Delam Care Limited

Jasmine

Inspection report

125 Regent Road
Hanley
Stoke on Trent
Staffordshire
ST1 3BL

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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

Overall summary

We inspected this service on 30 January 2015. This was an unannounced inspection.

The service was registered to provide accommodation and personal care for up to six people. People who use the service have a learning disability and/or a mental health needs.

At the time of our inspection six people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run. A home manager was also in post. The registered manager told us that the home manager was applying to register with us to take on the registered manager role at the service.

Summary of findings

People's safety was maintained in a manner that promoted and respected their right to independence. Staff understood how to keep people safe and they helped people to understand risks. Medicines were managed safely by staff who were skilled to administer medicines.

There were sufficient numbers of suitable staff to meet people's needs and keep people safe. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. Staff supported people to make decisions about their care by helping people to understand the information they needed to make informed decisions.

Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People could access suitable amounts of food and drink and specialist diets such as diabetes were catered for.

People's health and wellbeing needs were monitored and people were supported to attend both urgent and routine health appointments as required.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and maintain relationships with their families and friends.

Staff sought and listened to people's views about the care and action was taken to make improvements to care as a result of people's views and experiences. People understood how to complain about their care and we saw that complaints were managed in accordance with the provider's complaints procedure.

There was a positive atmosphere within the home and the managers and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

Summary of findings

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. People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff worked with people to help them understand how to be safe.

Good

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Good

Is the service caring?
The service was caring. People were encouraged to be independent and staff empowered people to make choices about their care.

People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

Good

Is the service responsive?
The service was responsive. People were involved in the assessment and review of their care to ensure their care met their preferences and needs.

Staff responded to people's comments and complaints about their care to improve people's care experiences.

Good

Is the service well-led?
The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good

Jasmine

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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. We used this information to formulate our inspection plan.

We spoke with three people who used the service, two members of care staff, the home manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Good

Is the service safe?

Our findings

Without exception people told us they felt safe. One person said, "I feel safe because if anyone knocks at the door we have to ask who they are. If we don't know them we don't let them in". People told us and we saw that their safety was regularly discussed and promoted. For example, during meetings people were reminded not to let strangers into the home and a sign was located on the front door to reinforce this advice.

People were helped to understand what potential abuse was and how to report it. Safety and abuse was an agenda item during weekly meetings. One person said, "We talk about abuse in our meetings. Abuse is not allowed here". Another person said, "If you get hit or shouted at by someone it's abuse. We have to tell the staff or the manager if that happens".

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager, home manager and local safeguarding team. We saw that these procedures were effectively followed when required.

People told us that the staff helped to keep them and their possessions safe. One person said, "The staff keep my money in the office to keep it safe until I need it". Another person said, "We have fire drills so we know what to do if there was a fire". People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. Staff showed that they understood people's risks and we saw that people were supported in accordance with their risk management plans.

People were enabled to be as independent as they could be because the staff had a positive attitude to risk. One person told us that they wanted to be able to go to the city centre independently. They told us that staff had worked with them to enable them to do this safely. They said, "At first I couldn't go out on my own, but now I've started to go up Hanley by myself. The staff came with me at first to check I was okay and then I started to go by myself".

Another person said, "Some people were not safe using a kettle so we have the urn now which everyone can use safely. Me and [Another person who used the service] still have kettles too because we can use them safely". People's care records confirmed that people's independence was promoted through positive risk management.

The registered manager, home manager and provider monitored incidents to identify patterns and themes. The registered manager told us that no patterns or themes had been identified and the records we reviewed confirmed this. The managers told us they would take action to reduce people's risks if themes were identified. For example, an increased frequency of falls would trigger a referral to the person's doctor.

People told us that there were always staff available to provide them with care and support. One person said, "There's always staff around, but more staff come if we need them". We saw that staffing numbers were flexible to meet people's individual needs. For example, one person told us that an extra staff member was coming on shift to enable them to attend a dental appointment. They said, "I'm going to the dentist later. [A member of staff] is coming in to take me as I won't go on my own". The registered manager told us that they regularly reviewed staffing levels and adjusted these to meet people's individual needs.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. We saw that systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. People were asked if they wanted to self-administer their own medicines, but at the time of our inspection no one chose to do this. However, systems were in place to protect people who self-administered their medicines in case they chose to do so.

Good

Is the service effective?

Our findings

Staff told us they had received suitable training to give them with the skills they needed to provide care and support. One staff member said, "The training here is good. It gives me confidence so I know what I'm doing is right and safe". Another staff member told us that they had recently completed mental health awareness training. They told us that both they and the people who used the service had benefited from this as it had improved their knowledge and understanding of mental health. They said, "I learnt about schizophrenia and bi polar in the mental health awareness training. When you know more about these you can understand people's behaviours more and work with them better".

Checks were completed that ensured staff had understood their training. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection no one was being restricted under the DoLS, but staff gave us examples of how they had previously protected people by using the DoLS.

People told us that they could access sufficient amounts of food and drink. One person said, "I can get a drink whenever I want and I can get snacks from the kitchen". People also told us they could choose the food they ate. One person said, "We have a meeting every week where we talk about food and menus". Another person said, "We are having fish or chicken with chips and peas tonight. Some people like chip shop chips and some people like chips from the house. The people who want chip shop chips can have them and the people who want the chips from the house have them".

People told us that their specialist diets were catered for and we saw that people's dietary risks were assessed and reviewed. People were involved in this process and an educational approach was used to help people to understand the importance of a healthy diet. One person said, "I have special food because I'm a diabetic. I'm having chicken, salad and couscous today. The staff help me to understand what I can eat". When dietary risks were identified people's care records contained guidance for staff to follow to manage and monitor these risks. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "The staff help me to go to the doctors, dentist and optician". Staff told us that they escorted people to attend health care appointments if people wanted their support. They told us that if they did escort people they helped to explain any treatment they required so they could make informed decisions about their care.

People told us and we saw that staff supported people to obtain emergency appointments with health care professionals if this was required. One person said, "The staff once took me to the Haywood (The local walk in centre) after I had an accident". We also saw one person tell the staff that they had toothache and an appointment was immediately made on their behalf with their dentist.

Good

Is the service caring?

Our findings

People told us and we saw that staff provided care and support with kindness and compassion. One person said, “The staff are nice here and I really mean that”. Another person said, “If I have backache or a migraine I tell the staff and they help me”. We saw staff reassure and comfort one person who became distressed by using techniques from their care plan. This person later told us, “There’s always someone here if I need to talk. They’re [The staff] always nice to me” and, “The staff never ignore me, I don’t like being ignored”.

People told us they could make choices and decisions about their care. For example, people could choose who their keyworker’s (staff member who is responsible for coordinating a person’s care) were. One person said, “I said I wanted [A staff member] to be my key worker and then they were”. Another person said, “I chose my wallpaper and bedding, I really like my room here”.

We saw that staff enabled people to make decisions about their care by helping them to understand information about their care. For example, we observed staff talking to one person about the risks of eating foods that were unsafe for them. They explained the consequences of eating these foods which helped the person make a decision about their evening meal.

We saw that independence was promoted and staff supported people to maintain and acquire independent living skills. One person said, “I do the dinner dishes and clean the tables and at tea time everyone washes their own plates. We all tidy our own rooms, but the staff help us if we need them to”. People also told us that their choices not to participate in some independent living skills were respected by the staff. For example, one person said, “I don’t like cooking, so I don’t do it” and, “I do like baking, so the staff help me to bake cakes”.

People told us that the staff treated them with respect. One person said, “The staff do respect me, they’re really good”. Another person said, “We don’t have to go to the Sunday meetings. Some go, some don’t, it’s up to us and the staff don’t make us go. They [The staff] respect us”.

We saw that staff treated people equally. For example, we observed two people have a disagreement and report this to a staff member. The staff member spoke with both individuals and listened to what had happened. They helped both people successfully resolve the disagreement without taking sides or making judgements about people.

People told us their privacy was promoted and respected. One person said, “I like privacy and being on my own. I can go to my room and have what I want on my television”. Another person said, “They [The staff] have to knock on my door before they come in. If I say don’t come in they won’t”.

Good

Is the service responsive?

Our findings

Before people moved to Jasmine they visited the home to check it was suitable for their needs. One person said, "I came to look round before I moved in. I love it here now and I never want to move out". People could then choose to move into the home on a gradual basis where they visited during the day and worked up to overnight stays before they moved into the home permanently. This showed that the staff were responsive to people's individual needs when they started to use the service.

People told us that they were involved in the assessment and review of their care. Care records confirmed that monthly meetings were held with people and their key worker to discuss their care needs and wishes. One person told us that their keyworker spent time with them every month to discuss their care. They said, "I'm not very good at reading, so my keyworker goes through my folder (care records) with me to check everything is still okay. I can say if I'm not happy with something or I want something changed". Involving people in the assessment and review of their needs ensured care was based upon people's individual preferences.

People were protected from the risks of social isolation and boredom. Staff supported and encouraged people to access the community and visit their relatives and friends. One person told us, "My keyworker takes me shopping and on holiday, and they take me to see my sister every year". Another person said, "We can go on trips out if we want to, I went to Blackpool last year. I like going to visit my friend in the home across the road, I can go and see them anytime".

People told us that their views about their care were regularly sought. One person said, "We have meetings where we talk about food, trips, staff and decorating the home". The records of these meetings confirmed that people's views were sought and action was taken to respond to people's requests. For example, we could see that people had requested to do more arts and crafts. As a result of this a person who used the service was working alongside staff to start an art and craft group. This person said, "I'm starting an art and craft group next week. We [The person who used the service and staff] are going to get the craft things this week and the first group will be making cards for Valentine's Day".

People told us they knew how to complain about the care. One person said, "We tell the staff or [The registered manager], then they write it down and sort things out". Another person said, "I tell the staff when I need to complain". There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. We saw that complaints were dealt with effectively. For example, one person said, "I complained about [Another person who used the service] and the staff listened and helped us sort things out".

Good

Is the service well-led?

Our findings

People told us they were included and empowered to be involved in making recommendations and decisions about changes to the home. One person said, “We’ve said that we want the dining room changed and we’ve thought about colours. We are just waiting for the money to do it”. The registered manager was in the process of discussing this request with the provider.

People told us there was a positive atmosphere at the home. One person said, “It’s nice here, the people are nice and the staff are nice”. Another person said, “The staff are lovely and I get on with all the other residents”. Staff told us they enjoyed working at the home. One staff member said, “I like the residents and we all have a bit of fun and a laugh. We are a good team of people”.

Staff told us the registered manager and home manager were approachable and supportive. One staff member said, “If there is something on my mind I can go to any of the manager’s”. Another staff member said, “The registered manager is fantastic and the new home manager is very capable. They always listen to us and the guys [The people who used the service]”.

Frequent quality checks were completed by the staff and managers. These included checks of medicines management, infection control, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, when the health and safety audit identified a problem with waste bags, action was taken to immediately address this. In addition to these checks further quality checks were completed by the provider. These provider led checks ensured the quality monitoring that the managers completed were effective.

Recent changes had been made to the quality checks that ensured they were based upon the proposed changes in health and social care regulations. These checks were also based around our new approach to inspecting services. This showed that the provider kept up to date with changes to health and social care regulation.

The registered manager had recently given individual members of staff responsibility for some of the quality checks. They told us that this gave staff more responsibility and accountability for their work. The staff we spoke with welcomed this change and were keen to take on their new responsibilities.

The registered manager and home manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The registered manager understood the responsibilities of their registration with us. They reported significant events such as, safeguarding incidents and serious injuries to us in accordance with the requirements of their registration.