met.

Rating at last inspection:

The service was rated as 'Good' at the inspection on 8 November 2016 and 9 November 2016 (the inspection report was published on 16 December 2016). At this inspection in May 2019 the overall rating of the service has been maintained as, 'Good'.

Why we inspected:

This was a planned inspection based on the rating we gave the service at the inspection in November 2016.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Jasmine Lodge

Detailed findings

Background to this inspection

The 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 checked whether the registered persons are 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.

We visited the service on 29 May 2019.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Jasmine Lodge is a care home that provides accommodation and personal care for six younger adults and older people who need support due to having learning adaptive needs/autism.

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.

Notice of inspection:

This inspection was announced. This was because the people who lived in the service had complex needs for support and benefited from knowing in advance that we would be calling to their home.

What we did:

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that

the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

We spoke with all the people living in the service using sign-assisted language.

We spoke with five support staff and the registered manager.

We reviewed documents and records that described how support had been provided.

We examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

After our inspection visit to the service we spoke by telephone with two relatives.

Is the service safe?

Our findings

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

Safe: People received safe care and treatment.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Support staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A relative said, "The staff are trustworthy and I never have to worry about my family member not being safe. I know that they are."
- The registered manager had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A relative said, "I am completely satisfied that my family member gets all of the personal care they need. Whenever I call to see them they are neatly dressed and content in themselves."
- When risks to a person's health and safety had been identified steps had been taken to reduce them. An example of this was people being supported to safely use appliances when in the kitchen.
- People received safe support. This included people who needed extra help due to having reduced mobility. We saw two support staff using a hoist in the correct way to help a person change position. Support staff also helped a person in the right way to keep their skin healthy. This included following advice received from specialist nurses to help the person reduce pressure on their skin by regularly changing position when they were resting in bed. In addition, support staff helped people in the right way to promote their continence including correctly using aids.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were fitted with guards to reduce the risk of scalds and burns.
- The service was equipped with a modern fire safety system that was designed to enable a fire to quickly be detected and contained. In addition, support staff had been given guidance about the individual assistance each person needed to quickly move to a safe place in the event of a fire.

Safe use of medicines:

- People were helped to take medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines.
- Support staff had received training and had been assessed by the registered manager to be competent to safely support people to take medicines. There were guidelines for support staff to follow that said when and how each person needed to take medicines. Support staff followed these guidelines and helped people to take medicines correctly.
- There were additional guidelines for support staff to follow when dispensing variable-dose medicines.

These are medicines that a doctor had said could be used when necessary. An example of this was medicines used to assist a person when they became upset and needed extra help to be reassured.

- Support staff completed a record of each occasion on which they assisted a person to take medicines. The registered manager regularly audited these records and checked the medicines held in stock to make sure medicines were being managed in the right way.

Staffing and recruitment:

- The registered manager had calculated how many support staff needed to be on duty. When doing this they had considered the support needs of the people living in the service. This included whether a person needed special care for a specific medical condition. Also, whether a person needed two support staff to assist them due to experiencing reduced mobility.
- Records showed that sufficient support staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities including using the bathroom, going to and from their bedroom and using the kitchen. A person smiled and waved to a nearby member of staff when we asked them about the support staff on duty and the help they received.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Preventing and controlling infection:

- There were suitable measures to prevent and control infection. There was written guidance for support staff to follow to reduce the risk of infection. They had received training about the importance of good hygiene and knew how to put this into practice. Support staff correctly described to us the importance of regular hand washing.
- Support staff had been provided with antibacterial soap and we saw them correctly using disposable gloves when providing people with close personal support.
- There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, mattresses and bed linen were clean. A relative said, "I always find the home to be spotlessly clean and that's very reassuring to me."
- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong:

- The registered manager used an audit tool to promptly analyse accidents, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes so that trends and patterns could be seen. An example was the audit tool being able to identify the location where a person had fallen to indicate if it would be helpful to rearrange the furniture in that room to remove any obstructions.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was support staff arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People experienced positive outcomes from care delivered in line with national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The registered persons had assessed each person's wishes and choices before they moved into the service. This was so their support achieved effective outcomes in line with national guidance and met each person's expectations.
- The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of support staff who provided their close personal care.

Staff skills, knowledge and experience:

- New support staff had received introductory training before they provided people with assistance. Support staff had completed training that was equivalent with the Care Certificate. This is a nationally recognised system to ensure that new care staff know how to care for people in the right way. New support staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Support staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as epilepsy.
- Support staff had regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
- Support staff knew how to care for the people in the right way. An example of this was support staff knowing the importance of providing help in a way that did not overwhelm a person. We saw a person who needed help to change their top because it had become stained. A member of support staff gently showed the person the mark on their top and then waited for the person to begin walking towards their bedroom. This indicated that the person wanted to change their top after which the support staff went with them to help choose a replacement garment.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were helped to eat and drink enough. Support staff prepared a range of meals that gave people the opportunity to have a balanced and varied diet. Whenever possible people were encouraged to help with the preparation of meals.
- People had been consulted about the meals they wanted to have. A person gave us a 'thumbs up' sign when we pointed towards the refrigerator in the kitchen to ask them about the meals they received.
- When necessary, people who needed help to eat and drink enough were assisted in the right way. We saw a member of support staff sitting beside a person at lunchtime gently assisting them to use cutlery in the right way so they could enjoy their meal.
- People had been offered the opportunity to check their body weight and support staff had liaised with

doctors and dietitians if there were concerns that a person might not be eating enough. As a result one person was being offered food supplements to help maintain their weight.

- Support staff had also contacted speech and language therapists when people were at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way. Support staff were following the advice they had been given. This included some people having their food blended so that it was easier to swallow.

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

- The registered manager and support staff helped people to receive coordinated care when they used or moved between different services. When people needed hospital treatment care staff passed on important information to hospital staff. This included information about a person's healthcare conditions and physical adaptive needs. This was done so that their hospital treatment could be provided in an effective way. Another example was a person being supported to use a specialist dental service. Support staff had shared information with the dentist about how best to reassure the person. This was so the person could have the treatment they needed without becoming distressed.
- Support staff had promptly arranged for people to see their doctor if they became unwell.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Whenever possible people had been supported to make decisions for themselves. We saw support staff helping people make decisions about the clothes they wore, the music they played, television programmes and the social activities they enjoyed.
- All the people living in the service needed assistance to make more significant decisions including their use of medicines and managing personal finances. The registered manager had ensured that important decisions were made in each person's best interests. This included consulting with relatives and with healthcare professionals. A relative said, "The manager does keep in touch with me and we discuss any significant changes to my family member's care."
- The registered persons had established robust systems and processes to ensure that people only received lawful care. The registered manager had applied to the appropriate supervisory bodies to obtain authorisations for each person living in the service. This had been done so that the supervisory bodies could complete the checks necessary to ensure that people were receiving the least restrictive support possible.

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

- The accommodation was designed and adapted to meet people's needs and expectations.
- There was enough communal space and each person had their own bedroom.
- Most parts of the accommodation were light and airy. However, there were some shortfalls that detracted from the homely atmosphere. In one of the communal bathrooms the painted wood-work was chipped and

scuffed. Also, the lock on the door was broken and could not be used. The garden was overgrown and looked unsightly.

- The registered manager assured us and records confirmed they had already noted each of the defects. They had also requested that the landlord make the necessary improvements as soon as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the care they received. We saw two people holding hands with different members of support staff, laughing and enjoying being in their company. A relative said, "I have no concerns at all about the support staff. It's really like a big family there and the support staff really do care. It's plainly much more than just a job for them."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted. Support staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. Support staff knocked and waited for permission before going in to bedrooms, toilets and bathrooms. When providing close personal support staff closed the door and covered up people as much as possible.
- People had been assisted to wear clean casual clothes of their own choice. Support staff helped people to use everyday objects in the right way. An example of this was an occasion on which a person attempted to use a slipper as a cup. A member of support staff gently suggested that the person place the slipper back on their foot. After this, they accompanied the person to the kitchen where they helped them to prepare a drink of tea.
- Support staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply. An example of this was a person who came into the registered manager's office while we were reviewing some documents. The registered manager immediately put aside the documents and encouraged the person to sit on a vacant seat. The registered manager then spoke with the person until the person decided they wanted to go back to watch television in the lounge.

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

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of support staff showing a person two pairs of shoes so they could decide which ones to wear when they went out to a cafe.
- Most people had family, friends or solicitors who could support them to express their preferences. For one person who did not have these contacts the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us.

- Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else.
- Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.
- Support staff knew about the importance of not using public social media platforms when speaking about their work.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Support staff had consulted with each person, their relatives and healthcare professionals about the support to be provided. They had recorded the results in a person-centred support plan. These support plans were being regularly reviewed by support staff so they accurately reflected people's changing needs and wishes.
- Relatives told us that support staff provided their family members with all the assistance they needed as described in their support plans. A relative said, "I know that my family member needs a lot of support all day and every day to live a full life. The staff see the wellbeing of the people living in the service as paramount. The people there come first and everything else comes second."
- People received personalised care that was responsive to their needs. This included their right to have information presented to them in an accessible manner. Important parts of each person's support plan presented information in an easy-read way using pictures, photographs and drawings. In addition, we saw support staff quietly repeating explanations they had given to people about the support they were being offered. If it appeared a person had not understood what had been said, support staff used other means to engage a person's interests. An example of this was a member of support staff turning the kitchen tap on and off to indicate to a person that they needed to get a clean cup rather than pick one that another person had just used.
- Support staff supported people to pursue their hobbies and interests. This included going out into the community using the service's vehicle to go shopping, have meals out and visit places of interest.
- Each person had the opportunity to be supported to go on holiday with part of the cost being met by the service.
- Support staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.

People's concerns and complaints:

- People and their relatives had been given a copy of the service's complaints procedure. The procedure presented information in an easy-read way. It reassured people about their right to make a complaint and explained how complaints would be investigated. A relative said, "I've never had to make a complaint but if I did I know it would be handled in a professional way. There's no us-and-them feeling between relatives and staff and I'm sure the manager would quickly sort a problem out if possible."
- Support staff recognised that the people living in the service had special communication needs and might not be able to speak about any concerns they may have. Consequently, they looked out for indirect signs that a person was dissatisfied with their support. These signs included a person declining to accept support or becoming anxious during its delivery. Support staff said that when this occurred they discussed the matter with the registered manager so that any necessary further enquiries could be made.

- The registered provider had a procedure for the registered manager to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
- Records showed that the registered persons had not received a formal complaint in the 12 months preceding our inspection visit.

End of life care and support:

- There were suitable arrangements to support people at the end of their life to have a comfortable, dignified and pain-free death.
- The registered manager said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that the person was not unnecessarily upset.
- The registered manager told us that arrangements could be made to enable the service to hold 'anticipatory medicines'. This is so that medicines are available for support staff to quickly dispense in line with a doctor's instructions if a person needs pain relief.

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.

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

Continuous learning and improving care:

- People and their relatives considered the service to be well-led. A person smiled and pointed towards their favourite armchair in the lounge and showed us how they had personalised their bedroom to show us they were confident about living in their home. A relative said, "Jasmine Lodge is well run because the support staff know what they're doing and provide a homely place for my family member and for the other residents. All of the people in the service have different and complex needs and it's an achievement for them all to be able to live together in relative harmony."
- The registered persons had made suitable provision to operate, monitor and evaluate the running of Jasmine Lodge. They had completed quality checks to make sure that the service reliably provided the facilities and services people needed to receive. These checks included the provision already described in this report concerning the management of medicines, infection control and learning lessons from accidents and incidents. In addition, the registered manager regularly checked each person's support plan to make sure it was up to date and accurately described each part of the support provided.

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

- Support staff were supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. Support staff were told about updated advice from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
- Support staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as the need to keep accurate and comprehensive records of the support they were providing for each person.
- Support staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident they could speak to the registered manager or to the charity's operations manager if they had any concerns about people not receiving safe support. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

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

- People had been supported to comment on their experience of living in the service. There were regular

meetings at which people living in the service had been invited to suggest improvements to the service. Support workers told us that they also looked for signs to tell them how people felt about their home. An example of this was support staff noticing when people were less willing to visit a particular place of interest showing that they wanted to be supported to go somewhere else.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "The service is well run. Whenever I phone up I can speak with a member of staff who knows what's going on."
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to a number of professional publications relating to best practice initiatives in supporting people who need support to maintain their mental health.
- An example of this was the registered manager knowing about important changes being made to the strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.