

Charis House Limited

Jasmine Court Nursing Home

Inspection report

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Weston Super Mare
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 17 September 2015 and was unannounced.

We inspected Jasmine Court Nursing Home in September 2014. At that inspection we found the provider to be in breach of regulation 10 assessing and monitoring the quality of service provision and regulation 20 records of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us with an action plan of improvements that would be made. During the latest inspection we saw some of the improvements identified had been made.

Jasmine Court Nursing Home is a care home providing accommodation for up to 24 older people some of whom are living with dementia. During our inspection there were 19 people living at the home. The property is set out over four floors and is situated close to the sea front in Weston Super Mare.

Summary of findings

There was a registered manager in post at the service. 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.

We received mixed feedback from people, relatives and staff about staffing levels. Some of the people and relatives we spoke with thought there were not enough staff on shift. Staff told us they were busy and they thought this was because there was a lack of senior staff. The registered manager had recruitment plans in place to employ and train senior staff.

During lunchtime staff appeared rushed and did not always support people in an inclusive way. People and relatives spoke positively about the food provided. People had access to food and drinks throughout the day and where people required specialised diets these were prepared appropriately.

We found people's rights were not fully protected as the registered manager had not followed correct procedures where people lacked capacity to make decisions for themselves. Deprivation of Liberty Safeguards (DoLS) applications had not been made to the local authority where people were subject to continuous supervision and lacked the option to leave the home without staff supervision.

The registered manager had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. We found the audits were not always effective at identifying shortfalls in the service.

People and their relatives told us they felt safe at Jasmine Court. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had appropriate systems in place to ensure medicines were administered and stored correctly and securely.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service. Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People and their relatives told us they were happy with the care they or their relative received at Jasmine Court. One person told us, "The staff are warm, friendly and lovely."

People's needs were set out in individual care plans. People and relatives told us they were involved in the care planning process. The care plans were reviewed and updated by the nurses.

People and relatives were confident they could raise concerns or complaints with the registered manager and they would be listened to. The provider had systems in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Some aspects of the service were not safe.

There were enough staff available to meet people's needs. Staff appeared busy at times and there was not an appropriate skill mix of staff on duty.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the registered manager.

Risks to people's safety such as malnutrition, pressure ulceration and falling had been appropriately identified. Care plans identified the support people required to minimise the risks identified.

Robust recruitment procedures were in place, which ensured people were supported by staff with the appropriate experience and character.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

Deprivation of Liberty Safeguards applications were not made where people were subject to continuous supervision and lacked the option to leave the home without staff supervision.

Mealtimes were rushed and not an inclusive experience. People were supported to eat and drink enough to meet their needs.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Requires improvement



Is the service caring?

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed good rapport with the people.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's care plans described the support they needed to manage their day to day health needs. People and relatives were involved in developing and reviewing the plans.

Activities were arranged to make sure people had access to social and mental stimulation.

There was a system in place to manage complaints. Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

There was a system in place to collate and review feedback from people and their relatives.

Good



Is the service well-led?

Some aspects of the service were not well led.

There were regular audits in place. For example infection control, medication and staff training. We found the audits were not always effective at identifying shortfalls.

Staff felt well supported by the registered manager and told us they were approachable.

The registered manager held staff meetings to cascade information and enable staff to discuss concerns, staff felt they were listened to.

Requires improvement



Jasmine Court Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 September and was unannounced.

The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a

Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with five people and seven visitors about their views on the quality of the care and support being provided. We also spoke with the provider, the registered manager and seven staff including the chef, the maintenance person and activity coordinator. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for three people. We looked at records about the management of the service. We also spoke with a visiting GP during our visit.

Is the service safe?

Our findings

People had mixed views about the staffing levels available to meet people's needs. One person told us they thought there were not enough staff especially in the mornings commenting, "There's not enough staff, mornings are busy." Another person said, "I keep being told 'We are so busy' so I don't get out much." Other people we spoke with thought there were enough staff available on each shift.

Staff told us they were busy and they thought there were enough staff on each shift to meet people's needs as long as there wasn't an 'emergency situation.' In these instances they felt there were not enough senior staff to complete all of the required tasks. For example, they described a situation where this impacted medicines being late, causing people to become frustrated. Another staff member commented, "Staffing is down a bit as senior carers have left, shift are covered but they are busy, we are thinly spread, we meet people's needs but in an emergency things would get delayed." This meant people were at risk of not receiving appropriate and timely care to meet their needs.

The registered manager said two senior staff had recently left and they were currently in the process of training a staff member to fill one of the senior roles. Another staff member said, "Staffing is pretty good, we are always busy and on our feet."

The registered manager told us staffing levels were determined according to people's needs using a tool that assessed people individually and calculated the staffing hours required to support them. They said this information was transferred into the staffing rota. The registered manager said they were able to discuss any change in people's need with the owner and staffing could be increased as required. They were looking to ensure there was the right balance of senior staff and carers on each shift. During lunchtime staff appeared rushed and it was not a calm and relaxed environment. The registered manager said they felt this was the impact of not having an experienced senior staff member available to oversee lunchtime whilst the nurse was liaising with the GP.

The home had four night staff vacancies and staff told us they spent a lot of time trying to cover these shifts and this was, "Time consuming." The owner acknowledged there

had been difficulties in recruiting nurses to fill the night staff vacancies and they were currently advertising for the vacant posts. The shifts were being covered by bank staff and staff working additional hours.

People and their relatives told us they or their relatives felt safe at Jasmine Court. One person when asked about trusting staff commented, "Yes, implicitly, they are very good." One relative commented, "I'm certain my relative is safe."

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through physical signs such as bruising as well as changes in people's behaviour and mood. They told us this would be reported to the nurse in charge or registered manager and they were confident it would be dealt with appropriately. One staff member told us, "I know people well, I would always report an incident and it would definitely be managed". Another staff member said, "I would report it to the manager and am confident it would be dealt with, I would go higher if needed". Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Jasmine Court if they felt they were not being dealt with. This meant the service had suitable arrangements in place to ensure that people were safe and protected from abuse.

One person told us they were happy with their medicines commenting, "My own medication is brought in and the daily doses are made up." One relative told us they were happy with their family member's medicines and made aware of any changes by the staff. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.

People received medicines safely from staff who were trained in administering medicines. We observed nurses supporting people with their medicines, this was completed in an unrushed manner with the nurse telling the person what medicine they were taking. Medicines administration records had been completed, which gave details of the medicines people had been supported to take. People's medicine records were accurate and balances of their medicines matched with records. Medicines audits were carried out by the registered manager. Training records confirmed staff had received

Is the service safe?

training in the safe management of medicines. A review of people's medicines took place every year with the GP or as required to ensure that people continued to receive the correct medical treatment.

Assessments were undertaken to identify risks to people who use the service, these assessments were reviewed by the registered manager. One relative told us they were aware of these assessments and kept up to date with any changes. The assessments covered areas where people could be at high risk of harm, such as moving and handling, falls and bedrails. The risk assessments included details of how to reduce the risks and staff were following these.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Is the service effective?

Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. For example, one person's care plan stated they were 'confused' and able to make everyday choices with staff support. They had bedrails in place and their daily notes stated on one occasion they had tried to get out of bed. There was a risk assessment in place for this but there was no assessment of their capacity for the decision or evidence the bedrails were in the person's best interest. Another person was nursed in bed and they had bedrails in place. Their care plan stated they were unable to make decisions or choices. There was no evidence of a capacity assessment or best interest decision for this. This meant people were at risk of receiving care and treatment which was not in their best interests. We spoke with the registered manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there were no authorisation to restrict people's liberty under DoLS and no applications had been submitted to the local authority. We discussed with the registered manager whether referrals should have been made where people lacked capacity and were subject to continuous staff supervision. The registered manager acknowledged DoLS application should be made for some of the people living at Jasmine Court and they told us they would liaise with the local authority and ensure appropriate applications were made.

This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

The staff we spoke with demonstrated an understanding of the importance of offering people choices such as what time people want to get up, choice of food and what people want to wear. Staff told us if a person refused their support they would report this to a senior member of staff or the manager. One staff member told us, "I would speak to the manager and ask them what to do."

During our inspection we observed lunchtime appeared rushed and where people required support from staff this was not always offered in an appropriate manner. For example, we observed staff leaving people throughout their meal without explaining where they were going. Staff were also supporting people to eat their meals whilst they (staff) were stood up rather than being sat on the same level. This meant people were not always supported to have an inclusive and enjoyable mealtime experience. We discussed this with the registered manager who told us this was not usual practice and they felt this happened as the staff supporting the mealtimes were not very experienced. They said they would discuss this with the staff involved.

People told us they were happy with the food provided. Comments included; "The food is good" and "The food is nice and well presented." Relatives were also happy with the food commenting; "It's brilliant and we are welcome here for lunch" and "The food is excellent and the choice is good."

There were two hot meal options on the menu daily. One person who had specific health needs and required a specialised diet told us, "My diet is limited, but there is always choice available."

The menus were on a four weekly rotation. We spoke with the cook who told us the menu was based on what they knew people liked and if someone wanted something different on the day they would offer different choices. Staff were responsible for asking people what they would like to eat during each shift for the next meal. The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. Drinks and snacks were offered throughout the day and people had jugs of water available in their rooms.

Is the service effective?

People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals.

Guidelines were in place to ensure people received a diet in line with their needs and staff were following these. We saw people had access to the appropriate equipment and adaptations to eat their meals where required.

People and their relatives told us staff were trained and had the skills to look after their family member. One person commented; “The staff are competent at all levels” and a relative said, “They are well trained and look after my family member well.”

Staff received a range of training to meet people’s needs and keep them safe, they described the training as, “Good”. Other comments included; “We have enough training to keep people safe” and “The training is good, if I want to do additional training the owner arranges it.” We looked at the staffing rota and there was always a registered nurse on duty to make sure people’s clinical needs were monitored and met. Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people’s needs.

Staff received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. Staff described their induction as; “Good” and they felt it prepared them for the role. Staff received supervision to receive support and guidance about their work. One staff member told us, “Supervision is constructive we get feedback on our performance and discuss how we are getting on”.

Relatives told us they had access to the GP regularly where required. A local GP visited the home regularly and one relative said, “They notice when my family member is unwell and call the GP.” Another relative commented, “They always tell me when the doctor has been out and what they have said.” People were also supported to access other health professionals where required. One relative told us, “All external health visits are taken care of.” A health professional told us they were called out to visit people at appropriate times and communication with the home was good. They went on to say the home took on some people with complex health needs and this was managed well.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. One person told us, “They are all friendly and stop for a chat if they are passing.” Comments from relatives included; “They are very kind and caring,” “They take great care of my family member” and “They are like a second family.” We observed staff interacting with people in a friendly and relaxed way. During our inspection we saw people laughing and joking with staff and engaging in positive conversations.

Relatives thought staff knew their family member well. Staff spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us, “This is their home and we are here to make people feel happy and safe, it is important for people to feel comfortable.” Another staff member commented, “Relationships are important because they build trust.” Staff were able to explain what was important to people such as important family relationships, knowing what staff were on shift and talking about past events such as holidays.

We observed people were treated with dignity and respect. For example, where a person required support with personal care staff communicated with them in a discreet and way. One relative told us, “They respect my family member as a person.” Other comments included; “The staff are respectful” and “They treat my family member with dignity and respect.” People’s privacy was respected and all personal care was provided in private. Staff described how they ensured people had privacy and how their modesty

was protected when providing personal care. For example, covering people up whilst providing personal care and explaining to the person what they were doing. During our inspection we observed staff knocking on people’s bedroom doors and waiting for a response before entering.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative commented, “It’s an open door policy, we can always drop in.” During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

People and their relatives contributed to the assessment and planning of their care. All the relatives we spoke with told us they were happy the care plans reflected their family members current needs. One person told us, “The care plan is drawn up annually and anything I am unhappy with they will change it”. The registered manager told us if there were any changes to people’s care plans they discuss this with the person and their relatives to ensure they are involved and agree with the changes made.

Positive comments had been received by the home from relatives that included; ‘Thank you for the excellent care of my family member and the warmth shown by all staff’ and ‘Everyone is so kind, it’s like living at home.’

Is the service responsive?

Our findings

During our last inspection in September 2014 we identified people were at risk of not being given care and treatment that they required because monitoring forms were not always completed accurately. During this inspection improvements had been made. For example, there were clear and accurate monitoring records completed.

People and their relatives were kept up to date with any changes to people's care needs. Comments included; and "We are kept fully up to date with the care plan." The care plans were updated and reviewed regularly by the nurse's and registered manager to reflect any changes in people's care needs or preferences.

Each person had a care plan that was personal to them. Care plans contained records of people's daily living routines and described their personal likes and dislikes. They included information about the support required to meet people's needs and what they were able to do for themselves. For example, they detailed what support people needed with personal care and what they were able to do for themselves. People told us staff supported them to maintain their independence. Comments included, "Staff let me do as much as I can, but they are there to help if needed."

People were supported to maintain contact with friends and family. One relative said, "I ring every morning and they let me know how my family member is, they are very aware." Another commented the staff supported their family member to make contact especially around special events such as birthdays and Christmas.

People and relatives were satisfied with the level of activities offered by the home. One person told us, "Time never seems to drag, there are in house quizzes, pass the ball and on Tuesdays it's the exercise lady." One relative commented, "They try to keep people entertained and occupied" and another said their family member chose not to join in with activities and their choice was respected. During our inspection we observed the activity coordinator trying out a cake decorating activity. It was the activity coordinators second day of employment and they told us they were trying out activities with people to see what they enjoyed so that they could create a structured timetable of activities to offer to meet people's preferences.

Each person had a personal profile that was completed by the person or their relatives. This included information relating to how they would like to spend their day, the activities they enjoyed and their hobbies and interests. Staff told us about these documents and said they found them really useful in getting to know people and what they enjoyed doing. One staff member told us they spent time with people on a one to one basis chatting to them and one person enjoyed playing cards with them.

People and their relatives said they would feel comfortable about making a complaint if they needed to. The people we spoke with were not aware of the complaints policy, but they were all confident if they did raise any concerns they would be dealt with by the registered manager. One person said, "I would have high expectations of my concerns being taken seriously." The people and relatives we spoke with told us they had not made any complaints as they had no reason to. There had been one formal complaint received by the service which had been resolved.

Meetings were held twice yearly for people and their relatives to raise concerns and receive information relating to the service. A meeting had been held in April 2015 and feedback was received on the service. Topics covered were the food, activities care plans and Christmas. Positive feedback was received during the meeting from people and their relatives. The home also created a newsletter informing people and relatives about events arranged by the home and changes to the staff team.

Surveys were undertaken to receive feedback on the service twice yearly. The survey forms were also on display at the entrance of the home for people and relatives to complete at any time. The survey included people's and relatives views on the quality of care, response to call bells, activities, how concerns were dealt with, laundry and the décor of the home. Most of the feedback collated stated the home was 'good' or 'very good'. Two of the responses raised concerns that one of the lounges was being converted into a double room and they were worried about having a quiet space for their family member to spend time. The provider said they had considered other options for a quiet area in the home and written to the family members raising concerns explaining this. 11 out of 12 of the people and relatives completing the survey stated they would recommend the home to someone else.

Is the service well-led?

Our findings

At our last inspection in September 2014 we identified the quality assurance system was not effective in identifying areas of concern found during the inspection. For example, it did not identify where there were recording errors in people's care plans. At this inspection we found some improvements had been made. For example, there were care plan audits in place that had identified some of the handwriting in care plans was difficult to understand. An identified action point was for this to be raised with the staff members involved and we saw this had been completed. The registered manager told us this was something they would continue to monitor through their care plan audits.

There were a range of audit systems in place. We found the audit systems were not always effective in identifying shortfalls. For example, they had not identified the service had not followed the principles of the Mental Capacity Act 2005 and completed Deprivation of Liberty Safeguards applications as these did not form part of the audit system. This meant people were at risk of having their liberty deprived without following the correct legal process. Following our inspection we spoke with the registered manager who told us they had contacted the local authority regarding DoLS applications and they would monitor this as part of their auditing process.

We saw audits had taken place for medicines, care plans, health and safety and infection control. All accidents and incidents which occurred in the home were recorded and analysed. The audits identified actions required for improvements and noted when they had been completed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

There was a registered manager in post at Jasmine Court Nursing Home. The registered manager was a registered nurse and they kept their skills and knowledge up to date by on-going training and reading. Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. The registered manager told us they promoted an open culture where staff could approach them with concerns and they encouraged staff to, "Have a voice." They said they spent time with staff observing them informally and giving them feedback to support their development and promote best practice. One staff member told us "The manager is always around and they are approachable." Other comments included, "The manager knows what they are doing, they are approachable and assessable" and "The manager is very supportive."

Staff meetings were held six monthly which were used to address any issues and communicate messages to staff. Items discussed include the training available for staff, rotas and reminders for staff to keep people's wheelchairs clean. One staff member told us they found the meetings were, "An opportunity for us all to get together, there is good communication and you are listened to." Another staff member said, "You can raise issues at staff meetings, we are listened to, the manager gets things sorted."

We spoke with the registered manager about the values and vision for the service. They told us their vision was to, "Empower people and promote their independence" and for people to have, "A happy life that is as close to their home life as possible." Staff told us the visions of the service was to, "Give people the best care" and "To help people live as independently as they can in a home from home." This meant there was a shared vision to supporting people. During our inspection we observed staff supporting people to maintain their independence and the home had a relaxed and homely atmosphere.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were no effective processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were deprived of their liberty without authorisation from the local authority. Regulation 13 (5).