



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Jasmine Court Nursing Home

**13 Park Place
Weston Super Mare
North Somerset
BS23 2BA**

Lead Inspector
Barbara Ludlow

Unannounced Inspection
9th January 2007 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Jasmine Court Nursing Home
Address	13 Park Place Weston Super Mare North Somerset BS23 2BA
Telephone number	01934 622028
Fax number	01934 626100
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Charis House Ltd
Name of registered manager (if applicable)	Mrs Christine Cynthia Grist
Type of registration	Care Home
No. of places registered (if applicable)	24
Category(ies) of registration, with number of places	Old age, not falling within any other category (24)

SERVICE INFORMATION

Conditions of registration:

1. The home may provide nursing care for up to 24 service users over the age of 65 years (OP)
2. Staffing notice dated 09/10/1998 applies.
3. Manager must be RN on part 1 or 12 of the NMC register.
4. Jasmine Court may provide nursing care for one named person, as per variation application 26/4/05, aged 56 years and over until such time that the
Named person reaches the age of 65 years or ceases being at the home.

Date of last inspection

Brief Description of the Service:

Jasmine Court is a nursing home providing accommodation for 24 residents. It is located close to Weston-Super-Mare sea front with its lounge and patio garden area having a very pleasant view of the sea. The shops and local amenities are close by, within walking distance of less than a few minutes. The home has a passenger lift and a stair lift allowing access to all floors. It has a front garden in the form of a patio garden for its residents. Current fee range is £ 498.50 to £600.00 per week.

SUMMARY

This is an overview of what the inspector found during the inspection.

One inspector made the unannounced key standard inspection visit, over one day. The proprietor and the registered manager were both available throughout the day to assist with the inspection process and receive feedback at the end of the inspection visit.

All service users in residence were seen during the day. The inspector spent time in the communal areas of the home to speak with service users and observe daily life at Jasmine Court. Service users who remained in their rooms were seen. Visitors to the home were spoken with. Organised activities were observed.

Records were sampled; these included care plans, contracts and maintenance records. Staff recruitment was examined in detail.

The completed pre inspection questionnaire had been returned to CSCI prior to the inspection. A copy of the home's latest brochure, statement of purpose, service user guide and copies of the staff duty rotas were supplied at the inspection.

The staff of Jasmine Court were observed during the inspection and were spoken with.

The inspector would like to thank service users, the staff and management of Jasmine Court for their contribution to the inspection process.

What the service does well:

Jasmine Court is a comfortable well appointed and well maintained care home. The home has a relaxed atmosphere and all service users and visitors reported that staff are attentive and caring.

The service users are encouraged to retain their mobility and independence. The manager reported success with this and it was also evidenced by the number of service users who were independently mobile or were supported by one carer when mobile.

Care staff are encouraged to train and the home has over 50% of care staff with a National Vocational Qualification (NVQ) in care.

Activities are very friendly and inclusive; care staff observed were confident and encouraging. Service user participation in a flexercise session was very positive and all appeared to be enjoying the session.

What has improved since the last inspection?

This was the first inspection by B Ludlow. The home had addressed the requirements made at the last inspection with the exception of the timescales for recruitment checks.

A bathroom that was not being used has been converted to create a storeroom and a separate sluice room. This is an improvement to the premises and the facilities available for the nursing care delivery to service users.

What they could do better:

The recruitment records were complete but there had been occasions since the last inspection where staff were employed to work in the home before their POVA First check was verified as clear. All Protection of Vulnerable Adults records were confirmed to be now in place for all staff employed at the home. One reference only was outstanding; this had been seen by the manager but was missing at the time of the inspection.

A requirement has been made to reflect the regulatory breach and to ensure safe working in all future recruitment practice.

A requirement has been made for the management of prescribed oxygen for safe storage and for the discard date labelling of pots of prescription skin cream when opened.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,4,5

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Jasmine Court has a range of information to enable prospective service users make an informed choice. Admission after assessment is made to ensure that care needs can be met. Contracts are clear.

EVIDENCE:

The home has a colour brochure. Copies are available at the home and are supplied when a place enquiry is made. The statement of purpose and service users guide are available and copies can be found in the home's foyer.

A sample of service user contracts was made. These were found to be open, clear and included a trial period. The proprietor informed the inspector that the Registered Nurse Care Contribution (RNCC) from the Primary Care Trust (PCT) is currently fully refunded to the private clients. All charges made were clearly recorded and accountable.

Prospective service user care needs are assessed prior to admission and the assessment informs the care planning. Copies of community care assessments and input by community health care professionals were seen on the files sampled, these are used to inform assessment and care planning.

Not all beds are adjustable in height however the provider and the manager confirmed that where equipment is assessed as needed it will be accessed for the service user. Evidence of equipment being provided to meet care needs assessment was seen.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10,11

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

All service users had individual care plans and relevant risk assessments in place. Health care was of a good standard and was well supported by the local GP practice.

All service users were treated with respect and were cared for in a dignified way. The care of the frail service user is thoughtfully and individually managed.

EVIDENCE:

Service users were all up and dressed at the start of this inspection. All looked well cared for and were sitting and looked comfortable in the armchairs in the communal lounge areas.

Service users asked said they were happy to spend a few minutes speaking to the inspector to share their experience of living at Jasmine Court. All spoke positively about the staff and the care they receive. All were confident and those asked confirmed that they would be able to raise any concerns with the manager of the home.

Service users who were independently mobile moved about the home as they pleased and those who required assistance from staff were attended on request.

Care plans were sampled and service users were selected for case tracking. These demonstrated good evidence of attention to health care needs and risk assessment. Wound care was documented. It was recommended that skin care should be recorded in more detail in the care plan for example, where there is stoma care.

The care of the frail person was discussed with the manager and care plans were seen to demonstrate the attention staff give to personal care and pain control at such times. The care was seen to be individualised and care needs were well met. The staff offer relatives support at such times and relatives spoken with confirmed this and said they are made very welcome at the home.

Medications management was examined. The treatment room locks with a key but for convenience is top bolted. The stock storage in the treatment room was secondary locked with the exception of the medication fridge. This fridge should be locked if it is used for the storage of prescribed medication. Also a minimum / maximum thermometer is recommended and should be purchased if temperature sensitive medication is required to be stored.

A review of the locking of the medication / treatment room and access by non key holders should be made and is recommended so that appropriate action can be taken.

Prescribed skin creams in service users rooms had not been labelled with an opened on, nor discard by date, this is recommended for all future stock to ensure creams are not used beyond their opened shelf life.

All controlled drugs were safely managed and fully recorded.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The service users at Jasmine Court are enabled to live comfortably with support in an enabling environment. Visitors are welcome. Activities are well led and organised to meet the service users needs. The food is of a good standard.

EVIDENCE:

Service users were observed during their day at the home. A number were spoken with during the day and their opinions were asked about the social care, catering and daily life at the home.

Service user and carer interactions were observed to be polite, kindly and helpful. Service users asked confirmed that staff were 'very nice' and 'you can share a joke'.

The home has organised entertainment, which is enjoyed by the service users. This includes outside entertainers regularly visiting the home on Wednesdays and regular sessions within the home run by the activities organiser / care staff

for 2 to 3 hours each day except Saturday. On Sundays a DVD is usually shown.

On the day of the inspection in the morning a Communion service was taken in the lounge. In the afternoon exercise to music was held in the lounge. Service users joined in if they wanted to and all participants to enjoy the session.

Two visitors were spoken with and both said that they found the home to be welcoming and the staff 'very nice'. Both had been offered refreshments when visiting and had attended events such as the finger buffet tea held at Christmas.

Service users confirmed that they choose how they spend their time. Many use the communal rooms during the day. Some service users said that their relatives take them out.

There is a communal television and service users spoke of the programmes they choose to watch. Music was selected and played in the communal areas at times during the day. One service user said that they all respect 'being quiet after 10 pm' in their rooms.

Lunch and tea times were observed; service users were eating together in the dining room. Lunch was served to twenty-one service users in the dining room, two service users were eating in their rooms and one received assistance in the lounge. The main menu was liver and bacon with four vegetables and potatoes, the alternative menu was gammon and parsley sauce. Dessert was ice cream, yogurt or lemon sponge and custard.

The meals were nicely served and assistance was given if required. One service user at teatime was a little fed up and said some had been sat waiting for twenty minutes.

Service users asked about the menu spoke positively about the food offered. Comments included 'food good', 'plenty of it' and 'always drinks as you want'.

The kitchen had received an inspection by the Environmental Health Inspector in June 2006; this was reported to have been satisfactory. The cook and catering assistant were seen; both had current food hygiene training certificates. 2 new fridges / freezers had been purchased and temperature records were satisfactory. Service user dietary likes and dislikes were recorded and special diets including diabetic diets were catered for.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

17,18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has a complaints procedure that is accessible. Staff are aware of the Protection of Vulnerable Adults (POVA) and all had current CRB / POVA checks on file although 5 of 7 checked had not been confirmed before the staff members commenced working at the home.

EVIDENCE:

The complaints policy is available to service users and their visitors. There have been no complaints to CSCI or the home during the past 12 months.

Staff spoken understood the protection of vulnerable adults and the risks to the vulnerable person of abuse. Staff were aware of the action they would need to take if any abusive behaviour came to their attention.

Recruitment files when sampled demonstrated that all staff had CRB/ POVA First checks carried out at the home. However the administration of these checks appeared to have been slow and 5 of 7 new starters had commenced working at the home prior to the POVA First check being confirmed as satisfactory to the service. A requirement was made at the last inspection identifying this poor practice. One staff's second reference was not available on file at the inspection however the manager stated this had been received at the home. The systems in place to manage recruitment more safely were discussed at the inspection.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,20,21,22,23,24,25,26

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Jasmine Court is kept clean and is well maintained. The environment is both homely and comfortable. Equipment is made available to meet the needs of the service users. Infection control measures are good. Investment in the upgrading of the environment continues.

EVIDENCE:

A tour of the premises was made, communal rooms were seen and bedrooms were sampled. The home has been adapted to accommodate service users requiring nursing care. There are handrails in corridors and there are assisted toilet and bathing facilities.

The home was found to be clean, tidy, fresh smelling and well and safely maintained. Staff hand wash facilities were provided. Foot operated flip top

waste bins are recommended for contaminated or hand wash waste, when the current bins are renewed.

The staff team includes a handyman who was on duty at the inspection and domestic staff who were seen at the inspection and were spoken with.

Service user bedrooms can be personalised and made homely with photographs, pictures and small personal effects such as ornaments. The bedrooms were nicely decorated and many had divan style beds, the inspector was reassured that if a need is assessed for a height adjustable bed this would be provided by the company.

Pressure relieving equipment was available and was seen in use.

An extra sluice facility has been installed on the top floor where a disused bathroom has been converted. An extra storage room has also been created. This was discussed with CSCI and is an improvement to the environment and to the infection control facilities.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

Staff are well trained and are aware of the protection of vulnerable adults.

Poor recruitment practice had put service users at risk since the last inspection, however this had been rectified.

EVIDENCE:

There is a stable core staff team at Jasmine Court. There is a Registered Nurse on duty at all times.

There were sufficient staff on duty at this unannounced inspection visit and all the care staff on duty had an NVQ Level 2 or 3 qualification. There were no comments regarding staffing levels made to the inspector, staff were observed to be busy throughout the day.

The staff have supervision and training opportunities. Over 50% of the homes care staff hold a National Vocational Qualification in Care (NVQ). The staff spoken with took pride in the care they deliver and commented that they enjoy working at Jasmine Court. Staff receive induction training and supervision which is recorded

The staff interactions with service users were observed to be kindly, friendly and helpful.

A requirement was made at the last inspection for recruitment practice. Seven new staff files were examined at this inspection and the poor practice had continued, breaching the requirement date of 10/11/05. All staff now have a CRB / POVA First check on file that is satisfactory however five staff commenced working before the POVA First was confirmed. A requirement is made for all future recruitment practice.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,32,33,35,36,37,38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well managed by Mrs C Grist and her deputy with the support of the provider.

Health and safety checks and maintenance of the home is attended.

Record keeping was up to date and storage is secure and safely managed.

EVIDENCE:

This home manager is part of the nursing team and has a limited amount of supernumerary allocated time. The care homeowner takes a proactive interest in the running of the care service and manages all the contracts and accounts. The Manager was described as approachable and supportive to both staff and service users.

The service offered to service users and their families is reported to be good. Good relationships were observed between visiting relatives and the management.

The home monitors the service and invites feedback from service users and their families. Relative / Resident meetings are held; the last was in September 2006 when 5 attended. Staff meetings are also held every three months.

Records were sampled; these included the fire safety checks such as the weekly alarm test, the monthly emergency lighting test and annual service of the system and fire extinguishers.

The home's insurance certificate and registration certificates were displayed and all records were safely stored.

The laundry is in a separate garden building; the path to this was noted to be becoming green and could potentially become slippery and therefore a hazard. This was brought to the attention of the Manager at the inspection.

Two radiator covers were reported to be ready for fitting however two other uncovered radiators were identified at the inspection, these require attention via risk assessment and if necessary covering to protect the service users from the risk of burning from contact with the hot surfaces.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	3
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	1
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	X
35	3
36	3
37	3
38	2

Are there any outstanding requirements from the last inspection? Yes

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP9	13(4)	<p>The registered person must make arrangements for the following:</p> <ul style="list-style-type: none"> • Prescribed skin creams must be labelled with an opened on / discard by date to ensure their efficacy and freshness when used. • Oxygen cylinders must be stored securely at all times. 	28/02/07
2.	OP29	19 (1)(b)	<p>The registered person shall not employ a person to work at the home unless:</p> <ul style="list-style-type: none"> • A minimum of a satisfactory POVA First check is made before the person commences working at the home. • Two satisfactory references are obtained and must be held on file. 	28/02/07

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP8	Care plans should contain more detail regarding any special skin care or preparation with regard to stoma care.
2.	OP9	A minimum maximum thermometer should be purchased for the medications fridge, if temperature sensitive medication is required to be stored safely. The treatment room security should be reviewed.
3.	OP38	The identified unprotected hot surfaces should be risk assessed and remedial action taken in line with the risk identified.
4.	OP38	The outdoor laundry access path must be kept clear of moss and algae that could make it slippery underfoot.

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