Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Jasmine House

4 Park Avenue, Eastbourne, BN22 9QN

Tel: 01323509059

Date of Inspection: 05 August 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sussex Oakleaf Housing Association Limited
Registered Manager	Mr Glyn Marchant
Overview of the service	Jasmine House is a care home, providing care and support for up to 16 people with long term and enduring mental health conditions.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection to look at the care and treatment that people who used the service received.

This inspection was carried out by one person.

As part of our inspection we spoke with the manager, and care staff. We also looked at two care plans and other documentation within the home.

We were told during the inspection that Jasmine House was due to close in the next two or three months. All staff and people using the service were aware of this fact and people were waiting to move to other care facilities.

At the time of the inspection there were eight people living at Jasmine House. Not everyone living in Jasmine House was able to tell us about their experiences living there. Those who could told us that "Everything is fine, yeah no issues." And "I am fine, everything is OK."

We considered our inspection findings to answer questions we always ask:
Is the service safe?
Is the service effective?
Is the service caring?
Is the service responsive?
Is the service well-led?

Is the service safe?
We found during our inspection that people were safe because their rights and dignity had been respected. People's care had been reviewed and updated regularly.

We saw that the home had systems in place to manage accidents, incidents and near misses, with evidence seen that there had been learning from previous incidents to

prevent them reoccurring.

Is the service effective?
We found during our inspection that the service was effective. Staff we spoke with were able to tell us about people who lived in the home, and their individual needs. People were supported to maintain their independence and plans and reviews were in place to support this.

People told us they felt involved in decisions about their care and could raise any concerns and these would be listened to and addressed.

Is the service caring?
We found during our inspection that the service was caring. We saw staff interacting with people in a positive manner, speaking to them in a respectful manner at all times. We saw that people were encouraged to participate in activities. There was a range of activities on offer during the week.

Is the service responsive?
We found during our inspection that the service was responsive. We saw evidence that when people's needs had increased, or they had become unwell staff had made appropriate referrals to outside agencies in a timely manner.

People who used the service and their relatives were encouraged to make their views known and raise any concerns if they arose.

Is the service well-led?
We found during our inspection that the service was well led.

Jasmine House had a registered manager who led a team of care staff to provide care within the home.

We saw evidence that the manager and staff attended regular staff meetings. With the minutes available for staff to view.

Residents had attended residents meetings, and provided feedback about the care they received. And the results of resident surveys had been collated and actioned if required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Not everyone living at the home was able to tell us about their experiences; however those who could told us they were involved in their care and had changes to their care discussed with them. People told us they had the treatment and support options available discussed with them at reviews and when they spoke with visiting professionals.

During our inspection we saw that people who used the service were supported to understand and participate in decisions made about their care and treatment. Care files included information about people's individual needs, mental health diagnosis and the specific support and treatment they required.

There were pre-admission assessments in place. These had been undertaken with people before they moved into the home. The assessments had then been used to formulate care plans for people's individual needs and to highlight any risks.

Care plans identified areas of care where people would need assistance from staff. Care plans informed staff how much support people required, and whether people were managing their finances and medication.

People expressed their views and were involved in making decisions about their care and treatment where appropriate. This meant that people who used the service understood the care and treatment choices available to them.

Many of the people we met during the inspection were independent and went out most days. People told us that they went out for walks, shopping and for days out. One person had been to a local town that morning and returned just before lunchtime.

People made their own decisions about whether they requested or attended appointments. Staff liaised with people's care co-ordinators CPN's and other health professionals involved in their care.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at care documentation and spoke with people who used the service. We saw that people were involved in regular reviews of their care and treatment. Staff provided support and encouragement to people. This meant people using the service were involved with decision making about setting and achieving goals.

People were given copies, and asked to sign to show they consented and agreed to tenancy agreements when they moved into Jasmine House. We also saw that people had been asked to sign Jasmine House rules and acceptable behaviour contracts.

Everyone living at the service had their own key to their rooms. People had signed forms to confirm they consented to people entering their rooms if required. We observed staff knocking on people's doors and only entering people's rooms when required to do so, for example, to check whether someone was in the building to have their medication.

We also saw that care files included permission to contact benefit agencies and other outside organisations. These had been signed by the individual. This meant that the provider had gained people's consent before sharing their information or requesting outside agency involvement for people.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of our inspection there were eight people living at Jasmine House.

We looked at two care files and other care documentation. We saw that files contained pre assessments which had been completed before people moved into the home. These had been used to inform the care planning, to ensure that people's needs were documented and care needs met.

People were invited to attend care review meetings. These were every three months or more frequently if required. We saw that one person had review meetings every two weeks when there was an issue regarding their behaviour within the service. Care reviews were carried out by people's care workers and discussions documented within their care files. Individuals were asked to sign when goals and targets were discussed. These were made by the individual with support and advice provided by staff when required. If people refused to sign care documentation or reviews this had been recorded.

Not everyone living in Jasmine House was able to tell us about their experiences living there. Those who could told us that "Everything is fine, yeah no issues." And "I am fine, everything is OK."

The manager told us that everyone had been told about the closure of the home, and people had been kept informed about where they would be moving to. We saw that for some people this had been delayed due to the premises not being ready. There was still no firm date for people moving out, however, contingency plans were in place for people to stay at Jasmine House until there future residence was available.

Throughout the inspection we observed staff speaking to people in a calm respectful manner. People's independence and choices were respected and support provided when required.

People were able to go out and spend their day how they wished. When an issue had been identified for example a health and lifestyle issue we saw that these had been discussed at review meetings with the individual. Plans had been discussed with the person to encourage them to consider other options to improve their overall health. This

included outside health professional appointments, activities and healthy eating guidance.

We saw that the service had a fire and evacuation plan and contingency plans in the event of an emergency. This meant that the provider had systems in place to respond appropriately in an emergency situation.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw evidence that the home worked closely with other professionals involved in peoples care. Including community psychiatric nurses (CPN), district nurse (DN) GPs, specialist nurses and care co-ordinators. Any appointments attended, or visits to the individual by other healthcare professionals had been documented in their care files. Documentation included who had visited, reason for visit and any actions taken.

Evidence was seen to show visits from outside professionals had been sought when there was a medical or mental health need. Care files seen showed that the service worked collaboratively with a multidisciplinary approach to ensuring people living in the home received the appropriate help and support.

People who were required to attend health related appointments had been encouraged to do so by the manager and staff. Local authority support plans and reviews were included in people's care files. This meant that staff had access to information regarding any changes to people's care needs or treatment. We saw that staff had also provided support to people who wished to access financial advice and debt management support groups, opticians, dietary and podiatry services.

This meant that people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.
The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the service had a comprehensive system for assessing and monitoring the quality of the service provided. This included health and safety, Control of substances hazardous to health (CoSHH). Environmental and maintenance risk assessments and monthly checks had also been completed.

The provider Sussex Oakleaf Housing Association Limited rented the building and its grounds from a landlord. The provider may find it useful to note that some maintenance issues were found during our inspection. We saw that these had been highlighted by the service as part of their auditing and maintenance checks and that the service had contacted the landlord in relation to these issues. however, the service had not always received a prompt response. We were told by the manager that there had been a number of occasions when the health and safety lead had contacted the landlord. We saw copies of emails in relation to requesting confirmation of legionella checks, and personal appliance (PAT) testing. The manager told us the landlord was responsible for the outside area maintenance. We saw that the garden at the rear of the property had long grass. It was unclear what actions had been taken to address this.

Environmental risk assessments and checks had been documented monthly in the health and safety folder. The health and safety folder included analysis and auditing of accidents, incidents and near misses. This meant that Jasmine House identified trends and themes and devised an action plan to show that the service responded to issues and actioned changes appropriately. This meant that they had systems in place to continually improve the level of service provided.

Policies were available for staff to access when required, these included whistleblowing, challenging behaviour and safeguarding.

There was a robust system of auditing within the service. This included a quality audit which was completed by the operations manager and the location manager. This looked at how the Care Quality Commission outcomes and Regulations had been met, with actions

required if issues noted. The last completed audit we saw was dated 21 March 2014. The manager told us this was an annual audit.

We saw that regular checks took place around the home. These included quarterly, monthly and annual checks to continually asses and monitor the quality of the service provided. A monthly summary sheet had been completed to show maintenance checks that had been completed. A recent health and safety audit had taken place and the service was awaiting a copy of the report.

We saw minutes from staff and residents meetings. These had been scheduled to take place monthly. Minutes had been written and were available for people to view. Memos had also been sent to staff to inform them of any changes or safety updates when required. This meant that people were informed of issues and changes and had an opportunity to raise and discuss concerns if they arose.

There were noticeboards around the building providing information for residents about future meetings and activities. The provider had sent out client questionnaires called Oakleaf Consumer Circle (OCC). We saw a copy of the results action plan for the most recent OCC which had taken place in 2014. Further client feedback had been gained by Jasmine House. This was specific to Jasmine House. The results from these had been analysed and were available for people to view. Where appropriate action plans had been completed. This meant that the service gained the views from people living at the home and staff. Information gained during feedback was used to ensure that the service responded to issues if they arose and made changes to ensure that the needs of people had been met.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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