

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 ●

Summary of findings

Overall summary

We inspected this service on 8 February 2017. This was an unannounced inspection. At our previous inspection in January 2015, we found that the service met the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is 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 condition. 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.

Staff understood how to keep people safe and people were involved in the assessment and management of risks to their health, safety and wellbeing. People's medicines were managed safely.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to access health and social care professionals as required.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 were followed. At the time of our inspection, no one was being restricted under the Deprivation of Liberty Safeguards (DoLS). However, staff knew how to apply for a DoLS authorisation if this was required.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were supported and enabled to make choices about their care and the choices people made were respected by the staff.

People were involved in the assessment and review of their care and staff supported people to access the community and participate in activities that met their individual preferences.

Staff sought and listened to people's views about the care and action was taken to make improvements to care. People understood how to complain about their care and a suitable complaints procedure was in place.

People and staff told us that the registered manager was supportive and approachable. The registered manager 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 notified us of reportable incidents as required.

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 knew how to identify and report potential abuse and they supported people to recognise abuse and bullying.

Risks to people's health, safety and wellbeing were regularly assessed with them and staff understood how to keep people safe.

Safe staffing levels were maintained and medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People were supported to eat meals that met their individual preferences. Health care plans were in place that ensured people's health needs were effectively monitored and managed.

Staff supported people to make decisions about their care in accordance with current legislation. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect and their right to privacy was promoted.

Staff knew people's likes and care preferences and people were supported to make decisions about their care and their home. Friendships and independence were promoted.

Is the service responsive?

Good ●

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

People were supported to access the community and participate in activities that were important to them.

Systems were in place to manage complaints about care.

Is the service well-led?

Good ●

The service was well-led. People and staff were supported by an effective management team.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

Effective systems were in place to regularly assess, monitor and improve the quality of care.

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.

We undertook an unannounced inspection of Jasmine on 8 February 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory 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. We used this information to formulate our inspection plan.

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

We observed how the staff interacted with people in communal areas and we looked at the care records of two people who used the service, 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 staff files, rotas and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe at Jasmine. One person said, "The door is locked so strangers can't walk in". Another person said, "I can lock my door, I have my own key, but staff have one too in case of an emergency". People also told us that systems were in place to promote their safety in the event of an emergency situation; such as a fire. One person said, "I feel safe because if there is a fire, the staff know where I am because I tell them. There is a fire list". Another person said, "Sometimes we practice what we would do if there was a fire".

People told us they felt safe around the staff at Jasmine. One person said, "I feel safe because the staff are nice here". Another person said, "I get on with everyone here, so I feel safe". 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 were supported by staff to understand what potential abuse was and how to report it. Staff and people told us that safety and abuse was discussed on a regular basis through meetings. One person said, "If someone gets abused or bullied, we have to tell the staff, the manager or the police". 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 and local safeguarding team. We saw that these procedures were followed when required.

People told us and care records confirmed that they were regularly involved in the assessment and review of the risks associated with their care. Staff showed that they understood people's risks and we saw that people were supported in accordance with their risk management plans. For example, one person told us that they had spent time with staff talking about the risks associated with medicines. They said, "The staff told me I shouldn't keep buying tablets (homely remedies) from the shop because they can mix with my other tablets. If I do buy them, I hand them to the staff and they look after them for me". This person's care records contained evidence that these risks had been assessed and planned for with them and staff told us how they managed this person's risks as planned.

People confirmed they received their agreed support to promote their safety. One person said, "The staff come with me when I go out to keep me safe". Staff told us how they supported this person to stay safe when accessing the community and the information staff told us matched the information recorded in this person's care plan. This showed that staff managed people's risks as planned to promote people's health, safety and wellbeing.

People told us that staff were always available to provide them with care and support. One person said, "The staff are always here". Another person said, "The staff are always ready to come out with me when I want to go out". Staff told us and rotas showed that staffing levels were adapted to meet the individual needs of the people who used the service. For example, the home manager told us and other staff confirmed that staffing levels were flexible and were based around the activities people wanted to participate in. For example, more

staff were planned to be on shift to support people to attend a disco in the evening. This ensured people could participate in their preferred activities.

People told us and we saw that medicines were managed safely. One person said, "I get my tablets on time, no matter what happens. If I need them in the morning, then I get them in the morning". Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

People told us they could choose the foods they ate. One person said, "I eat foods that I like eating. We have a meeting where we choose the food". Another person said, "If we don't like a food that's on the menu, we have something else". People also told us and we saw they could access drinks and snacks anytime. Whilst speaking with one person, they said, "I'm going to get myself a cup of tea now. I can get a drink anytime". Staff told us how they supported people to eat specialist diets when these were needed. For example, staff told us how they supported one person to eat a diabetic diet. A person living with diabetes confirmed that staff supported them to eat a safe diet that met their specialist needs. They said, "They know what foods I shouldn't have".

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "If I'm poorly, I go to the doctors". Another person showed us their new glasses. They told us staff had taken them to the opticians to have their eyes tested and to choose new glasses. People had health care plans in place where required, that recorded their health needs, how and who should monitor these needs and which professionals were involved in their health care. One person confirmed staff followed their health care plan in order to keep them well. They said, "The staff help me with my diet and they take me to the doctors for blood tests". Care records showed people were supported to visit health care professionals' including; GP's, nurses and opticians.

People told us that staff respected their right to make decisions about their care. One person said, "I stay at home in the evenings, I don't want to go out then. They [staff] don't make me go out". This person confirmed that staff respected this decision and they were not forced to take part in activities that they did not wish to participate in. Staff told us that everyone who used the service had the ability to make everyday decisions about their care and treatment. However, some people were unable to make important decisions about some complex decisions relating to their care. We found that in these circumstances the requirements of the Mental Capacity Act 2005 (MCA) were followed.

The 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 they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff demonstrated they understood the principles of the Act and care records showed that where people were unable to make complex decisions about their care, mental capacity assessments and best interest decisions had been made.

People who used the service told us they were free to move around the home and access the community. One person said, "I can go and visit my friend next door anytime". Another person said, "I can go out, I just tell the staff where I'm going so they know I'm not here if there is a fire". People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff confirmed that no one who used

the service required a DoLS authorisation as people were not being deprived of their liberty.

Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, two staff members told us how their training had helped them to de-escalate situations where people presented with agitation or aggression. One staff member said, "It taught me how easy it is to get out of a situation without using restraint". Care records showed that restraint was not used during incidents of agitation and aggression which showed the de-escalation training had been effective.

Is the service caring?

Our findings

People told us and we saw that the staff were kind, caring and respectful. One person said, "The staff are very, very nice". Another person said, "The staff treat us all very well". We observed caring interactions between people and staff. For example, a staff member asked one person if they would like to be supported to shave. They gently rubbed the person's cheek where their facial hair had grown and the person tilted their head towards the staff member and smiled. The person stated they would like to be supported to shave and the staff member then asked them when they wanted to receive this support. We saw that the person received this support at the time they had agreed. This showed staff listened to and respected the decisions people made about their care.

People told us and we saw that staff knew their likes, dislikes and care preferences. One person said, "The staff know what I like. All the information in my folder is to do with me. It's like an autobiography". We saw that staff and people had meaningful conversations that were based around people's likes and preferences. For example, we saw one staff member talk to a person about arts and crafts which the person confirmed was an interest of theirs.

People told us they were enabled to make decisions about their home. One person said, "I chose the pictures in my bedroom and the colours on my wall. I wanted red, white and blue and that's what I got". Another person told us that being able to make the home 'homely' had made them feel, "Settled".

People told us that their independence was promoted. One person said, "I'm very independent, I do lots of things around the house. I do my cleaning and laundry and I wash the dishes. Sometimes when people visit, they think I'm one of the staff". Another person said, "I do my own breakfast". People also told us and we saw that they were supported to establish and maintain relationships with their families and friends. We saw that friends were welcomed into the home and people told us they enjoyed maintaining contact with their friends.

People told us they could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. One person said, "I can lock my door if I want to be on my own". Another person told us how staff checked their safety, whilst promoting their privacy. They said, "Sometimes I like staying in my room all day. The staff come and check on me, but they always knock on my door first".

Is the service responsive?

Our findings

People told us and care records showed that they were involved in the assessment and review of their care. One person said, "When I have a review, my keyworker comes in. We talk about my health and my medicines". Another person said, "I have a meeting with my keyworker every month. We talk about how I've got on and if there's anything I want to do". Care records contained up to date information about people's needs. These records confirmed that regular reviews were completed which ensured information about people's needs was accurate and up to date.

People told us and we saw that the staff supported them as planned and in accordance with their care preferences. One person said, "I want [staff member] to wash my hair at 1pm". We saw staff support this person with this task at the time they requested this support. Another person told us, "I have a shower whenever I want. I'm having one a bit later today". This person's care plans showed they enjoyed showering on multiple occasions during the day and the person confirmed that they showered whenever they wished to do so.

People told us that they had keyworkers who worked with them to plan and participate in activities that were important to them. One person said, "I chose [staff member] as my keyworker. They are my favourite" and, "I like my keyworker to help me to shave when they are working". This showed people could choose the staff who worked them which enabled people to build effective relationships with key staff.

People told us and we saw that they were supported to access the community to participate in activities of their choosing. One person said, "I'm going up Hanley today with [staff member] to do some shopping". Another person said, "I like going to the library and going out for meals. I might go out for a meal later today, I'll see how I feel". People also told us they were enabled to participate in activities of their choosing at the home too. One person said, "I like staying in and watching my TV and listening to my music". Another person said, "I like colouring and talking to my friends".

People told us they knew how to complain about the care. One person said, "If I was unhappy, I'd tell the staff". Another person said, "I'd tell the manager, they will sort anything out". There was an accessible, easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. No complaints had been made at this service since our last inspection.

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and responsive. One person said, "The manager is good, she listens to me". Comments from the staff about the manager included; "She's very supportive", "A lovely person" and "If there's anything you need, she's there for you".

People told us they were involved in feeding back their thoughts and experiences of using the service. One person said, "We have a questionnaire that we fill in about the care". The registered manager told us they were waiting for feedback from the provider in relation to last year's questionnaires. However, we saw that appropriate action had been taken in response to the 2015 feedback. This showed that people's feedback was used to make improvements to people's care experiences. Another person who used the service told us that feedback was also sought through regular meetings. They said, "We have meetings every week and sometimes we have meetings with people from the other houses too. If there's anything wrong we report it and the manager sorts it out". Minutes of these meetings showed people's feedback was used in the planning of the care. For example, we saw that people's feedback about the activities they wanted to participate in, was used to plan the staffing rotas. This ensured enough staff were available to meet people's care needs.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, action was taken to improve quality. For example, regular checking of the staffs' training needs enabled the registered manager to book staff on training before their training expired. This ensured staff were consistently skilled to meet people's needs safely and effectively.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. For example, if a person fell, this triggered a review of the person's physical health needs to ensure any future risk of falling was reduced. We also saw that incidents were monitored by the registered manager and provider which enabled them to check if there were any incident patterns and trends, so that appropriate action could be taken if required.

The locality manager and registered manager told us about some new quality checks that the provider was planning to introduce to the service. These new checks had been developed in response to learning at provider level in response to significant incidents and events in other services owned by the provider. This showed the provider learned from incidents and took action to ensure effective systems were in place to assess, monitor and improve the quality of care in all their services.

The training and development needs of the staff were assessed, monitored and managed through regular meetings. One staff member said, "I get regular supervision. It's good because I'm asked how I feel about the job and what training I want to do. The manager also says what they and the residents think of me, which is good to know and helps with my confidence". Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

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