

Mrs Margaret Peacock and George Peacock

Jasmine House

Inspection report

7 Pensclose
Witney
Oxfordshire
OX28 2EG

Tel: 01993702860

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Ratings

Overall rating for this service	Good ●
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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

This unannounced inspection took place on the 18 April 2017. Jasmine House is a family run home within a residential setting and can accommodate a maximum of three people with age related needs. There were two people living at Jasmin House at the time of the inspection.

At the last inspection on 10 October 2015, the service was rated Good. At this inspection we found the service remained Good.

People remained safe living in the home. Risks to people had been identified, assessed and were managed safely. The managers were aware of their responsibilities and knew how to identify and report abuse. The managers also performed the role of staff which was sufficient to support people with their assessed needs. People's medicines were managed safely.

People continued to receive effective care from the managers who had the skills and knowledge to support them and meet their needs. People were supported to have maximum choice and control of their lives and both registered managers supported them in the least restrictive way possible; the procedures in the service supported this practice. People were provided with nutritious homemade meals which looked appetising and which people enjoyed. People had access to healthcare when they needed it and recommendations from healthcare professionals were implemented.

The service continued to provide support in a caring way. We saw that people were treated with dignity and respect. People's requests for support or assistance were responded to promptly and with kindness. People had positive relationships with the managers and were treated in a caring and respectful manner.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs. People said they were involved in making decisions regarding their care. People and their relatives were aware of how to make a complaint. However, there had been no formal complaints recorded at the service.

The service was led by two registered managers who promoted a service that put people at the forefront of all the service did. The managers had clearly defined roles and responsibilities, and provided each other with on-going support with their roles. There was an appropriate quality monitoring system in place for the service being provided, underpinned by a "Continuous Quality Improvement" statement and approach.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 unannounced inspection took place on 18 April and was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The service was a family run home whose whole personnel consisted of two registered managers living on the premises. The service did not employ any other staff. We spoke with one person who used the service, two relatives and both registered managers. We observed the care and support provided to people and the interaction between the managers and people throughout our inspection. We reviewed two people's care files, records relating to training, and general management of the home.

Is the service safe?

Our findings

The service continued to provide safe care to people. One person stated, "I feels safe, I feel safe. I've been here for 12 years and I know I'm safe". One person's relative told us, "Of course they are safe. They couldn't be looked after any better. They are treated like a family".

Both registered managers had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One of the registered managers told us, "I would report this to the local safeguarding team and to the Care Quality Commission (CQC). I would record this and take all appropriate action".

Risks to people's safety were identified in their care plans. These were tailored to each person's individual needs and covered such issues as mobility, falls, use of hot water or risk of malnutrition. Each assessment contained a clear guidance to follow in order to ensure people remained safe.

There were sufficient staff on duty to meet people's needs. The service employed two staff who were also the registered managers. As the service was a small family-run home, there were enough suitably qualified staff to meet people's needs and people received ongoing one-to-one care support. Due to the nature of the service, recruitment was not applicable. However, both registered managers had undergone checks with the Disclosure and Barring Service (criminal records check). This check is carried out to make sure job candidates are suitable to work with vulnerable adults.

Medicines were managed safely. The medicines were stored in a designated locked cupboard. The registered managers told us they received training in the safe management of medicines and provided us with relevant records of that training. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings.

There were detailed maintenance records in place that showed the equipment and the environment were monitored. Any identified issues were addressed and resolved promptly.

There was a process in place for monitoring incidents and accidents designed to identify patterns and trends. However, there had been no incidents reported since our last inspection.

There were robust contingency plans in place in case of an untoward event. The contingency plans assessed the risk of such events as floods, pandemics or bad weather conditions.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. One person told us, "They are both very good and very knowledgeable". One of the relatives told us, "They are very good with [person]. They seem to know how to meet all her needs".

People were supported by registered managers that had the skills and knowledge to carry out their roles and responsibilities. We saw their training included not only mandatory training such as first aid, health and safety, safeguarding or moving and handling, but also a number of other training courses. For example, the Mental Capacity Act 2005 and palliative care. Due to the nature of the service, there was not a formal structure for supervision and appraisal. Both members of the team told us they observed each other providing care to people and supported each other in their roles on day to day basis.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Both registered managers had received training about the MCA and understood how to support people in line with the principles of the Act. One of the registered managers told us, "Lacking of the capacity has to be assessed in order to determine if the person has got mental capacity".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Both registered managers had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People were positive about the food. One person told us, "I like the food. [The registered manager] is a marvellous cook". One of the registered managers told us, "The residents eat what they want to eat. If they don't like the food we served them we offer them alternatives". People were offered home-made food and some of the ingredients were grown by the registered managers in their allotment.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. Records showed that registered managers obtained appropriate support and guidance from healthcare professionals when required. One person told us, "I can see the doctor anytime I want".

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the registered managers. One person said, "It's wonderful. I feel very happy being here". One of the relatives remarked, "It would be absolutely wonderful if there more homes like that".

People were treated with respect and their dignity was preserved at all times. One person told us, "They treat me very well. Especially [registered manager], he is wonderful". We observed that the registered managers respected people's privacy. They knocked on people's doors before entering their rooms. They also ensured curtains were pulled and doors were closed while they were providing people with personal care. One of the registered managers told us, "We respect people's privacy. If they need some privacy with their visitors we offer them to stay in the lounge".

People were supported to be independent. One of the registered managers told us, "I like to encourage them to do as much as they can for themselves. They do benefit from this. If you walk, your legs are stronger; this is why it's important not to lose your independence".

People and their relatives were involved in their care. One person told us, "I know my care plan. [Registered manager] has got it. I can access it anytime". One of the relatives told us, "They always call us, they keep us up-to-date."

There was a system in place to ensure people's wishes regarding their end -of-life care were fulfilled. The care records showed relevant plans were in place for the end-of life-care. These plans included people's individual funeral arrangements.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people and their relatives. Care plans and other personal records were stored securely.

The provider's equal opportunities policy was displayed in the home. This showed the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Is the service responsive?

Our findings

The service continued to be responsive. One of the relatives told us, "I'm thoroughly satisfied with their responsiveness. They couldn't be any better".

People's care plans included clear guidance on how to support people. For example, one person's care plan stated the person might have difficulty using their left hand. The person's care contained detailed advice on how to help the person with some parts of their personal care.

Care plans and risk assessments were reviewed to reflect people's changing needs. We saw when people's needs changed, the service responded immediately. For example, we saw evidence that one person had become unwell at night and used their alarm. The registered managers had immediately called an ambulance and paramedics provided professional support to the person. As a result, the person had been later seen by a range of professionals and new medicines had been introduced to manage their condition.

People received personalised care. This included, nutrition, moving and handling and emotional support. The care plans contained personal histories and details of relationships that were important to each person. One of the registered managers told us, "Our residents are different individuals. We are always trying to ensure they receive individualised care".

People were offered a range of activities they could engage in. One person told us, "[Registered manager] gets us very good audiobooks from the library. I find this very important to me because I cannot see small prints. [Registered manager] takes me out to have my hair done and for the ride afterwards if I want to". People living in Jasmine House enjoyed singalongs, even though a person who had previously played the piano for people could not visit and entertain them anymore. We saw the registered manager who knew how to play the piano was teaching the other manager that skill so people were still able to sing their favourite songs with piano accompaniment. The registered managers were innovative and came up with new ideas to support people. We saw that one of the registered managers had designed a computer program to enable the people they supported to enjoy the game of bingo. This program enabled people to both hear the numbers and also see them more clearly.

People knew how to complain and were confident action would be taken. One person told us, "I have never complained. There is nothing to complain about. One of the relatives told us, "In 12 years we've had no cause to complaint". No complaints had been raised since the last inspection. However, the registered manager told us that each instance of complaint would be investigated and feedback would be given to the people concerned.

Is the service well-led?

Our findings

The service continued to be well-led. There were two registered managers in post. 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.

People and their relatives were positive about the service and registered managers. One person told us, "I wouldn't like to change anything here. Everything is run very smoothly". One of the relatives said, "They are very good and very efficient. I'm more than satisfied".

The registered managers promoted a caring culture that promoted person-centred care. The registered managers had a good knowledge about all the people living at the home. They were familiar with each person's individual needs.

The registered managers monitored the quality of the service provided. The quality of the service was monitored day to day and continually enhanced with the aid of a continuous improvement plan. If a need for improvement was identified, appropriate action was taken immediately. For example, the service had bought a new medicines cabinet, redecorated part of the house and booked registered managers for relevant training courses.

Both registered managers had a clearly defined mission statement and vision for the service. For example, one of the registered managers was responsible for cooking and the homeliness of the service and the other held more administrative and system responsibilities.

The registered managers were aware of their responsibilities and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant parties, such as the local authority, where appropriate. The registered managers completed the Provider Information Return (PIR) which is required by law. We found the information in the PIR to be an accurate assessment of how the service operated.