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Jasmine House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Jasmine House is a care home without nursing established to support one person with a learning disability. Jasmine House is a domestic property in a residential area of Paignton. The service is situated close to the town centre, with access to local beaches, medical and support services as well as shops, restaurants and a cinema.

At our last inspection in July 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated as good:

Jasmine House operated a flexible, supportive environment for one person living wih a learning disability. The service was in line with the principles of "Registering the Right Support" and other good practice guidance for people with learning disabilities, in that the person was supported in ways that maximised their choice, independence and community inclusion. The person was supported by the provider and members of the provider's family comprised the staff team. They told us this felt like living as a member of the family, and that they were very happy living at Jasmine House. They said "It's my home. I am happy here - It's my home. I wouldn't want to leave."

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Since the last inspection the provider had updated their knowledge of the Mental Capacity Act and made an appropriate application for a Deptivation of Liberty Safeguard to protect the person's rights. Staff had the training and support they needed. Staff had received training in supporting equality and diversity and were committed to ensuring the person had a fulfilled and active life.

Risks associated with the person's care needs were well understood and managed. We have made a recommendation about providing more detail on the action plan for the person's choking risk assessment in accordance with good practice, and on the use of terminology. Systems were in place to help protect the person from abuse.

The building was well maintained, comfortable and all areas were clean. Systems were in place to maintain

the building safely, such as regular fire tests and drills and water temperature regulation. Medicines were managed safely, and there were always enough staff from the provider's family to support the person with what they wanted to do.

The person's care plan was well understood by staff, who had supported the person for many years, and were compassionate and positive towards the person and their development. Triggers for risky behaviours were mitigated and the success of this was evident in the significant reduction of negative outcomes the person experienced.

The person was supported to maintain a healthy lifestyle, with regular healthcare checks being made. The person was able to choose healthy dietary options and was involved in shopping for meals and could prepare snacks and hot drinks at any time. Care plans were basic but contained sufficient detail to ensure the person's needs and communication could be met and understood. The person was consulted on any changes and able to express any views about their care or the service.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection visit took place on 2 October 2018. The provider was given short notice of the inspection to allow them to support the person living at the service and ensure they could be available to participate in the inspection.

One Adult social care inspector carried out this inspection. Prior to the inspection we had received information from the local quality team and a community healthcare professional who had recently reviewed the person's needs.

At the time of our inspection, one person was living at the home. We spoke with this person, the provider, and a member of the provider's family who was providing staffing cover at the time of the inspection.

We looked at the person's care plans and records, medication records, a staff file, and policies and records relating to the management of the home. We looked around the environment with the person who lived there and spoke with them about their experience of the service.

Good

Is the service safe?

Our findings

Jasmine House provided a safe and comfortable environment for the person who lived there.

The person was supported by staff who knew how to recognise signs of possible abuse. Staff had received training in how to recognise harm or abuse and the home had policies and procedures in place for staff to raise concerns without reprisals, in the form of a whistleblowing policy. The person would be able to communicate any concerns they may have about their care and support, either verbally or through their behaviours. They had access to people outside of the service they could raise concerns with if they needed to. There had been no safeguarding concerns about the person's care and welfare.

Risks had been assessed for the person, and these were documented in their care files and records. Risks included guidance for staff on how the person liked to be supported in times of distress and what had been successful in helping them to de-escalate any distress in the past. The service learned from situations where a sudden escalation had resulted in potential harm. For example, the person had recently become agitated when being supported by a healthcare professional. The service had reflected on this and made changes to reduce the risk of this happening again. The person's care plan contained a nutritional risk assessment, which indicated the person ate fast, which placed them at potential risk of choking. Staff had well understood strategies to support the person with this and mitigate risks. We have recommended the provider expands the risk assessment in line with current good practice.

The staff at the service were very aware of any risks presented to or by the person and had a clear understanding of how to support them if they became anxious or distressed. This was used as part of a dynamic risk assessment when the person was out of the service, when they were always supported by staff. The staff member and provider could tell us about minor changes they knew would indicate an increase in the person's anxiety levels and were clear about the actions they would take to reduce risks as a result.

The provider was keen to help the person develop new skills and have new experiences within a managed risk framework. For example, the person had recently been supported to go to a local fish and chip shop and buy the service's meals independently, with the provider close by for support if needed. This had increased the person's independence and wellbeing. The provider told us the person was as a result building increased links in the local community, such as the local corner shop.

Risks from the premises had been managed. There was automatic water temperature restriction and radiator covers had been provided to ensure the person did not come into contact with hot surfaces. Window openings were restricted and the provider had consulted with the local Fire department and environmental health authority about risks at the premises. We saw that fire extinguishers were in place and the person living at the service was involved in evacuation drills and practice every 12 weeks to ensure they were familiar with actions to take in case of a fire. They also had a personal evacuation plan in their file.

The person was being protected against the risks associated with medicines. Medicines were being stored safely and clear records were kept of their administration, use and return or destruction. Records of

medicines administered confirmed the person had received their medicines as they had been prescribed by their doctor to promote good health.

There were sufficient staff on duty to meet the person's needs. The provider and their family members provided the staffing for the person on a one or two to one basis 24 hours a day. Recruitment and employment records such as disclosure and barring service checks (police checks) were in place for all staff and any visitors/volunteers to the service, and all staff who worked at the home were direct family members of the provider. The provider agreed to ensure the staff files contained a full copy of the person's working history, and ensure records of the names of staff members working on each shift were maintained.

All areas of the home we saw were clean and comfortable. No specific equipment was needed to support the person's care. The service had no identified infection control risks.

Records at the service were well maintained and kept securely in an office at the home. Some records were basic but contained sufficient information for the current operation of the care home. Policies and procedures were up to date and reviewed regularly.

Good

Is the service effective?

Our findings

Prior to the inspection we received feedback the provider had not shown a clear understanding of the Mental Capacity Act 2005 (MCA) or DoLS at a recent review. The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had taken action to increase their understanding and ensure they were protecting the person's rights as a result. Both the provider and the staff member on duty had attended a course on the MCA. As a result they had subsequently made an application for an authorisation to deprive the person of their liberty and completed some capacity assessments to ensure they were acting in the person's best interests.

The staffing team at the home comprised members of the provider's family. The person living at the home told us "It's my home. I am happy here - It's my home. I wouldn't want to leave." We saw the person was relaxed in the company of the provider and the staff member on duty. The provider and staff demonstrated they had the skills, learning and experience to support the person and meet their needs. This included through training courses, attendance at training events, online training, as well as many years of working with the person both in previous care settings and Jasmine House. We also saw the staff team learned through supporting the person, including the importance of limiting sudden changes and consistency in approach.

All members of the staff team had undertaken the Care certificate, which is a recognised course covering induction standards for people working in the care industry. Staff received a formal appraisal supporting their performance and to identify training needs.

The person who lived at the home could make healthy choices about what they wanted to eat. They were involved in shopping for food and could make simple meals with support or observation, for example scrambled eggs in a microwave. The person had regular access to healthcare professionals such as GPs, opticians, specialist community healthcare teams and dentists, and had an annual healthcare assessment undertaken.

Jasmine House is a terraced house set in a residential area of Paignton, close to facilities, services and the sea front. The home was set up to specifically meet the care needs of one person. The person told us they were involved in making decisions about any changes such as to the décor, and showed us how they kept their personal accommodation clean and tidy. The person had free access throughout the accommodation including to the kitchen to prepare snacks and drinks at any time. They could choose to spend time communally or in private as they wished.

Good

Is the service caring?

Our findings

Jasmine House was set up as an individual service to meet the needs of one person. Prior to Jasmine House the person had lived with the provider and their family at another location, and had been known to them in another service where they had worked. The provider and their family expressed their pleasure in the way the person had developed since leaving more formal care situations, and how their quality of life was now significantly improved. They felt much of this improvement was due to consistency, affection and opportunities to lead a much more full and active life. The person in return demonstrated pleasure in the experiences they had. For example, they went to their bedroom and found for us a framed photograph of the provider's dog, which was important to them. They put this on the mantlepiece in the lounge and told us how they enjoyed walking them. They told us "I like animals. I like looking after them."

We saw and were told that the person had made advances in many areas of their life in relation to independence and confidence. Further plans were being worked on to increase their confidence in community settings and gain more control over managing their own finances. The person was supported to go on holiday with the provider and their family. In recent weeks they had been to a holiday camp and were planning a trip to Scotland or Wales in the week following the inspection.

Staff promoted the person's rights regarding equality and diversity, for example ensuring they had access to community healthcare, local services and facilities. The person chose not to take part in community activities or groups provided for other people with a learning disability and this was respected. Staff had undertaken training in supporting equality and diversity, which included an understanding of human rights in practice.

Care and support the person received was based upon their wishes and choices. The person was encouraged to communicate their wishes and make choices throughout the day which were then acted upon. During the inspection for example the person told us they were going to go shopping for new jumpers after the inspection had finished. They told us they had also done this a couple of days before the inspection but had not found anything they liked. In preparation they had thrown out old jumpers to make space and showed us their wardrobe which they had tidied in preparation.

Staff and the provider had a clear understanding of the person's history, communication and topics that might bring about negative reactions for the person. They took actions to ensure the person was not distressed. They showed concern for their well-being both now and for the future. They were immediately responsive to their needs at all times throughout the inspection.

Daily diaries evidenced the choices the person had made, and any wishes they had expressed about their care. Information was available in adapted or accessible formats where appropriate to help the person make sense of the information presented, This included ensuring new information was presented in short amounts to allow the person time to absorb the content.

The provider and staff member spoke with the person with respect and their views were taken account of

throughout the day. The person was asked if they wanted to be involved in the inspection and encouraged to participate as much as they wished. When the person wanted quiet time this was respected and they were monitored discreetly to ensure they were alright. The provider made sure the person knew where they were at all times in case they needed anything.

The person's privacy and dignity were respected. Information about them was treated confidentially and with understanding and compassion.

Good

Is the service responsive?

Our findings

Care and support at Jasmine House was personalised and responsive to support the person living there.

The person had a care plan based on an assessment of their needs. The care plan was basic but was well understood by staff who ensured it was consistently followed. Plans indicated the care and support the person needed on a daily basis, including any risks associated with the person's care and how these could be reduced to maximise their opportunities to develop new skills and have new experiences. For example a care plan for supporting their communication covered areas such as guidance for staff on how to divert the person's thoughts and conversations towards those that had positive outcomes for the person. Support for the person followed principles of positive behavioural support and the provider was seeking further training in this. We have recommended the provider seek guidance on current positive terminology for inclusion in the care plans.

The provider could demonstrate positive advances in the person's life which showed the care plans and interventions had been successful, for example in using technology such as an voice activated system to make music choices and so assist the person to become more independent. The person had been actively involved in developing their care plans where they wished to be, for example in setting out their preferred routines. Other providers supporting the person also had an involvement in reviewing their care to ensure they all offered a 'joined up service' to meet their needs. For example the person's records showed joint reviews were carried out with the local day centre to which the person and anyone else involved in their care were invited. As a result of the person being settled and consistently supported, the number and frequency of negative incidents they experienced had been reduced to very few. This demonstrated the care and support being provided was being effective. Plans were being reviewed regularly, and daily diaries recorded the activities available and undertaken.

The person had access to activities that met their social care needs, and their care plan contained details about their interests and the activities they enjoyed. The provider told us the person did not enjoy mixing much with other people with learning disabilities, but enjoyed spending time out in the community in local restaurants, shops and services. They enjoyed walking and going to the beach, and it was the person's choice each day what they did. The person was also involved in developing some life skills, such as cleaning and cooking. The person told us they attended a local day centre twice a week, which they enjoyed. They told us they did "animal care" one day and "baking" another. An outdoor room at the service was being adapted to provide an activities and quiet space for the person, where they could follow hobbies such as enjoying watching films and Karaoke.

The person living at Jasmine House told us that they would talk with the provider if they didn't like something, but they were very happy. There were clear complaints procedures and information available on how to progress concerns outside of the home. This included agencies and services outside of the home's management structure. The person also had direct private contact with people outside of the home where they could raise concerns if they wished.

Good

Is the service well-led?

Our findings

Jasmine House predated, but was operated in line with the values that underpin "Registering the Right Support" and other best practice guidance for people living with a learning disability. These values include choice, promotion of independence and inclusion. Care and support was person centred, planned and regularly evaluated. The service was individual, flexible and therefore better able to offer a person centred and bespoke service. The service was located in a domestic building, in a residential area, close to local shops, medical services, transport and leisure facilities. This meant the person living there had opportunities to have an increasing role in accessing their local community and maintaining links with people or areas of importance to them.

Jasmine House had a relaxed and informal atmosphere, in line with this being the person's own home. The culture of the service was focussed on meeting the needs and wishes of the person living there. Routines were directed by the person and their wishes. The person and the staff team were asked their opinion about any changes and the person gave the provider direct daily feedback about the service and their experiences. The service did not have a formal annual quality assurance system based on gathering the person's views as they told us they were able to immediately respond to their wishes. They told us "They can have anything they like, whenever they want." Any changes or requests were recorded and acted upon.

The provider was open and transparent about how the service was being run, and was keen to learn if there were things they could improve. The provider told us they used feedback from any source to improve the service, and sources of good practice advice and guidance included the CQC website, and the internet. The provider used internet resources to deliver training packages to staff and learn about developments in care practice. The staff team regularly discussed the care they were delivering and new ideas about how to support the person further.

The provider monitored the quality and safety of the service through regular audits for example of care planning. Contracts were in place to manage services. Regular checks were made of the environment to ensure safety and the home remained an attractive place to live.

The home was being run in accordance with their conditions of registration. No notifications had been required to be sent by the provider in relation to the service.