Care Quality Commission

Jasmine Care Holdings Limited

Maple House

Inspection report

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15 November 2017

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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

Maple House provides residential accommodation and nursing care for up to 51 older people, including people living with dementia. At the time of our inspection 49 people were living in the home.

This inspection took place on 14 and 15 November 2017, and was unannounced.

At the last inspection in August 2015 the service was rated Good.

At this inspection we found the service remained Good.

Although the service was rated Good at the last inspection the Safe domain was rated Requires Improvement as we found recruitment processes did not always evidence that people had been protected from the risks of unsuitable staff. At this inspection we found improvements had been made and people were protected from harm by robust recruitment processes.

Why the service is rated Good

There was a registered manager in post. However the registered manager had been promoted to regional manager and the new manager was in the process of submitting their application to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

There were processes and practices in place to keep people safe. People told us they felt safe living in Maple House and with the staff who supported them.

People received effective care and support because staff understood their personal needs and abilities. Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information. People were always consulted fully before any care and support commenced.

People said they received support from staff who were always "polite and kind." One person said, "They are all very nice here; I wouldn't have it any other way." A visiting relative said, "I have never heard a cross word they are all very nice and kind."

There was a full programme of activities for people to take part in and the service had built up close relationships with the local community and school.

Staff were supported to develop their skills through training, staff meetings and one to one conversations.

One staff member said, "The training is excellent, couldn't ask for more. If we see something we would like training in we only have to mention it and the manager will source it for us."

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

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 has improved to Good.	**Good** ●
Is the service effective? The service remains Good.	**Good** ●
Is the service caring? The service remains Good.	**Good** ●
Is the service responsive? The service remains Good.	**Good** ●
Is the service well-led? The service remains Good.	**Good** ●

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 November 2017. The first day of the inspection was carried out by two adult social care inspectors and an expert by experience and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by one adult social care inspector and was announced.

At the last inspection in August 2015 we identified that recruitment files did not always show evidence of applicants' full employment history, or document that character references had been sought from all of their relevant previous employment positions in health and social care.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 10 people living at the home, five members of staff and four visiting relatives. We also spoke with the manager the regional manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, three staff personnel files, training and supervision records and minutes of meetings held at the home.

Good

Is the service safe?

Our findings

The service improved from requires improvement to good.

At the last inspection in August 2015 we found recruitment files did not always show evidence of applicants' full employment history, or document that character references had been sought from all of their relevant previous employment positions in health and social care. At this inspection we found there had been a marked improvement in the way the recruitment process was followed. We saw evidence of full employment histories, reasons for gaps and references from previous health care providers.

People told us they felt safe living in Maple House. One person said, "I am very happy and feel very safe they are all nice to me." Another person said, "Safe? Of course I feel safe I wouldn't stay here if I didn't." One relative said, "I can go home knowing that [person's name] is safe in their care they are very good."

People were protected from abuse because staff knew how to recognise and report abuse. All staff spoken with said they had received training in safeguarding. They said there was an open culture in the home which encouraged them to report any concerns. All staff felt that if they raised concerns these would be dealt with to make sure people were protected. Where concerns had been raised with the registered manager they had taken prompt action to make sure people were safe. Information on how to report abuse was readily available around the home for people, relatives and staff to see.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work, all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. We saw evidence of risk assessments relating to pressure area care, nutrition and hydration and the risk of falls. Measures were put in place to minimise the risks for example one person had been identified as at risk of developing pressure ulcers. Their care plan identified the equipment in place to minimise the risk. We saw the equipment was in place and in use during the inspection.

Most people, relatives and staff said they thought there were sufficient staff to meet the assessed needs of people living in the home. However one person said they thought there could be more staff. During the inspection staff were relaxed and did not appear rushed to meet people's needs. The registered manager explained how they used a dependency scale to calculate the numbers of staff required for each shift. Records showed the registered manager regularly rostered more staff on duty than the dependency

calculator indicated were needed. This was to enable staff to spend more time socially with people. This was also reflected in the drop in falls incidents as there was more staff on duty to observe and prevent accidents happening.

Registered nurses were responsible for the management of medicines. We observed a registered nurse on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to. The service used an electronic monitoring and recording system. This had safeguards to ensure people were given the right medicines at the right time it also acted as an audit system to check that medicines were being given and at the right time, staff regularly monitored the administration of medicines and any shortfalls such as gaps in medical records sheets, were discussed at one to one or team meetings.

We saw systems were in place to ensure people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were obtained, stored, administered and disposed of appropriately. The registered nurses checked the use of medicines that the GP needed to review. For example the GP was reminded to review any anti-psychotic medicines every three months to assess their continued need and effectiveness. Where people had been prescribed medicines on an 'as required' basis, such as pain killers, plans were in place for pain management, including the use of pain scales to identify the severity of pain. People told us they received their medicines on time and when they requested if in pain. One person said, "The staff are on the ball with the medicines, just had the flu jab so ok for another winter."

Medicine competency records of individual staff who were responsible for administration of medicines were thorough and detailed. The provider recorded when staff last had a competency assessment on their training matrix and this meant people could be confident staff who administered medicines were competent and up to date in their practice.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food. Alcohol gel was available throughout he home and there was very clear hand washing guidance in toilets and bathrooms. We observed staff offer people hand wipes to clean their hands before eating or having a snack.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People continued to receive care that was effective.

People received care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "It's absolutely brilliant here and they look after me very well." Another person said, "They [the staff] are all very well trained especially the nurses they are really good you can ask them anything." A relative said, "They [the staff] certainly know what [the person] likes and doesn't like and how they like to spend their day."

New staff received an induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised.

All staff confirmed they had access to plenty of training opportunities. This included the organisations policy for staff to attend updates of their statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said they felt the training was, "excellent." They added, "One thing you get is plenty of training and opportunities to pursue a career. I know a couple of staff have left to do their nurse training because of the support they got here. Some staff doing their training come back to help". Registered nurses confirmed they received support to maintain their registration with the Nursing and Midwifery Council (NMC). They attended training at the local hospital then bought the knowledge back to the home and cascaded it to care workers. This meant people were supported by staff with access to up to date practices in adult social care.

Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. They also completed one to one supervision meetings on a more regular basis as well as regular team meetings when wider issues could be discussed. For example we saw record keeping and consent to care had been discussed with staff at team meetings.

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in

people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making.

Staff sought people's consent before they assisted them with any tasks. During the day we heard staff asking people if they were happy to be assisted. For example when assisting a person to move staff clearly explained what they were doing and asked the person if they were happy with the help. People told us staff asked for their consent. One person said, "I like it here they always ask and take on-board what you want and if you agree." A relative said, "It's really good they are always asking if it is ok for them to do something."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

People's nutritional needs were assessed and weights were monitored. If a person was seen to be losing weight a GP review would be arranged. Food supplements could be prescribed if appropriate. One person had been assessed as being at high risk of malnutrition, had swallowing problems and required staff to assist them to eat. Records seen showed that their weight had remained steady over a sustained period of time showing the care plan in place was effective in meeting their needs. One relative said, "Foods not bad [the person] has put on weight since they came in and seems to enjoy their food."

Most people spoken with said the food in the home was good. However one person said it was always cold as staff did not use heated plates. We fed this back to the manager for them to talk to the chef. One relative said they thought the food was very good and another person said they always had a choice and enjoyed mealtimes. We observed the mealtime experience to be relaxed and a social event for people who sat in the communal dining room. One person who chose to sit alone said they did not want to eat and wanted to leave the table. Staff assisted them to an easy chair and asked if they would like an alternative meal or a drink. They settled for a sandwich and a cup of tea. People who choose to eat in their rooms were supported appropriately and the care plan for correct positioning for one person was followed correctly. Nobody appeared to be rushed and people who needed assistance to eat were supported with dignity and respect.

Special dietary needs could be catered for to meet either health related needs or cultural needs. Staff were all aware of any special dietary needs for people such as diabetic diets and vegetarian options were available for people to choose from.

A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. Records of visits or contacts with healthcare professionals, such as general practitioners, nutrition nurses, physiotherapists and podiatrists were seen in peoples care files.

All areas of the home were well lit and there was signage to enable people to find their way around. Toilet and bathroom doors were clearly labelled to enable people to find the right rooms.

Good

Is the service caring?

Our findings

The service continued to be caring.

People said they received support from staff who were always, "Polite and kind." One person said, "It is excellent. She [indicating a staff member] has so much time, a lovely way and patience." Another person said, "It's absolutely brilliant here and they look after me very well."

The support people received promoted their and their families well-being. The Provider Information Return stated, "Our staff are trained to take time and listen and support residents in their decisions. Staff deliver care service with respect and dignity…Individual needs likes and dislikes are taken into account and care plans are kept up to date. We encourage an independent lifestyle as much as possible and encourage families and friends to visit and treat Maple House as the resident's home". One relative said, "It's nice to visit when you like and you're not limited by numbers. As many visitors at a time as you like." Another relative said, "My wife and I are very impressed." The service also recognised the importance of daily interactions with people who preferred to remain in their room. The activities person told us, "I sit and talk, do hand massage, hand holding, give a hug, read the Daily Sparkle to them. It depends on the resident." ("The Daily Sparkle is a reminiscence newspaper, published 365 days a year, which offers an ever-changing range of nostalgia topics and activities, targeted at the elderly and those with dementia.")

People were supported to have a say in the day to day running of the home and in the development of their care plans. Resident meetings were held and people were able to share their views for example, at one meeting people were offered the chance to take part in internet and computer training so they could keep in touch with families and friends. One person said they would be interested. People also discussed Halloween and decided they wanted an outside entertainer. One person raised concerns about their meals and a meeting with the chef was arranged. The registered manager also confirmed people sometimes got involved in the recruitment of new staff. They would introduce the person to people in the home and ask their opinion before making the decision to employ them or not. This meant people knew they could have a say in who they felt was qualified to provide their care and support.

People received care and support in the privacy of their own room and care plans contained references regarding the routine to be followed when entering and providing care. There was written guidance for staff on maintaining the person's privacy during personal care. Curtains were closed and support was offered in ways that maintained people's dignity. Staff were aware how important it was to maintain confidentiality within the home.

We observed staff support people with dignity and respect, one person decided they did not like the clothes they had chosen for the day. Staff immediately supported them to return to their room and change into something different. The activities person was observed supporting people to have their nails manicured and polished whilst engaging people in conversation.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "I was asked about what I wanted and they involved me, kept me informed."

The care plan format provided a framework for staff to develop care in a personalised way. We observed care was provided in a very caring way and in line with people's care plans. Staff held a meeting every lunch time when care workers would feedback to the registered nurses how people had been during the morning. Changes to care plans and discussion around care provision were made at this meeting if a person's needs had changed. This meant staff were responsive to people's changing needs on a daily basis. The care plans had been reviewed regularly to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff. Staff told us that communication in the home was, "very good". Staff confirmed people could contribute to the assessment and planning of their care, as far as they were able to; otherwise people's representatives were encouraged to share their knowledge of the person.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people living at Maple House. They spoke passionately about the way they supported people to have a meaningful day by supporting them to take part in an activity of their choice. We observed staff supporting people in line with their care plan, for example repositioning charts showed people were supported to maintain pressure areas as outlined in their care plans.

People were supported to take part in activities and hobbies that they were interested in. During the visit we talked to the activities organiser who outlined the activities they did with the people living in the home. This included one to one engagement with people who did not wish to join in group activities. We saw photographs around the home of activities people had taken part in and we observed the activities organiser arrange a game of cards with large playing cards. They then read the daily sparkle to prompt reminiscence. One person said, "There is always plenty to do. We've been doing armchair exercises and now we're playing cards while we wait for the tea trolley." The activities organiser informed us that the activities were chosen based on the response and engagement of people in the home.

People said they felt they could raise concerns and make a complaint if they needed to and the service

responded to them. One person said, "The boss is always around and I know I can talk to her." The registered manager explained that they spoke with people and relatives personally most days so anything they were not happy about was dealt with immediately and did not become a complaint. The homes policy and procedure for raising concerns gave clear time scales for response and any action taken. We saw complaints had been dealt with in line with the homes policy and learning points raised at staff meetings. The homes information pack also contained the contact details for advocacy services. This meant the organisation was very open about receiving and managing concerns or complaints.

People were supported to make choices about the care they received at the end of their life. Staff held a 'palliative care meeting' every Monday when they reassessed the care needs for every person living in the home and checked the GSF coding used to identify whether they were reaching the end of their life. They ensured care plans were up to date and any anticipatory medicines were available to ensure people were pain free.

The registered manager explained that although they were no longer accredited with the Gold Standard Framework (GSF) they continued to work to the principles and guidelines. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free. The registered manager spoke passionately about how they were an 'ambassador for palliative care'. They told us, "We manage death here very well. My passion is for people to live well and die well. We try to support people to live to their best and enjoy life." Support was provided for people, relatives and staff from the local hospice, who also provided training for staff. A room was available for relatives to stay at the home and a 'comfort box' was provided with essentials that relatives might not have bought with them.

Good

Is the service well-led?

Our findings

The service continued to be well led. Following the last inspection we said, "Staff completed equality and diversity training to understand and respect people's diverse needs, regardless of differences such as their sexuality, impairments or disabilities." This approach continued to be evident at this inspection.

There was a registered manager in post. However the registered manager had been promoted to regional manager and the new manager was in the process of submitting their application to be registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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. The new manager was experienced and knowledgeable and had achieved the level 5 NVQ in Health Social Care, Management and Leadership.

People told us they felt the home was well led one person said, "It's run like a ship, everything is thorough, but you can also have a good laugh and chat with the managers." One visitor said, "My wife and I are very impressed it is all very well managed and they take time to listen to you as well, it is not just about the resident."

There was a quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. The registered nurses continued to carry out monthly audits to identify areas where improvement was required. They completed audits of topics including medicine administration, night care and care plan reviews. In addition, they completed weekly and daily checks, such as reviewing nutrition, hydration and re-positioning charts, and ensured medical equipment was fully functioning. The registered manager carried out spot checks to ensure audits were completed robustly, and that actions required had been identified and addressed. Any actions required were discussed and agreed with the registered manager to ensure people experienced appropriate care and support. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example audits of care plans showed the registered manager had identified issues with record keeping and writing in care plans. We saw this had been raised as training and for discussion at staff meetings for all staff including the qualified nurses. This meant all staff were given the same message. This showed the registered manager was supporting staff to recognise and use best practices to support people.

All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was available in the entrance for people, staff and

visitors to read. This demonstrated the organisations approach to being open and transparent.

There were robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. Resident meetings were held regularly and people's views acted upon. Following a recent meeting people were consulted about the food they would like included in the winter menu list. The home also had strong relationships with the local community and school. People said they enjoyed visits from the children and community events in the garden.

The service had worked alongside and established links with health and social care professionals to ensure people received the best care possible. One healthcare professional said they had built up a very good relationship with staff. They felt they listened and were happy to discuss any ideas they had to improve experiences for people. The home had also built up strong relationships with the local hospice team who supported them in providing training for staff in end of life care.

The registered manager was supported by the regional operations manager who would provide them with their one to one supervision meetings. At these meetings they could discuss the progress being made with the business plan as well as concerns raised and how they were managed. Staff also confirmed that a system of one to one supervision meant they could discuss training needs and any issues regarding the care and support they provided or the running of the home. This also gave the manager the opportunity to share best practice training and guidelines with staff either on a personal basis or in group supervision.

The management team attended local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. The management team also kept their skills and knowledge up to date, though research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.