

Sage Care Homes (Jansondean) Limited

Jansondean Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jansondean is a care home that provides accommodation and nursing care for up to 28 older people. At the time of the inspection 18 people were using the service.

People's experience of using this service and what we found

People told us they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. Medicines were managed safely. The service had procedures in place to reduce the risk of infections and COVID 19.

Assessments of people's care and support needs were carried out before they started using the service. Staff received training and support relevant to people's needs. People were supported to maintain a balanced diet. People had access to a range of healthcare services when needed. 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.

People had been consulted about their care and support needs. People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. People knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

The provider took people's views into account through satisfaction surveys and spot checks and feedback from these was used to improve the service. Staff said they received good support from the manager. The manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 March 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. 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 coronavirus and other infection outbreaks effectively.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Jansondean Nursing Home

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.

Inspection team

One inspector carried out the inspection.

Service and service type

Jansondean 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 require providers to send us to give some 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 two people who used the service, a relative on the telephone, a nurse, two care staff, a chef and the home manager. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last comprehensive inspection, we found that people were not receiving care and support from enough numbers of suitably qualified, competent, skilled and experienced staff. There was a heavy reliance on agency staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff, people using the service and a relative told us there was always enough staff on duty. A person using the service told us, "Yes there is always plenty of staff to look after me." A relative commented, "I wasn't happy last year when a lot of staff stopped working at the home, but the manager has recruited some really good staff. When I was able to visit, I thought there was enough staff around." The manager and staff told us they rarely used agency staff as they had recruited enough full-time staff since the last inspection.
- Following an assessment of the service an officer from the local authority's commissioning team told us the manager has consolidated the permanent workforce and this had greatly reduced the homes reliance on agency staff.
- The manager told us that people had individual care needs assessments which they used to assess the number of staff required to meet peoples care needs. The homes staffing rota confirmed there were six care staff and a registered nurse on duty during the day and one nurse and two care staff on duty at night.
- Appropriate recruitment procedures were in place. We looked at the records of two staff recently recruited to work at the home. These records included completed application forms, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

At our last comprehensive inspection, we found that medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection the nurse on duty told us the number of people using the service had reduced since the last inspection, there were no people needing a lot of nursing input and the medicine round was straight forward. They said they had enough time to carry out other nursing duties throughout their day.

- Medicine administration records (MAR) confirmed that people were receiving their medicines on time and as prescribed.
- Where people were prescribed a transdermal patch, we saw that body maps were in place alongside the persons MAR to ensure the patch would not be applied in the same location for 14 days, as per manufacturer's instructions.
- People had individual MAR that included their photographs, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording. There was guidance in place for staff on when to offer people 'as required' medicines such as pain relief.

Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider had failed to manage the assessed risks relating to the health safety and welfare of people. Staff were not always following the advice provided by health care professionals. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider involved healthcare professionals in assessing and managing risks to people. At this inspection we found that staff were following the advice provided by healthcare professionals.
- Care staff and the home's chef demonstrated a detailed knowledge of people's needs in relation to their dietary needs.
- We saw that one person had been referred to the Speech and Language Therapist team [SALT] and the team had recommended the person be provided with a minced and moist diet. This was recorded in the person's care plan and initially followed by staff. However, when the person refused to follow the recommended diet, [the person had capacity to make decisions for themselves] the manager contacted the SALT team to carry out a further assessment. Following this assessment SALT confirmed the person could eat a normal diet.
- People's care records also included risk assessments for moving and handling, infection prevention and skin care. Care plans included information for staff about action to be taken to minimise the risk of poor health or injury.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Training records confirmed that all staff had received up to date training on fire safety.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding adults' procedures in place. The manager and staff had a clear understanding of these procedures. Our records showed, and the local authority confirmed that the manager had reported safeguarding concerns on a timely manner.
- Staff told us they would report any concerns they had to the manager and to the local authorities safeguarding team and CQC if they needed to.
- Training records confirmed all staff had received up to date training on safeguarding adults from abuse.
- An officer from the local authority told us the manager had taken decisive action to ensure the safety of people using the service where there had been concerns. The manager had communicated well with them and had worked to improve the service.

Learning lessons when things go wrong

- The manager told us they monitored these if any trends were identified they said they would take

appropriate action to reduce the same things happening again. For example, if people had falls their risk assessments would be reviewed. Staff understood the importance of reporting and recording accidents and incidents.

- We saw examples of lessons learned following safeguarding investigations and confirmed with us the actions they had taken to reduce the likelihood of the same issues occurring again.

Preventing and controlling infection

● 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 that 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 can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

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 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last comprehensive inspection of the service we found that staff were not always up to date with their training.

- At this inspection staff told us they had regular training which had enabled them to perform their role efficiently.
- Records confirmed that staff had completed training the provider considered mandatory. This included training in areas such as safeguarding adults, infection control, COVID 19, dementia awareness, moving and handling, health and safety, fire safety, equality and diversity, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), first aid and food hygiene.
- The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- A nurse told us they had also completed clinical training, for example on wound care, catheterisation, medicines and end of life care.
- Staff told us they received regular supervision and support from either the nurse in charge or the manager.

Adapting service, design, decoration to meet people's needs

At our last comprehensive inspection of the service we observed that parts of the home appeared run down. For example, walls and skirting boards in some of the corridors were scuffed and some carpets looked worn. There was seating in the lounge with over chair tables that could restrict people's movement. Some walk ways were slightly sloped and there were no handrails for people to hold on to. Some people using the service were living with dementia however there was no signage to aid their orientation.

- At this inspection we saw the provider had refurbished the lounge area dining area to create a lighter living space with dementia friendly décor. New flooring had been laid and furniture including, armchairs dining chairs, coffee tables. A kitchenette was installed in the dining area to enable people easy access to drinks and snacks.
- Hand rails had been installed at sloped areas of home to support people to move around safely.
- The manager told us the home was continuing with its refurbishment program, some people's bedrooms had been redecorated and new flooring had been laid and there were plans to redecorate other people's bedrooms.
- The garden had also been freshly landscaped. One person told us, "I love the garden here. It's nice. I like to sit out there in the Summer and look at it through my window now that it's too cold to go out." A relative

commented, "They have done up the home, it was always clean when I was able to visit, the garden has been done up too. Things have improved a lot."

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

- Comprehensive assessments of people's health care and support needs were carried out when they moved into the home. These assessments were used to draw-up care plans and risk assessments.
- People and their relatives where appropriate, had been consulted about their needs and choices. Information gained from these consultations helped the service meet their needs. A relative told us they had been consulted about their loved one's care needs when they moved into the home.
- Nationally recognised risk assessment tools such as the Malnutrition Universal Screening Tool (MUST) were being used to assess nutritional risk and the Waterlow score were being used to assess the risk of people developing pressure sores.

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

- Peoples care records included detailed information on their dietary needs and preferences along with any support they needed from staff with eating and drinking.
- One person told us, "The food is okay I can't complain about it." Another person said, "The food here is good. I get to eat the things I like." A relative commented, "The food has improved a lot since the new chef came here."
- The chef showed us a notice board that included details of each person using the services dietary needs and requirements. They told us they worked closely with staff and health care professionals to make sure people enjoyed food and drinks that safely met their needs.
- They used a four-week seasonal rolling menu. They said they regularly talked to people about what was on offer and they made changes if required.
- People had an option of two meals at lunch time. The chef told us if people didn't want what was on the menu that day, they would prepare them something different. One person told us, "If I don't like what's on the menu today, I will tell the staff and they will get something else for me."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service.
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's [SALT] and GP's.
- Care records also included detailed assessments of people's oral care needs along with guidance for staff on how to support them.

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the

appropriate legal authority and were being met.

- The manager and staff demonstrated a good understanding of the MCA and DoLS.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. 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

At our last inspection we found that improvement was required as care plans were not always reflective of people's care and support needs.

- At this inspection we saw that people's care plans described their health care and support needs. For example, there was information for staff for supporting people with eating and drinking, oral health care, moving and handling.
- Care records showed that people's care and support needs had been discussed with them and their relatives [where appropriate] to help establish their preferences in the way they received support. A relative told us, "I have had long chats with the manager and the nurses. They regularly assess my loved ones needs, and they take my opinions into account."
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people to move around the home and with eating and drinking safely.
- Following an assessment of the service an officer from the local authorities commissioning team told us care planning had improved and audits were taking place to ensure that all sections of the care plans were accurate.

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.

- People's communication needs were identified, recorded and highlighted in their care plans.
- The manager told us where appropriate people could be provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages.

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

- The home's activities coordinator stopped working at the home the day prior to this inspection. The day following the inspection the manager told us they had recruited a new activities coordinator and they would

commence employment at the home on the 1 February 2021. The manager told us that until that time care staff were undertaking a range of activities with the people using the service.

- The manager showed us an activity plan for the week. This included for example, singalongs, hair dressing [a member of staff was a hair dresser], board games, movie nights, arts and crafts, baking and bingo. A person using the service told us, "There are activities for us if we want them. I like some of them. I like reading and watching DVD's. I like musicals. The staff do my hair for me."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. A relative told us, "I know how to complain if I need to and I know the manager would deal with any concerns I have."
- We looked at the home's complaints file. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. For example, following a recent complaint the manager had reviewed the homes visitor's policy to clarify the visiting arrangements at the home for people using the service and their relatives.

End of life care and support

- People had been consulted about advanced care planning and how they would like to be supported at the end of their lives. This information was included in their care plans to ensure their end of life wishes were met.
- The manager told us they worked with the GP, the local hospice and family members to provide people with end of life care and support when it was required.

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 this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found that the providers systems in place to monitor and improve the quality and safety of the services provided to people were not operating effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager had made significant improvements at the home since our last comprehensive inspection. The provider recognised the importance of regularly monitoring the quality of the service. Regular audits were carried out at the home. We reviewed audits and saw these were up to date and actions were taken when necessary to ensure that care was provided in the right way.
- Prior to the pandemic the provider undertook regular quality visits to the home to speak with people using the service, relatives and staff about the care being provided. The providers visits reduced during the pandemic however they visited the home in August 2020 to follow up on safeguarding concerns and assess the homes infection control procedures. They spoke with three people using the service and two staff. The provider has continued to support the manager through monthly virtual meetings.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included people's meal time experiences, activities and renovations at the home.
- The manager also carried out unannounced night time spot checks to ensure people were receiving care and support as recorded in their care records.
- Following an assessment of the service an officer from the local authorities commissioning team told us there was more emphasis on improving the outcomes for people living at the home. There was also a focus on improving systems and audits. Audits clearly identified any required actions, and these were discussed with relevant staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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 home did not have a registered manager in post. The current manager was in the process of applying to the CQC to become the registered manager for the home.
- The manager was knowledgeable about their responsibilities regarding the Health and Social Care Act

2008 They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home and on their website.

- Staff commented on the support they received from the manager. One staff member told us, "The manager is very supportive and can be flexible if I need anything. She has made lots of improvements in the last year. Staffing has much improved and all the care staff and nursing staff work together as a team."
- The manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us they regularly liaised with family members about any incidents, accidents, complaints or safeguarding concerns.

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

- Throughout the inspection we observed positive interactions between people using the service and staff.
- One person told us, "I am very comfortable living here. The staff do their best to look after me." Another person said, "It's nice here, the carers look after me and make sure I get what I need." A relative commented, "My loved one's care has improved, the cleanliness of the home and the food has also improved. I am pleased how things have turned out since the manager came here. I am very comfortable speaking with the manager, she does her best."

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

- The manager had carried out satisfaction surveys with people using the service and staff. These indicated that people using the service were happy with the care they were receiving, and staff were happy working at the home. The manager told us that following the feedback from the surveys they had made improvements relating to food and activities and that changes in staff breaks were introduced.
- An officer from the local authority told us that, during their assessment of the service, feedback from a member of staff and two relatives was very positive about the manager, staffing improvements and the quality of care.

Working in partnership with others

- The manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they welcomed their views on service delivery.
- The manager told us they received support from the local authority with PPE and quality assurance. The Clinical Commissioning Group had supported them for example with COVID 19 and infection control procedures. They also received regular support from the GP practice and the multi-disciplinary team.