

# Heritage Care Limited

# Jasmine Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook an inspection of Jasmine Court on 5 January 2017. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in January 2014 no breaches of the Health and Social Care (Regulated Activities) Regulations were identified.

Jasmine Court provides personal care and support to older people in their own flats which are all located on site. At the time of our inspection there were 9 people receiving personal care and support from Jasmine Court.

A registered manager was in post at the time of our 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 service was safe. Risk assessments were in place to minimise identified risks whilst supporting people to remain independent. Staff knew how to identify and report safeguarding concerns. Where necessary the service had reported these concerns to the local authority and the Commission. People's medicines were stored and administered safely by trained and competent staff.

Robust recruitment procedures were in place to ensure the relevant checks of staff had been completed. Staff undertook an induction programme when they began work and received regular on-going training. Staff had training in the Mental Capacity Act 2005 and could apply their knowledge within their roles.

The service was not always effective as staff did not receive regular supervision to support them within their role. People and relatives were not always clear on who key staff members were such as the registered manager and senior staff members.

We observed good relationships between people and staff. Staff knew people well and ensured there was a friendly and positive atmosphere within the service. Positive comments were made by people and relatives about staff's caring approach and attentiveness.

Staff were responsive to people's care and support needs. Care records were person centred, showing people's personal preferences and choices. People said they privacy was respected. People said they felt well supported whilst remaining independent.

The service was well-led. Regular audits ensured that the quality of care was monitored and reviewed. Areas that were identified as needing further action were completed. Opportunities for people to socialise were provided by the service. Feedback was sought from people in the form of a questionnaire. Communication

was effective amongst the staff team through meetings, records and handovers.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were knowledgeable in safeguarding procedures.

Appropriate recruitment procedures were followed to ensure checks were completed before staff began work.

People's medicines were administered safely.

Risks to people and the environment were identified and assessed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive regular support through supervision.

Staff applied the principles of the Mental Capacity Act 2005 to their role.

Staff completed an induction and received regular training.

People's healthcare needs were met.

People were supported with their nutrition and hydration.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and treated them with respect.

Staff supported people in a way that upheld their privacy and dignity.

Staff were knowledgeable about maintaining confidentiality.

### Is the service responsive?

Good ●

The home was responsive.

Care records were person centred.

Opportunities for social interaction was organised by the service.

The service had a complaints procedure and ensured complaints were responded to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were systems in place to monitor the quality of care and support provided to people.

Feedback was sought from people about the care and support they received from the service.

Effective communication systems were in place for staff.

# Jasmine Court

## **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.

The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and all 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.

During our inspection we went to the Jasmine Court office. We spoke with four staff members which included the registered manager and a senior staff member. We spoke with two people that received care and support from Jasmine Court and two relatives.

We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

People felt safe using the service. We observed people with support staff being relaxed and happy. Relatives gave positive feedback about the care and support delivered by Jasmine Court and said people were safe and well supported. One person said, "I feel safe here." A relative said, "He is safe and well looked after."

The provider had policies in place for safeguarding. Staff we spoke with were knowledgeable about safeguarding procedures. Staff received training in this subject in their induction programme. There was ongoing refresher training in safeguarding and the training records confirmed this. One member of staff said, "I would report any concerns straight away to and document in the tenants records." The provider had records showing when concerns had been identified they had reported them to the local authority safeguarding team.

Risks to people were identified and assessed. This included assessments in areas such as mobility, falls, skin integrity and medicines. Appropriate guidance was in place to direct staff on how to safely support people and minimise risk. For example, one risk assessment around a person's health said, 'If staff start to notice redness in between the toes they must seek advice from the GP.' People were supported to remain as independent as possible. One person told us this was they enjoyed the service because they were able to do things for themselves, "But I know staff are there if I need them."

There was an effective system in place to monitor accidents and incidents. Accidents and incidents were recorded onto the service's computer system. Records detailed what had happened and the action taken to minimise future re-occurrence. For example, for one person we saw that following a fall their risk assessment and care record had been reviewed and amended. People told us they had a pendant alarm, which they carried with them. People told us this was reassuring to have as they knew support was on hand if needed. One person said, "I have a pendant to call if I need someone." People told us that staff responded promptly if called.

Particular staff were trained in the administration of medication. Staff undertook a programme to ensure they were fully trained. This included an external training course, workbook assessment and a written test. Staff were observed in their practice by a senior staff member to ensure their competency was at the required level. Medicines were stored securely within locked cabinets in people's flats. Medicines Administration Records (MAR) were completed and we found no recording omissions. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. Where medicine errors had been found, appropriate measures had been introduced to rectify the concern. This included, staff re-training and a regular daily checking system. Monthly comprehensive medicine audits were undertaken.

The provider had a safe recruitment process. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A 'recruitment checklist' was in

place to ensure that all steps of the recruitment were fully completed. The date was noted when the registered manager had been notified that the staff member was ready to commence work.

Environmental risk assessments were in place to ensure communal and people's personal space was safe. A business continuity plan was in place which gave procedures should the service experience emergencies such as a gas leak or flooding. When the plan had been reviewed it clearly detailed the changes made. People and relatives told us that maintenance issues often took a long time to be rectified. Senior staff were aware of this. Issues were reported promptly to the landlord and followed up by staff until completion.

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills took place to ensure staff were confident of the procedures to take. Risk assessments were in place to minimise the risk of a fire occurring. People had an individual emergency plan in place. This detailed the support and equipment they would require in order to stay safe during an evacuation. This showed the different support they may require during the daytime and at night.

People told us that staffing levels were good. There was currently one part time care vacancy. This was currently being covered by existing and agency staff. Agency staff were used where necessary. We received some mixed feedback in regards to staffing. Some people and relatives told us that as the staff team was small they knew who everyone was. Other people and relatives told us that there was often new staff and it meant they did not know who people were.



## Is the service effective?

### Our findings

The service was not always effective because staff did not receive regular supervision in order to support them within their role. Supervisions are where staff members meet one to one with their line manager or a senior staff member to discuss their performance and development. From the records we reviewed we saw that staff had not received supervisions in line with company policy that stated, 'Formal supervision should ideally be held on a monthly basis. However it is recognised that it is better to have a smaller number of high quality supervision meetings than numerous poor ones and for some services and positions it is difficult to arrange this frequently. On that basis the absolute minimum number of supervisions that a member of staff should have in any one year should not be less than six. For bank/domiciliary care staff who work infrequently or on a limited basis this should be not less than four a year.' Three staff members who had been at Jasmine Court throughout 2016 had only received one supervision session. One staff member said, "Regular supervision is not really happening." The registered manager and senior staff member told us this would be addressed.

All the staff we spoke with confirmed they had received an induction when they began work at Jasmine Court. The induction programme was now aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. The services' induction gave new staff information around areas such as health and safety, communication and person centred care. All new staff shadowed a more experienced member of staff as part of the programme. One staff member said, "I shadowed someone, so I got to know the ropes." Staff told us how they were shown how people liked their care and support delivered and how important this individual detail was. One staff member said, "You got to know people's favourite blouse or teacup. These small things are so important." However, we did note that not all staff's recent completed induction programmes were available for us to view.

Staff received ongoing training in areas such as fire safety, dementia and equality and diversity. Staff commented positively about the training provided by Jasmine Court. One staff member said, "Training is good, we have regular training." A relative told us that staff were skilled and effective in their roles. We saw that staff with additional responsibilities in their role received training to reflect this. For example, in first aid and medicines.

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 people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff were knowledgeable about how to apply the MCA in their role. Staff could demonstrate how they facilitated and supported people to make choices and decisions. For example one member of staff explained how they supported a person to make choices around their meals.

People told us they were consulted about their care and support and consent was always obtained. One person said, "Yes they always ask me first". A staff member said, "I always ask people if I can help them. I talk

people through the care being given."

People told us their health needs were met and that when support had been needed was provided. One relative said, "Staff are very observant, they notice if [Name of person] is not right." One person told us, "Staff phone the doctor if I am not well." Staff told us they recorded any changes or observations around people's healthcare in people's 'progress notes.' We saw records were accurately kept and maintained in relation to any health appointments. For example with the GP, hospital or district nurse. We were told that the communication and liaison between Jasmine Court staff and other health care professionals was good. One person said, "The continuity of care is excellent." A document was available for people to take to hospital with them if needed. This contained essential information such as medical history, allergies and next of kin information.

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care record. One person told us, "Staff help me heat up my food." Another person said, "Staff pop in on me and see if there is anything I need."

## Is the service caring?

### Our findings

The feedback we received from people was that staff were caring, helpful and supportive. One person said, "Staff are very helpful and very polite. I feel very comfortable with the staff" Another person said, "Staff are kind." A relative said, "The staff are very good."

People told us they had good relationships with staff members. People said they enjoyed staff members company and felt relaxed and at ease with staff members. People said that staff knew them well and how they preferred their care to be delivered. People told us that staff encouraged and supported them to remain independent. One person said, "They help me but they don't do things for me."

People told us that staff were thoughtful and showed this in actions they took. For example, one person told us that staff sent them a birthday card and cake. People told us that staff had ensured they had enjoyed the Christmas period. One staff member told us, how they had facilitated people to group together for Christmas lunch. They had involved people in the purchasing of food items for their Christmas meal and then had prepared this for people. People had enjoyed this. One staff member said, "It is all people have been talking about."

People told us that staff upheld their privacy and dignity. Staff could give examples of how they supported people in a way that maintained their privacy and dignity. For example, by ensuring doors were closed and people had towels and dressing gowns available when being supported with personal care. We observed staff respecting people's privacy by ringing on people's doorbells before entering people's flats.

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Not discussing client's personal business to outsiders. Only speaking behind closed doors."

Care and support was given in a timely manner. One person said, "I am very happy here." Staff told us they had enough time to complete the care and support as detailed within people's care records. One staff member said, "I give people time. I want to make sure people are happy and content." We observed that during the day staff were not rushed or hurried and had time to spend with people in communal areas of the service.

The service had received two compliments in December 2015. These were from family members thanking staff for the care they had provided to family members.

People told us that visitors were welcome anytime and there were no restrictions. One person said, "I can have visitors when I like." One relative told us they could come and visit whenever their relative wished.

## Is the service responsive?

### Our findings

People received person centred care which was responsive to their needs. One person said, "It is very nice here. I have no complaints." One relative said, "On the whole we are very happy with the care provided."

People had a pre assessment completed to ascertain if the service could meet their needs. Care records contained an up to date photograph of people and essential information such as key people's names and contact details. People's life history was described giving an insight into people's interests and areas of significance. For example, one care record noted, 'Enjoys singing, music and reading.'

Care plans described people's personal preferences' and gave guidance to staff about how people wished to be supported. This included people's personal preferences and usual routines. For example, 'Retires to bed quite late, usually 11pm-12am. Likes to watch the quiz shows before going to bed.' Care records gave details on the level of support people required for different tasks. If people could undertake the task independently and how staff could support people safely. People's religious and cultural needs were identified within people's care records and how these were being met. One record for example said, '[Name of person] is not religious.' We saw that care plans were reviewed regularly to ensure the support being given still met people's needs.

Care records described how to support people if they were feeling anxious or distressed. For example one care record, 'Spending time with family helps [Name of person] to relax.' We saw where particular concerns or issues had arisen these had been detailed and the measures put in place. Records showed that other health and social care professionals had been contacted where appropriate. A keyworker system was in place. A keyworker was a member of staff specifically allocated to oversee a person's care and support.

People told us they felt listened to and their choices respected. For example, one person said, "I've got everything I want here. We saw from people's care records that people chose their daily routines and activities. This included, what time care was delivered to support people to get up in the morning and the community activities people engaged with. For example, going to the pub or attending social groups.

People and relatives told us they would feel comfortable raising any concerns with staff. Several commented that they had not received a copy of the complaints procedure. However, we were told that people were aware the service had one and would raise a concern if needed. One relative said, "We have no complaints."

The provider kept a log of complaints. The service had received one complaint since January 2016. We saw that complaints were followed up and investigated. A letter acknowledging the complaint was viewed. We saw that the complaint had been fully investigated and a response sent to the person. The complainant was satisfied with the outcome.

The service organised a weekly coffee morning in a communal area. This was an opportunity for people to socialise and spend time together. People told us how they went out with family members or used local

community transport services to access community groups and clubs. People told us they enjoyed going out one to one with staff and would like to do this more. For example, going out shopping.

## Is the service well-led?

### Our findings

The service was well-led. People and relatives said the service was well run. The registered manager was described by staff as, "Approachable." The registered manager was supported by a senior staff member in the day to day running of the service. Staff described the senior staff member as, "Being a good listener," and "Doing a good job." People and relatives were not always clear on the staffing structure and who the registered manager and senior staff members were. The registered manager said this would be addressed.

Systems were in place to monitor and review the quality of the service. We saw that regular audits had been completed in areas such as medicines, health and safety and infection control. The audits identified matters that required further action. For example, redecoration of the lounge and hallway and regular servicing of the washing machine. The audits had clear actions made as a result. For example, we saw the November 2016 medicines audit highlighted that temperature recordings of the medicines cupboard had not been regularly completed. This was subsequently raised with staff at their team meeting in November 2016 to ensure this was rectified.

Staff said they worked well as a team and this meant they provided good care for people. One staff member said, "We are a good care team." Staff said the service had a positive atmosphere and was a rewarding place to work. One staff member said, "It is a nice, friendly atmosphere." Staff said they felt valued in their roles and a recent thank-you letter at Christmas from the provider had been a, "Nice touch."

Information was communicated effectively to staff. Important messages to staff were put into a 'communication book' and appointments for people were held in the diary. We saw that information was communicated about staffing, observations about people's wellbeing and maintenance updates. One staff member said, "Everything goes in the communication book." In addition there was a verbal handover at the beginning of every shift. Staff said they also received communication from the provider in the form of letters and emails.

Some relatives said the service communicated well with them. One relative said, "They always phone me, if there is anything I need to know. However, one relative said they would appreciate more communication from the service about their family member.

Regular bi-annual team meetings were held. Staff spoke positively about the meetings saying they were encouraged to be involved. One staff member, "We can suggest ideas." We reviewed the recent minutes and saw that topics such as medicines, staff changes and service users were discussed.

The service had conducted a questionnaire with people and relatives in November and December 2016. The response rate had been very low. The scores received were positive. The registered manager said this would be reviewed to see how feedback could be sought from people and relatives in the future.

Senior staff understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which

affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.