

Jasmine Care Holdings Limited

Jasmine House Nursing Home

Inspection report

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Reading
Berkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Jasmine House Nursing Home is a care home providing personal care, accommodation and nursing care to up to 79 people aged 65 or over. There were 38 people living at the service at the time of our inspection, some of whom were living with dementia. The service comprises of two units, Hawthorne and Jasmine each of which has separate adapted facilities.

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

The service had ensured that medicines were stored and given to people safely. People's risks assessments were clearly written and gave clear instructions to staff meaning that people were less likely to suffer harm. Regular maintenance checks of the home were undertaken. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was individualised in order to best meet their needs and social activities were planned for people to support with stimulation. Care plans were person centred and included the input of the relevant person. People were supported by staff to pursue their interests.

People knew how to raise concerns and they felt they would be listened to. People felt that staff were caring, and regular activities were available for them to take part in if they wished to.

The service had an open and transparent way of working to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems had improved to ensure the quality of the service was maintained. People felt there were enough staff at the home and felt safe living there. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 December 2019) and there were multiple breaches of regulation. At our last inspection, we imposed a condition requiring the provider to send us monthly updates in respect of safe care and treatment and good governance to ensure this improvement is sustained. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider was compliant with the regulations and to confirm they now met legal requirements. This report only covers our findings in relation to the Key

Questions: Safe, Caring, Responsive and Well-led, which contain those requirements.

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

The rating from the previous comprehensive inspection for the key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Jasmine House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors and one 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.

Service and service type

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

There was no registered manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider has a plan in place to register a manager soon.

Notice of inspection

This inspection was announced and took place on 23 February 2021. We gave a short period notice of the inspection due to the current pandemic as we needed to ensure we were aware if there were any positive cases within the care home.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is

information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 members of staff, including the home manager, four nurses, three care staff, one auxiliary staff member, the maintenance person and the activities co-ordinator. We observed how staff interacted with people. We spoke with six people and five relatives.

We reviewed a range of records. This included four people's care records and samples of people's medicine records. We looked at five staff recruitment files. A variety of records relating to the management of the service, including complaints, accidents and samples of audits were also viewed.

After the inspection

We contacted three external professionals to gather their views about the service. We also contacted two more relatives to seek further feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were assessed. Care plans contained clear guidance for staff to follow to protect people from identified risks. One person was at risk of falls. Their care plan contained a plan how to manage these risks. People's care records gave details of any equipment required and how to use it safely. One person's care record highlighted the importance of ensuring any equipment was safe and serviced.
- People's needs were known to staff. One person's care plan gave a clear description of their condition which impacted on the ability to weigh the person. We asked a staff member who was able to give us the rationale and the reasoning behind using an alternative way to assess the person's risk of malnutrition.
- Risks to people in the environment had been managed well. We saw records of regular water safety checks, fire systems and equipment checks.
- The provider had a business continuity plan that detailed actions for staff in emergencies including evacuations or an outbreak.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We observed staff following good practice guidance when administering medicine to people. There was a safe system to manage and store medicines including medicines needing cold storage.
- Where people had been prescribed medicines to be taken on a 'when required' (PRN) basis, PRN protocols were in place to guide staff.

- People's care plans contained accurate information about their prescribed medicines. For example, one person's medicines care plan clearly described the reasons for taking anti-clot medicine and gave a list of potential side effects and actions for staff if the person experienced side effects.

Systems and processes to safeguard people from the risk of abuse

- The new management team promptly identified, reported and investigated any safeguarding concerns. They used safeguarding procedures from all the local authorities they worked with to ensure the right processes were followed.
- There was a culture that empowered staff to raise safeguarding concerns. A staff member told us, "Before, we did not know about safeguarding. We now understand that raising a safeguarding alert is not a bad thing."
- Staff received safeguarding training and were regularly reminded of the provider's safeguarding and whistleblowing policies.

Staffing and recruitment

- There were enough staff to keep people safe. On the day of our visit we saw call bells answered promptly and staff were deployed in a way that ensured people's needs were met.
- People said they did not need to wait a long time to have help. One person said, "They come quickly to my buzzer."
- Staff confirmed there were enough staff. One staff member praised the management for involving staff in the rota planning, they said, "Rotas are done with the staff. We had no [temporary staff] agency for months."
- The provider used safe recruitment procedures when employing new staff.

Learning lessons when things go wrong

- There was an effective system in place to record individual incidents and accidents. The management team reviewed these regularly to ensure any trends or patterns could be identified.
- The management team sourced external support, such as examples of good practices from the provider's other homes services for consideration if these could be adopted by the team at Jasmine House.

Preventing and controlling infection

- The environment was clean, there was no malodour and hand sanitizers were available.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last comprehensive inspection, we found the provider had failed to provide care which met people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) (person centred care) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Feedback from people demonstrated people benefitted from a caring team. Comments from people included, "The staff are all very friendly and social" and, "I am happy. I can speak to my sisters on the phone. They have painted my nails today; I am encouraged to do activities."
- Throughout the day we observed a warm, caring and relaxed atmosphere. Staff told us the new management team had created a culture that promoted a caring approach. One staff member said, "They lead by example, they come in early and leave late, them showing such a commitment makes us [staff] passionate".
- The caring approach was apparent not only towards people but staff alike. On the day of the inspection a person's birthday were celebrated with a cake and signing. We were informed the staff's birthday were also celebrated.
- People's relatives were positive about the care provided. Comments from relatives included, "The staff are very caring, and they love him. They respect his privacy and dignity. The staff support me as well."
- The provider promoted equality and diversity. The team was diverse and respectful of any cultural differences. Staff told us they respected people's cultural and spiritual wishes. One staff member told us how one person, due to the lockdown, was no longer able to be visited by church representatives and staff either sang hymns with the person or ensured they had a correct radio station set up to listen to services.

Promoting people's privacy, respecting people's dignity

At our last comprehensive inspection, we found the provider failed to support people's autonomy and independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) (Dignity and Respect) Regulations 2014. We also found the provider failed to store people's confidential information securely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) (Good Governance) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 and 17.

- Staff understood the importance of promoting people's independence. A staff member told us, "If we see people are struggling [with a task] we'd help, but we always let them to do it independently as much as possible".
- Care plans contained guidance for staff to help support people's independence. One person's care plan said, 'encourage [person] to make choices around preferences for his daily clothing'.
- The new management team introduced monthly dignity audits and a 'do not disturb' notices that were placed on people's bedroom door when staff were supporting people.
- People's personal, confidential information was protected. We saw documents were stored in secure, lockable cabinets in the office and where any information was stored electronically, staff used secure passwords to access it.

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

- Relatives and people told us they were involved in decisions about their care. One relative told us, "they asked me about her religious beliefs and so on for the care plan."
- Staff knew people's needs well and told us despite this they would always offer a choice rather than from previous experience.
- There was evidence people and their relatives where appropriate were involved in decisions, for example being included in their decision regarding Covid-19 testing or vaccinations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last comprehensive inspection, we found the provider had failed to deliver personalised care which met people's needs and had not met people's communication needs. These areas were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Person Centred Care).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us they received that met their needs. Comments included, "I can have a shower whenever I like. The staff know I do not like a bath."
- Staff knew what was important to people and ensured people's emotional needs were met in creative ways. This was observed during the inspection where individualised activities were being provided whilst people were sitting in the lounge area.
- Peoples' care records contained detailed descriptions of their life histories and preferences. The service was in a process of completing 'This is me' booklets for all people, to help staff to develop a better understanding of people to meet their individual needs..
- There was a team of two dedicated activities coordinators who worked hard to ensure people received social stimulation as much as possible given the current restrictions due to the pandemic. There were detailed records of activities people had been offered, and whether they had taken part. One person's care record showed they had enjoyed a walk in the garden, chatting and reading magazines and had decided to watch a bingo game rather than play.
- Staff ensured people were supported to maintain contact with relatives via phone calls or video calls where possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and reflected in their care plans. For example, one person's care plan stated, "Able to understand verbal communication, may muddle or confuse words, use prompt cards if needed." Another person's care plan guided staff how to maintain good communication, "Sit on the same level, maintain eye contact."

- Staff knew people's needs well and told us about examples, whether they used either 'flash cards' or white boards to aid communication with people.

- The provider had a clear policy for meeting people's communication needs, in line with the AIS.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available and there was a system to record and manage the complaints. No complaints have been received since our last inspection visit.

- People and their relatives told us they could raise concerns, and these had been addressed promptly. Some relatives did report that communication from the provider could improve and it could take time for changes to be made. However, they did report that since the new management have arrived it has improved, "The new manager keeps in contact and lets us know what is going on."

End of life care and support

- People's needs and preferences for their care at the end of their lives were documented in their care plans.

- One family of a person that passed away told us, "The care was brilliant from the beginning. They gave [person] the care [they] needed and all the equipment [they] needed."

- The management team held monthly meetings to discuss the needs of people who could be seen as nearing end of life. This was to ensure appropriate anticipatory medicine and referrals to the local hospices could be promptly made.

- There was ongoing training for staff to increase their skills to provide end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service was not always managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to have systems or processes in place to ensure that the quality and safety of the services provided was being monitored effectively and used to drive service improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of the inspection, there was no registered manager in post, and we have not received an application which has been approved. Due to there being no registered manager, this situation is a ratings limiter within well-led.
- Following our last inspection, the provider had been submitting to us monthly evidence around the improvements made. The evidence we had showed substantial improvements had been made to improve governance, good practice standards and the culture at the service.
- There was a new manager at the service who was in the process of completing their application to be a registered manager with Care Quality Commission. They were supported by the operations manager who also supported two other homes of the same provider.
- A new set of new policies had been introduced and shared with staff.
- Quality assurance processes included audits of fire safety, staff files, care plans, and infection control. Audits included improvement actions, staff responsible and completion dates. Where an action had been identified, it was clearly marked alongside a person responsible and marked as completed.
- The audits demonstrated improvements were being made. For example, the medicine management audit carried out in early October 2020 rated the three audited areas as requiring action. A further audit carried out at the end of January 2021 demonstrated all three areas were compliant.
- The manager introduced several trackers so they could monitor various key performance indicators monthly. This included weight loss, falls, accidents and others.
- The management team had a clear plan on additional areas they were planning to improve. This included further training for staff and garden improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we identified they failed to notify the CQC of incidents of potential abuse. This was a breach of Regulation 18 of the Care Quality Commission (registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager was aware of her responsibilities in relation to this standard.
- The management team ensured the required notifications had been promptly submitted to us.
- The new manager worked to establish and maintain an open and transparent communication with people's families, for example, around changes to visiting guidance during the lockdown.

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

- The management team were welcoming and demonstrated an open and transparent approach. The operations manager said, "The inspection is about learning."
- The staff were keen to share with us their feedback around improved culture. Comments from staff included, "We're being made more empowered now, we're more involved now" and "Everyone is more relaxed now."
- Feedback from people showed they were in a centre of the service delivery. Comments included, "I can choose my own clothes, they ask me my likes and dislikes and they discuss things with me."
- Staff were welcomed to put forward any ideas. For example, they introduced a monthly newsletter. The newsletter included welcome to new residents, new staff, employee of the month and other updates or interesting facts related to current affairs.
- Staff told us they were involved in the service and listened to. They commented on the manager's ability to identify potential in them which already had resulted in some staff promotions?

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

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people demonstrated their views were sought.
- There were recent surveys that had been carried out with people, staff and relatives. The management team planned to analyse the results so the details of action taken could be shared with all.
- Staff were supported via one to one meetings, group supervision and meetings. This included welfare meetings. Individual risk assessment had been carried out with staff around their personal circumstances and impact Covid-19 could have on them.
- Staff commented positively on improved teamwork, staff morale and communication within the team. It was apparent that improving quality was everyone's job, for example, the management ensured details of people who needed high calories diet were shared by nursing team with the chef.

Working in partnership with others

- The team worked closely with social and health professionals.
- The new management team proactively established links with external services, for example, with a local

dentist.

- External professionals were complimentary about the improvements at the service and their comments included, "The team welcome and respond well to any suggestions for improvement and have a positive, open attitude for learning. I have seen the quality of the provision of service and care continually improve throughout the time that I have worked with them."