

## Sage Care Homes (Jansondean) Limited

# Jansondean Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This focused inspection took place on 29 September 2015 and was unannounced. At the previous comprehensive inspection on 21 and 22 May 2015 we had found breaches of legal requirements in the arrangements to obtain and record people's consent when they lacked capacity for some decisions and in the quality assurance system. The provider sent us an action plan to tell us how they would meet the requirements of the regulations. We carried out this inspection on 29 September 2015 to check action had been taken to address the breaches of legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for (Jansondean) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Jansondean is currently registered to provide personal and nursing care for up to 28 people who may have dementia. At this inspection there were 23 people using the service.

There was a registered manager in post at this inspection. They had been appointed in April 2015 and their application for registration as a manager had recently been confirmed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection on 29 September 2015 we found that arrangements to obtain and record people's consent to care and support where they did not always have capacity to make decisions complied with the law. People's capacity to make decisions was assessed for each specific decision. Where people needed to have their liberty restricted for their own safety relevant authorisations from the local authority were applied for in line with the relevant legislation and code of practice. A visiting social care professional confirmed that the

# Summary of findings

applications made by the service were appropriate. Processes were in place to ensure the authorisations were complied with. In view of the changes made and the fact there were no other breaches or concerns in this key question at our last inspection, we have revised the rating for this key question, improving the rating to 'Good'.

There were new arrangements to monitor the quality of the service; these were now more detailed and covered all aspects of people's care. They included a system for

checks on the premises and equipment, and accidents and incidents were monitored and analysed. However some improvement was required as some checks on the quality of the service were not always consistently completed. It was not always clear that action taken had successful resolved the problem. The rating for this key question remains 'Requires Improvement' and the overall rating remains unchanged from the comprehensive inspection.

# 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 effective?

The service was now effective. We found that action had been taken to improve the arrangements to comply with the Mental Capacity Act 2005 (MCA 2005). People's capacity and rights to make specific decisions about their care and treatment was assessed, and where appropriate processes to establish best interests' decisions in line with the MCA 2005.

The manager had made appropriate referrals to local authorities for authorisations under Deprivation of Liberty Safeguards so that people's freedom was not unduly restricted. Where restrictions were in place for people's safety, necessary action had been taken to comply with the detail of the authorisations.

Good



### Is the service well-led?

The service was not always well led. We found some improvements to the arrangements to monitor the quality of the service. People and staff told us they felt improvements had been made, and any issues identified were dealt with promptly by the manager.

Effective systems to manage possible risk from aspects of the premises were now in place. Accidents and Incidents were monitored and analysed. There were arrangements to audit all aspects of people's care but there was room for improvement as not all of the audits had been consistently carried out.

Requires Improvement



# Jansondean Nursing Home

## 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 quality of aspects of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and was carried out by a single inspector on 29 September 2015.

This was a focused inspection and was carried out to check that improvements had been made to address breaches of legal requirements found at our comprehensive inspection on 21 and 22 May 2015. We inspected the service against

part of two of the five questions we ask about services: 'Is the service effective?' and 'Is the service well led?'. This is because the service was not meeting legal requirements in relation to those questions at the last inspection.

Before the inspection we looked at the information we held about the service, including information from any notifications they had sent us. We also asked the local authority commissioning the service for their views of the home.

We spoke with two people who used the service, a visiting professional, two care staff, the manager, the deputy manager, the administrator and the maintenance person at the home.

We looked around the building. We looked at six records of people who used the service. We also looked at records related to the management of the service such as staff rotas and minutes of meetings.

# Is the service effective?

## Our findings

At the inspection on 21 and 22 May 2015 we found people's capacity and rights to make decisions about their care and treatment were not consistently assessed in line with Mental Capacity Act 2005 (MCA 2005) and the associated code of practice as people's capacity had not been not assessed for specific decisions.

People told us, and we observed, that staff asked for their consent before they provided care or support. One staff member told us "You always ask and even when people can't reply they have ways of letting you know, signs you can follow, if they would like to get up or have a wash." We observed staff ask people where they would like to sit in the lounge and if they wished to take part in an activity. Records evidenced there were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate, and to establish best interests' decisions in line with the MCA 2005. We saw that where people had

capacity to make decisions they had signed their care plans. There were decision specific mental capacity assessments for areas such as finances, self-administering of medicines and other areas of care. The assessments followed the guidelines in the MCA 2005 Code of Practice. Where people were assessed as not having the capacity to make a decision, their families had been consulted where appropriate and best interests' decisions were made. These assessments were reviewed regularly and changes made if needed. The manager had requested copies of power of attorney arrangements so they knew who to consult with about particular decisions when needed.

During the inspection we spoke with a best interest assessor who was visiting the service. They told us that they found the provider made appropriate referrals for Deprivation of Liberty Safeguards (DoLS) and that they were able to locate any relevant information in people's care plans. This meant that people were only deprived of their liberty for their own safety and in compliance with the law.

# Is the service well-led?

## Our findings

At the last inspection we found a breach of regulations as systems to assess and monitor the quality of the service were not always effective. Where premises checks had identified areas that needed action this had not always been carried out. Staff were also unclear about some of their responsibilities for routine external maintenance and equipment checks.

At this inspection people and staff told us they felt improvements had been made to the quality of the service, and any issues identified were dealt with promptly by the manager. We found that the registered manager had introduced a new quality monitoring system across all aspects of the service. This included the monitoring of care plans, risk assessments, staff records, infection control, medicines, catering and a system to monitor internal and external maintenance and equipment checks. Staff were clear about the responsibilities for maintenance and equipment checks and who to refer to if a problem was identified. We saw audits had identified two issues for action in the basement area. These had been recently referred to the provider. The manager and provider confirmed to us these were being addressed and suitable quotes were being sought for the work. Other premises issues identified at our last inspection as not having been addressed had been completed.

Some issues identified were acted on promptly. A historic issue had been brought to the manager's attention about a staff record. This had been dealt with correctly and other staff files were being audited to check for any similar issues.

However while some parts of the audit system were regularly completed, other parts had not been completed consistently. It was therefore not always clear if actions to address an issue had been successful. For example, infection control audits had been completed monthly in line with the provider's guidance for June and July. These identified issues such as the need to clean behind the machines in the laundry, but a further audit had not been carried out in August so we were unable to determine whether the action identified had been completed. In another example, a July audit of medicines had identified issues about checks of boxed medicines that we saw were to be addressed by nurses but a follow up audit had not been conducted in August to evidence that the problem was resolved.

The registered manager told us they were aware of the gaps in the audits and that there was room for improvement. They were working to ensure they were all completed regularly.