

Cambridgeshire County Council

Jasmine House - Ely

Inspection report

1a Upherds Lane
Ely
Cambridgeshire
CB6 1BA

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10 July 2018

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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 supported living service. This service provides care and support to people living in one of two houses, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living: this inspection looked at people's personal care and support. Staff support was provided for 24 hours each day.

Care was commissioned and provided by the local authority.

There was a registered manager in place. 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.'

At our last inspection on 18 December 2016, we rated the service 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.

People were cared for by staff who provided care and support that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely. People were cared for by staff who had been recruited and employed only after appropriate checks had been completed.

There were sufficient staff available to safely meet people's needs and support them with a variety of activities. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People continued to be supported with decision making and to have as much choice and control of their lives as possible. People were supported to maintain a balanced diet with suitable food and fluid.

People continued to be supported to access healthcare when they required it.

People received care and support from staff who were caring, respectful and friendly. Staff treated people with respect and dignity. Staff knew the people they supported well, and understood, and met, their individual preferences and support needs. People's care plans provided staff with sufficient guidance to provide consistent care to each person.

Staff supported people to maintain relationships that were important to them. People were encouraged to access the community and develop individual interests and hobbies. Staff supported people to maintain

existing relationships that were important to them.

The provider continued to have a robust complaints procedure in place. The service was well managed. There were effective systems in place to monitor the quality of the service people received.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

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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 10 July 2018. It was undertaken by one inspector. We gave the service 24 hours' notice of the inspection site visit. We did this to ensure that the registered manager would be present for our inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 6 April 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During our inspection, we spoke with four people and we observed the way care and support was provided and spent some time with two people whilst they were being supported. We also spoke with the registered manager, the operations manager and four staff that provided care and support to the people who use the service.

We looked at care documentation for three people, medicines records, three staff recruitment files, staff supervision, appraisal and training records. We looked at other records relating to the management of the service including audits and action plans; accident and incident records; surveys; meeting minutes, complaint and compliment records. We also looked at the service user guide, the statement of purpose, the equality and diversity policy, the end-of-life policy, the bathing and showering policy and the complaints policy.

Is the service safe?

Our findings

People smiled and nodded at us when we asked them if they felt safe. This helped us to come to the conclusion that they felt safe. One person said, "There is always a member of staff available to support us." Another person told us, "of course I am the staff help me."

All of the staff we spoke told us they had received an induction and refresher training in safeguarding people from harm. Staff were knowledgeable about safeguarding and described how to escalate any concerns to protect people from harm. There were arrangements in place to help protect people from the risk of financial abuse. This included procedures for staff supporting people to manage their day to day spending.

People's risk assessments continued to give clear guidance for staff to follow to deliver safe care and minimise risks. Staff monitored and reviewed people's risk assessments following any deterioration in people's health and care needs. People also had an environmental risk assessment in place to assist them and staff, if present, to evacuate safely in the event of an emergency such as a fire.

Only staff suitable to work with people were employed. Staff told us and records showed that the required checks were carried out before they started working with people. One staff member told us, "I had to wait till all the recruitment checks had been undertaken before they offered me a job and I was given a start date."

There continued to be sufficient staff available to safely meet people's needs and support them with a variety of activities. Staffing levels were determined by the needs of the people receiving the service and included, for example, health appointments and the planned activities. One staff member said, "Yes, we have enough staff and additional staff are brought in for planned activities if we need them."

Systems were in place that ensured medicines were stored safely and administered in line with the prescriber's instructions. Staff had a good knowledge of the medicines people were prescribed. Frequent checks of medicines and the associated records continued to take place which helped identify and resolve any discrepancies. Errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences. This showed us that people were supported to safely receive their prescribed medicines.

Staff received training relating to the prevention and control of infection, including food hygiene, and there were sufficient supplies of personal protective equipment available. Staff told us, "We have gloves and aprons available and change them for every task."

Staff fully understood their responsibility to report any incidents, accidents and concerns that they might have had. They told us that they would always ensure that the is aware of all incidents. All incidents continue to be discussed at staff meetings so that staff could learn from what had happened and look at strategies to prevent the situation recurring.

Is the service effective?

Our findings

Staff met people's assessed needs. Staff used guidance from social and healthcare organisations that was based upon current practice to support people with their care needs. For example, the Public Health England, 'beat the heat'; staying safe in hot weather had been shared with staff. One staff member said that in line with this guidance and to promote people's well-being during the hot weather they would look for signs of dehydration and, "I make sure I leave a drink at the side of them."

Staff continued to be sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. One staff member said, "The training we get is great. We are always reminded when we are due to refresh our training." Staff said they had received refresher training in key topics such as safeguarding, managing medicines and infection control. Staff also received training that was relevant to the needs of each person they supported. Staff told us and the records confirmed the provider supported them to work towards a qualification in social care, such as the Qualifications and Credit Framework. (This is the course that has replaced the National Vocational Qualification)

Staff told us they continued to feel supported by the registered manager and senior staff. Staff received regular supervision and an annual appraisal. All staff said they felt the registered manager and senior staff were approachable and that they could raise areas of concern with them. All were confident they would be listened to and any concerns addressed. A staff member said, "[Name of registered manager] is approachable, supportive, and encouraging at all times. We can ask any questions and nothing is too much trouble."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in a supported living service, an external agency would make the Deprivation of Liberty Safeguards (DoLS) application to the Court of Protection.

People's rights to make decisions about their care and support continued to be respected. Staff said they had received training in MCA and DoLS and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions and the use of best interest decisions where people were not able to make the decision themselves. For example, when making large purchases.

People were supported to maintain a healthy diet. Staff supported people to be involved with menu planning. They spoke of the importance of incorporating fresh fruit and vegetables into people's diets. People we spoke with confirmed that they had food that they liked and were supported to prepare and cook their meals.

People continued to be supported to access healthcare appointments and monitor their health. Staff knew people very well and recognised when people were not their "usual self". This is so that they were able to access health support more quickly. Staff liaised with other services, such as the community nurses, if people needed support with this aspect of their care.

Is the service caring?

Our findings

We observed care and support being provided in a caring, respectful and friendly manner. We saw how staff included people in conversations and how people responded as a result. Staff showed they were kind and compassionate when speaking with people and took their time to talk with people and showed them that they were important. People were calm and responded well to the choices staff offered. For example, in relation to the type of drinks they would prefer and accepting care and support.

We saw that staff treated people with respect and dignity. Staff discussed personal care issues with people discretely and quietly before assisting the person. Staff continued to involve relatives in decisions about people's care where this was appropriate. In a review of one person's care a relative had commented that staff kept them "informed and involved" although they lived a long way away.

People told us that they were encouraged to express their views and were involved in the decisions about their care. One person said, "We are always asked about how we feel and if there is anything else we want to do."

The registered manager was aware of local advocacy services. No one at the time of the inspection was using advocacy services. Advocates are independent and support people to make and communicate their views and wishes.

All the staff we spoke with said they would be happy with a family member receiving care from this service. One staff member said this was because, "I am confident in the care we provide here. People are very happy here and have a good variety of opportunities."

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff. Staff were knowledgeable about people, their preferences and their care needs. This information corresponded with that in people's care plans, which provided staff with detailed guidance to provide consistent care to each person. Staff told us they were given time to read people's care plans before they provided care to people.

Staff continued meet people's needs in ways that suited each person. Staff told us they planned suitable activities for each person based on their preferences. Staff told us, and records showed, that people were regularly supported to access the community, both to join in with groups or on their own. They told us they were planning holidays for some people and were "looking at suitable options." People told us they sat down with staff to look at brochures or the internet for various holiday destinations and accommodation.

Staff told us how they had supported people to be involved in household tasks and take care of the garden of the house they lived in. Staff supported people to maintain relationships that were important to them. For example, supporting people to visit family and friends as they had access to transport.

The provider continued to have a robust complaints procedure in place. Records showed that people and, or, their relatives had been provided with information about how to complain about the service. We saw the registered manager had thoroughly investigated and appropriately responded to complaints.

The registered manager told us that no one using the service currently was receiving end-of life care. Where people had been prepared to discuss their future wishes in the event of deteriorating health, these wishes had been clearly identified in their care records. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. Records showed that staff had undertaken end-of-life training. The registered manager told us that they would work with external health care professionals' guidance and advice when it became clear that people's health conditions had deteriorated. This would enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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.

The registered manager and staff showed a good knowledge of people's care and support needs. Staff told us that the registered manager regularly supported people with their care and support needs. From discussion and observations, we found the registered manager and staff had a good knowledge and understanding of the support needs and preferences of the people supported by this service.

We received positive comments about the management of the service from all the staff we had contact with. One staff member said, "[The registered manager] knows what he is doing. He understands what we do as he's done it." Another staff member said, "[The service] runs more efficiently. There is a good communication and we get on well as a team." Staff told us they felt supported both informally and through more formal supervision and team meetings. When we spoke with people in the service about the manager they would smile and one person gave us the 'thumbs up'.

People, relatives and stakeholders were given opportunities to comment on the service they were receiving. Feedback was given by a variety of way such as meetings and surveys, the registered manager also met face to face with people so that they could raise issues if they needed to.

The provider and registered manager continued to have a number of quality assurance systems to monitor and improve the service. Audits had been completed in areas including medicines and accidents and incidents.

Records CQC held about the service and looked at during the inspection, confirmed that the provider had sent notifications to the CQC as legally required. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care for people using the service. This included working with a variety of health and social care providers.