Amicura Limited

Jasmine Court

Inspection report

Botany Brow
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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

About the service
Jasmine Court is a residential care home providing care and accommodation for up to 66 older people, younger adults, people with a physical disability and people living with dementia. The home is purpose built with accommodation over three floors, with each floor having bedrooms, a lounge and a dining area. All bedrooms have en-suite facilities. There is a passenger lift to access all floors. People living with dementia live mainly on the top two floors. At the time of the inspection 52 people were living at the home.

People's experience of using this service and what we found
People felt safe living at the home and told us staff were available when they needed them. Before the inspection, we had received a number of anonymous concerns about a variety of issues, including alleged inappropriate staff conduct and neglect. During the inspection we did not find any evidence to support these concerns. Staff had completed safeguarding training and knew how to protect people from the risk of abuse and avoidable harm. The registered manager recruited staff safely. People's medicines were managed safely, though some minor improvements were needed. We have made a recommendation about this. Staff followed safe infection prevention and control practices and adhered to Government guidance on COVID-19. The safety of the home environment was checked regularly.

Staff provided support which reflected people's needs and risks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received the induction and training they needed to support people well. People received support with their dietary and healthcare needs and were referred for specialist support when they needed it. The environment was purpose built to enable people to remain as independent as possible. The provider had made improvements to the home environment since taking over the service and further improvements were ongoing.

People liked the staff who supported them and told us staff were kind and respectful. Staff encouraged people to be independent and make decisions about their care when they were able to. Staff respected people's right to privacy, dignity and confidentiality.

Staff supported people in an individualised way which reflected their needs and preferences. Staff knew the people they cared for and encouraged them to make decisions when they could. Staff reviewed people's care needs regularly. Concerns and complaints were managed appropriately. A variety of activities and entertainment were available at the home and staff supported people to take part. People's end of life care wishes were discussed with them.

The registered manager and staff were clear about their responsibilities. They prioritised providing people with personalised, good quality care which met their needs. The service worked in partnership with a number of community agencies to ensure people received any specialist support they needed. People's views about the service were sought and listened to. People, relatives and staff felt the service was managed

well. The registered manager and provider completed regular checks to ensure appropriate standards of quality and safety were being maintained at the home.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update
The last rating for the service under the previous provider was good (published 10 December 2019). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

We also completed a targeted infection prevention and control inspection of the service under the previous provider on 17 November 2020 (published 17 December 2020) and were assured that people were receiving safe care which protected them from the risk of cross infection.

Why we inspected
This was a planned inspection based on the service's date of registration under the new provider. The inspection was also prompted in part due to a number of anonymous concerns received about a variety of issues, including alleged inappropriate staff conduct, neglect, the management of medicines, staffing arrangements, falls and the management of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Jasmine Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this

information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we ask providers to send to us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who lived at the home and two visiting relatives, to gain their feedback about the care and support provided. We also spoke with the registered manager, deputy manager, area manager, a team leader, three care staff, an activities co-ordinator, a visiting community nurse and a hairdresser who visited the home regularly. We reviewed a range of records, including three people's care records and 14 people's medicines records. We looked at two staff recruitment files and staff supervision records.

After the inspection
We spoke with two relatives on the telephone and contacted three community health and social care professionals for their feedback about the service. We reviewed a variety of records related to the management of the service, including policies and audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People's medicines were managed safely, however, some minor improvements were needed.

● Systems were in place for the safe handling and storage of medicines. Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. The registered manager completed regular medicines audits. Where shortfalls were identified, action was being taken to make the necessary improvements.

● Some supporting information needed updating to reflect people's current medicines needs and choices. For example, information about people's 'when required' medicines and covert medicines was not always up to date or consistent with information contained elsewhere in their care records.

We recommend the provider ensures that information about people's medicine needs and choices is reviewed, up-to-date and consistent between peoples care plans and their medicine records.

Systems and processes to safeguard people from the risk of abuse

● The provider had systems to protect people from abuse and avoidable harm. Prior to the inspection, we had received a number of anonymous concerns about a variety of issues, including inappropriate staff conduct, neglect, staffing, medicines and the management of the home. During the inspection we did not find any evidence to support these concerns. The local authority investigated the concerns and found that the allegations made about neglect and abuse were unsubstantiated. Only two minor issues of another nature were substantiated, and it was felt the provider had taken appropriate action to address them.

● People felt safe living at the home. People told us, "I definitely feel safe, they really look after us" and "I'm happy here, I like it. The staff are very nice, they've never been rude to me or rough with me." One relative commented, "I know [person] is absolutely safe here, the staff are here twenty-four hours a day."

● Staff had completed safeguarding training and understood how to protect people from the risk of abuse. One staff member commented, "I have never witnessed inappropriate behaviour or poor staff conduct. If I did, I'd report it straight away." The registered manager had taken appropriate action when safeguarding concerns had been raised about the service. She had made improvements where needed and shared lessons learned with staff.

Assessing risk, safety monitoring and management

● Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were updated regularly.

● The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred to ensure people were safe.

● Regular checks of the home environment, including equipment, fire safety and water safety, were

completed to ensure it was safe and complied with the necessary standards.

Staffing and recruitment
● The provider recruited staff safely to ensure they were suitable to support people living at the home.
● People and relatives were happy with staffing levels at the home. They felt there were enough staff available to meet people's needs. One person commented, "I can call them if I need them."

Preventing and controlling infection
● The provider had processes to protect people from the risk of cross infection and contracting COVID-19. People told us the home was kept clean.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● The provider had systems to analyse incidents, complaints and concerns. The registered manager made improvements where necessary and shared any lessons learned with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were provided with care and support which reflected their assessed risks and needs. People's care plans and risk assessments were personalised and included information about what people were able to do for themselves, including the choices they were able to make. One person told us, "It's lovely here, they look after you." One relative told us, "The care is brilliant." Another said, "You can see the difference in [person] since she's been here."
- All of community professionals we contacted were happy with the standard of care at the home and told us staff referred people to them when they needed specialist support.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance, including Government guidance about the management of COVID-19. These were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training necessary to meet people's needs. Staff received regular supervision and were happy with the support they received. They felt well supported by management.
- People and relatives felt staff were competent. One person told us, "The staff are very good, they're very nice."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider ensured staff supported people to eat and drink enough. Care plans included information about people's dietary needs, risks and preferences to guide staff. We noted one person's care file included inconsistent information about their dietary needs. The registered manager and catering staff were able to confirm that the person was receiving the appropriate diet and the registered manager amended the documentation during the inspection.
- People were referred for specialist support if concerns about their nutrition were identified.
- People were happy with the meals provided at the home and records showed that people were offered choice at mealtimes. One person commented, "The food is very nice, I can always have something I like." The registered manager consulted people regularly about the catering arrangements at the home through meetings and questionnaires.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● The provider ensured people were supported with their healthcare needs. Staff supported people to attend health appointments and referred them to community healthcare professionals when they needed specialist support.
● Care plans included information to guide staff about people's healthcare needs, including their medical history, medicines and any allergies. The service used a 'hospital passport' to share information about people's needs and risks with paramedics and hospital staff when people attended hospital.

Adapting service, design, decoration to meet people's needs
● The home was purpose built to meet people's needs and enable them to be as independent as possible. A passenger lift, lifting equipment and adapted bathroom facilities were available to support people with mobility needs. Specialist equipment, including sensor mats, were used to support people at risk of falling.
● People were happy with the home environment. Many people had personalised their rooms to reflect their tastes and make them more homely. One person told us, "I like my room and it's always clean."
● Much of the home had been refurbished since the provider had taken over the service and further improvements were ongoing. A 'home development plan' was in place with timescales for completion. Some improvements had been delayed due to the COVID-19 pandemic.

Ensuring consent to care and treatment in line with law and guidance
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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.
● The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When people lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or representatives. When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this.
● The service gained people's consent to provide them with care and support and staff asked people for their consent before supporting them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and people and relatives liked the staff at the home. They told us, "The staff are very friendly, very smiley and they don't grumble" and "The staff are very kind and very helpful. It's very homely here." Relatives commented, "The staff are caring, and the communication is good" and "I'm really impressed with the care and the genuineness of the staff. It feels like a family."
- During the inspection we observed staff being friendly and professional with people and visitors. Staff supported people in a respectful and caring way. Staff chatted with people while they supported them and offered reassurance when people were upset or confused. One visiting professional told us, "It's very warm and fun-filled here. There's lots of laughter. People are loved here."
- Staff respected people's diversity and treated them as individuals. We noted that care documentation included information about people's religion and marital status, but not their gender, sexual orientation or ethnic origin. The registered manager told us she would ensure this information was captured in future so that staff were fully aware of people's identity and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to express their views and make choices when they could.
- People were involved in decisions about their care, such as what they had to eat, where they spent their time and when they got up and went to bed. Relatives told us people's care needs had been discussed with them when appropriate. They told us they were kept up to date about any changes in their loved one's needs. One relative commented, "I speak with staff on the phone regularly."
- Information about local advocacy services was displayed so that people could access support to express their views if they needed to.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and staff respected their right to privacy and dignity. One person commented, "I'm an independent person, if I can do something I do it." We observed staff encouraging people to do what they could and providing support when people needed it. Care plans included information to guide staff about what people were able to do, what they needed support with and how staff should provide that support.
- Staff respected people's right to confidentiality. People's care records were stored securely, and only accessible to authorised staff. Staff members' personal information was also stored securely and only accessible to appropriate staff. The provider had policies about confidentiality and data protection for staff to refer to and this was also addressed during their induction.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with individualised care, which reflected their needs and preferences. They knew the people they cared for. One person told us, "The staff are very good, they all know me." One relative commented, "[Person] is not just a resident, she's treated as an individual here."
- People's care plans were detailed and individualised. They included information to guide staff about people's needs, risks, abilities and preferences. They were updated regularly or when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an AIS policy and was following the requirements of the AIS. People's care plans included information about how they communicated, any support they needed with communication and how staff should provide it.
- Staff were aware of people's communication needs. We observed them communicating effectively with people, repeating or explaining information when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to maintain relationships and avoid social isolation. Family and friends were able to visit the home in line with Government guidance, and staff had supported people to stay in touch with them by telephone and video calls, window visits and garden visit when visiting inside the home had not been allowed due to the pandemic. One relative told us, "They have been very accommodating with visits."
- Staff supported people to follow their interests and take part in activities. The home had two activities co-ordinators, who supported people regularly with a variety of group and one to one activities. One relative told us, "[Person] is very happy doing jigsaws, playing dominoes and joining in with the singing."
- Care plans included information to guide staff about people's hobbies, interests and whether they liked taking part in activities.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. A complaints policy was

available and information about how to make a complaint was available.

● None of the people living at the home or relatives we spoke with had made a complaint. One relative told us they had raised some minor concerns and these had been resolved Records showed that complaints were managed appropriately, improvements were made where needed and lessons learned were shared with staff.

End of life care and support

● The provider had processes to provide people with effective end of life care. People's end of life care wishes had been discussed with them, or their relatives where appropriate, and care plans were available to guide staff.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection under the previous provider, this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open culture, with people, relatives and staff encouraged to share their views. Staff provided individualised support which focused on achieving good outcomes for people. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care.
- Everyone we asked told us they would recommend the service. They were happy with the support provided by staff and how the service was being managed. One person told us, "They look after us. Everyone's nice and pleasant, I can't complain." One relative commented, "The home is always calm and clean. There have been improvements under the new provider."
- Staff understood the provider and registered manager's aim to provide people with personalised, high-quality care. Those we asked told us they would be happy for a friend or relative to live at the home. One staff member commented, "People are well looked after here. We have a really nice staff team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy to guide management and staff. No incidents had occurred that we were aware of, which required duty of candour action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager understood their roles and regulatory responsibilities. The registered manager was responsible for the day to management of the home, with support from the deputy manager and team leaders. They completed regular audits of quality and safety, along with the area manager who visited the home regularly and completed monthly audits. The audits completed were effective in ensuring that appropriate standards of quality and safety were being maintained.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers and staff meetings. Issues around staff performance were addressed appropriately.
- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● The provider had various processes to gain feedback from people and relatives about the care provided at the home. Feedback seen from satisfaction surveys and residents' meetings was mainly positive and we found that management listened and responded to people's concerns and suggestions.

● Staff meetings took place regularly and staff felt involved in the service. They told us management were approachable and supportive. One staff member told us, "Any concerns, we speak with the manager or the deputy and they try to sort it. They're approachable and helpful about work and personal issues."

Continuous learning and improving care

● The registered manager ensured that any lessons learned from complaints or concerns were shared with staff. Where audits identified the need for improvements, action was taken to address these in a timely way.

● The provider had made a number of improvements since taking over the service, including the redecoration and refurbishment of many areas of the home. Further refurbishment was ongoing.

Working in partnership with others

● The service worked in partnership with people's relatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, community nurses, hospital staff, dietitians and podiatrists. All of the community professionals we contacted for feedback told us staff were friendly and accommodating. They did not have any concerns about the quality of care provided. One community professional told us that the management of the home had improved significantly under the new provider and registered manager.