

Annual service review

Name of Service: Jasmine Court Nursing Home

The quality rating for this care home is: three star excellent service

The rating was made on:

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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection

We do an annual service review when there has been no key inspection of the service in the last 12 months. It does not involve a visit to the service but is a summary of new information given to us, or collected by us, since the last key inspection or annual service review.

Has this annual service review changed our opinion of the service? No

You should **read the last key inspection report for this service** to get a full picture of how well outcomes for the people using the service are being met.

The date by which we will do a key inspection:

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Name of inspector: **Date of this annual service review:**

Melanie Edwards 2 4 1 0 2 0 0 9

Information about the service

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| Address of service: | 13 Park Place Weston Super Mare North Somerset BS23 2BA |
| Telephone number: | 01934622028 |
| Fax number: | 01934620916 |
| Email address: | |
| Provider web address: | |

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| Name of registered provider(s): | Charis House Ltd | |
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| old age, not falling within any other category | 0 | 24 |
| Conditions of registration: | | |
| The maximum number of service users who can be accommodated is | 24 | |
| The registered person may provide the following category of service only: Care home with nursing - Code N to service users of either gender whose primary care needs on admission to the home are within the following category: None | | |
| Have there been any changes in the ownership, management or the service's registration details in the last 12 months? | No | |
| If yes, what have they been: | | |

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| Date of last key inspection: | | | | | | | | | |
| Date of last annual service review (if applicable): | | | | | | | | | |

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| Brief description of the service |
| <p>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.</p> <p>Current fee range is 523 pounds to 650 pounds per week.</p> |

Service update since the last key inspection or annual service review:

What did we do for this annual service review?

We looked at all the information that we have received or asked for since we did our last annual service review.

This included: The annual quality assurance assessment, we call this the 'AQAA'. The 'AQAA' was sent to us by the service. The 'AQAA' is a self-assessment that looks in detail at how well outcomes are being met for residents. It also gave us some numerical information about the service.

Surveys returned to us.

What other people have told us about the service.

What the service has told us about things that have happened in the service these are called Regulation 37 notifications and are a legal requirement.

The outcomes from the last key inspection.

What has this told us about the service?

When we did the last key inspection we found the following outcomes for residents when we looked at what the home does well. We have quoted this section for the 'annual service review: 'Jasmine Court is a comfortable well maintained care home. The home has a relaxed atmosphere and all residents and visitors reported that staff are attentive and caring. Meals are well presented and menus verify a healthy well balanced diet for all residents who benefit from a wide variety of choice. The residents are encouraged to retain their mobility and independence. The manager reported success with this and a number of people have become more independent or in some cases returned home. Care staff are supported to train and the aim is for all staff to attain a 'national vocational qualification in care'.

The 'AQAA' document tells us how the views of residents are promoted and incorporated into what the home do and we have quoted this extract, written by the manager: 'When people view our home we never pressure them, we take time to explain all events and answer any questions, as people viewing are usually looking for a prospective resident and feel it is a big responsibility. I usually ask them if they wish to give me information about the person, I also explain it is not binding. I ask them if they choose somewhere else would they mind if we got feedback as to why. During this conversation I explain the cost of the room, registered nurse contribution. If they are private, the trial period of four weeks, we have 'open' visiting that they are welcome to have a meal at anytime team, nursing and contracts and care plans. I also inform them we have a visiting hairdresser, chiropodist, an optician and church services. I offer them our residents guide and the last CQC report but usually these days they have read it on our website. On showing them around the home I tell them if they wish to bring in personal possessions we will try and accommodate as much as we can for

example we remove pictures chest of drawers etc. On leaving I offer them a brochure and tell them not to hesitate to contact me if they need any further questions answered. A trained nurse always goes and performs a pre-assessment and occasionally takes the key worker with her, as this helps to know two familiar faces. We spend quite a bit of time with the resident telling them about our home and the people living there. We obtain as much information as possible from and the ward staff or if at home the family. If one of my trained nurses go out and assess they come back and discuss it with me before any decision is made. There have been times when we have refused a resident as they would disrupt the home and this would not be fair to them or the other residents. When we have agreed to take a new resident we start compiling their information we have already received during our assessment, sometimes we get a care plan and summary from their social worker. This information helps us decide what 'team' they will go on. We continue gathering our information on admission we plan care, do risk assessments and weight etc. We also have night care plans which indicate how the person would like to sleep. All care is planned with a named nurse resident and family so we know we are getting it right. A contract is drawn up between the home and resident explaining all areas, this is done with family present who often take it home to read before signing. We both keep a copy of this. If the new resident is at risk from falls we discuss the possibility of bed rails and if agreed a contract is signed. On filling out all forms we discuss choices and activities within the home and our complaints procedure. I always ask them and family to say if something is not done as they would like, as we have to get to know the residents preferences. We have hand rails in communal areas to promote independence'.

The 'AQAA' document explains clearly how the home ensure that race, gender, identity disability, sexual orientation, age ,religion and belief are promoted and incorporated into what they do. We have quoted this extract as we think it offers useful information about the home: 'We have comprehensive care plans identifying physical, mental, social and spiritual needs. The care plans are completed by staff, residents and families. We also have night care plans giving information of care they wish to have overnight. All care plans are updated monthly and we monitor all changes. Some residents and relatives have completed a 'personal profile' booklet pertaining to the residents past enabling staff to discuss events in their life with them. This is especially important for young staff to see the life they have led making them respect them more. All residents have end of life care plans to ensure their wishes are upheld concerning where and how they wish to die. We have policies and procedures relating to all different faiths and cultures this would be addressed on pre-assessment and staff would be instructed on this prior to admission. We have holy communion every six weeks and residents have their own minister visiting. Staff training on induction and ongoing educates staff on the importance of respect dignity and choices etc. All staff are encouraged to attend in house and external training courses and enroll on national vocational qualifications training. Residents are actively encouraged to make and change choices at all times and if they are unable due to severe mental impairment we contact family or friends until we know the resident'.

The evidence we reviewed to do the 'annual service review' confirms for us that the home have managed issues well. The home communicate very well with us and they tell us about important things that have happened . The service continues to provide excellent outcomes for the residents who use it.since the last key inspection.

What are we going to do as a result of this annual service review?

We are not going to change our inspection plan and will do a key inspection by 18th October 2010.

However we can inspect the service at any time if we have concerns about the quality of the service or the safety of the people using the service.

Reader Information

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