



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
Andrew Pollard

Unannounced Inspection
18th October 2007 09:30

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 620916
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 residents 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 9th January 2007

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 £523 to £650 per week.

SUMMARY

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

This was an announced inspection conducted as part of the annual inspection process. The inspection lasted one day.

Prior to the visit the inspector spent some time examining documentation accumulated since the previous inspection, the last report (Feb 07) including the Annual Quality Assurance Assessment (AQAA), notified incidences in the home, (Regulation 37's) and the unannounced reports written by the Registered Providers (Regulation 26's).

The inspector sent questionnaires "Have your say" to all residents in the home prior to the inspection. Surveys were also given to relatives, visitors and visiting health and social care professionals. Information from these has been collated and is detailed throughout the report.

The outcomes from these surveys were all positive and much praise was given to the home.

Residents, visitors and staff were spoken with during the visit.

The inspector spent time throughout the visit in discussions with the registered provider and manager.

Records and files relating to the day-to-day running and management of the home were examined.

Residents care plans and care files were examined. The inspector had discussions with relatives and residents and observed staff indirectly going about their daily routines.

The inspector toured the premises.

What the service does well:

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 (NVQ) in care.

What has improved since the last inspection?

The standard of care plan documentation is very good.

POVA First check are verified as clear and all Protection of Vulnerable Adults records are confirmed to be now in place for all staff employed at the home.

The safe management of prescribed oxygen.

The discard date is recorded on pots of prescription skin cream when opened.

What they could do better:

Records regarding the holding of valuables need to be improved so that all items are properly described and logged in an inventory of the safe contents.

Arrange for Safety certificates to be issued for gas and the electrical installation services.

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

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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 residents to make an informed choice. Residents from all backgrounds or cultures are welcome.

Contracts and terms and conditions of services are provided to all clients.

The assessment procedure is clearly written and a thorough assessment of prospective residents needs is carried out.

EVIDENCE:

A brochure containing a resident guide and statement of purpose is made available to prospective residents and their families. Alternative formats can be accommodated if need be.

All residents and relatives stated in their surveys that they and their families had received information about the home prior to admission. People spoken to felt their admission was well managed.

The pre-admission assessments were fully completed and informative. The manager or a senior nurse meet with prospective residents prior to admission.

The prospective resident, family and carers are involved in the assessment and all information is used to determine the suitability of the placement.

Where possible the manager obtains assessments and care plans from other professionals for example, social workers and hospital staff. The information gathered pre-admission provides evidence of the resident's disabilities and state of health prior to admission.

A detailed assessment of the residents care needs are established over the initial few days and regularly reviewed. This information forms the basis of the Care Plan.

Assessments had been regularly reviewed and updated, this included the risk assessments.

Prospective residents are encouraged to visit the home either for the day or perhaps for lunch dependent on their wishes.

A month's trial period is usually undertaken to ensure that everyone is happy with the arrangements and to ensure that the placement is suitable.

Residents' files contained contracts and terms and conditions, which are signed on admission. All residents confirmed in their surveys that they had received a written contract.

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 **Excellent**.

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

Staff have a good awareness of individuals' needs and treat the residents in a warm and respectful manner.

Care plans are detailed and relate to residents care needs. They are well written giving clear directions to staff.

The staff provide appropriate personal and nursing care to maintain residents' health, well-being and dignity.

Good arrangements are in place for residents to access primary healthcare services.

The staff properly store, administer and record medication on behalf of residents.

EVIDENCE:

Residents looked well cared for and were sitting and looked comfortable in the armchairs in the communal lounge areas.

Residents spoke positively about the staff and the care they receive. All were confident that if they had any problems they could talk to the staff or the manager who would sort them out.

Relatives spoken with said they are made very welcome at the home.

Staff were seen to respect the residents' privacy and dignity. They were seen to knock on doors and wait for a response before entering. Residents and visitors spoken with confirmed that residents were treated with respect.

Several case files were examined during the inspection.

Each resident has a brief biography written and a person centred assessment where their wishes, likes and dislikes are put at the centre of the care provided.

The information supports people's health and social needs including, psychological, emotional, and cultural needs, which demonstrates that the home takes a holistic approach to the provision of care.

End of life Care Plans have been established whereby residents are encouraged to think ahead about the care they would like to receive if their health deteriorates.

A section is completed with the families about how much support they may require, how involved they would like to be with their relatives care and should the home contact them at any time if their relatives' condition deteriorates. It was suggested that if known the name of the chosen undertakers should be included.

The GP conducts a weekly visit to the home and will visit on request. All residents stated in their surveys that they receive good medical support. Health Care needs were clearly detailed in the care files and included, wound care, nutritional, and pressure area risk assessments. All care plan elements are regularly reviewed.

Records of the GP visits and those from other professionals were evidenced in care files including, chiropodists, opticians and dentists.

Policies and procedures for receiving, storing, administering and disposing of medications are in place and meet with current legislation.

The receipt, administration, disposal and controlled drug records were up to date and in order. The pharmacist who supplies the medication also receives unwanted medication for disposal.

A minimum / maximum temperature reading thermometer is in place to monitor the drug fridge temperature.

None of the current residents wish to or are able to self medicate at the present time.

Proper storage arrangements are in place for oxygen cylinders.

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 **good**

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

A range of social and recreational activities is arranged that seek to enhance the quality of life for the residents and meets individual preferences and expectations.

Residents are able to maintain close contact with families and friends. Resident's families are informed of issues related to their relatives and to take part in activities running in the home.

The food is of a good standard and provides a balanced diet for residents.

EVIDENCE:

The relatives and staff develop a resident's biography and social profile, which provides interesting facts and life history information about each resident. Residents meetings take place approximately three times a year to which relatives are also invited and discuss general issues relating to the home and the social activity programme.

A monthly newsletter is printed each month for residents and relatives.

Residents take part in a range of social activities including, arts and crafts, reminiscence therapy and organised games. Trips and outings have not taken place this year.

Regular activities are provided in the afternoons including quizzes, floor games and bingo. An aroma therapist regularly visits the home.

Special events are arranged throughout the year and residents and visitors are invited to attend.

The home has organised entertainment, which is enjoyed by the residents.

This includes outside entertainers regularly visiting the home.

Records of resident's involvement are kept.

Clergy of several Christian denominations visit the home. Monthly service and communion is available to residents.

There are currently no residents with other faith backgrounds but the home would seek to meet any cultural or religious practice requirements of new residents.

Two visitors were spoken with and both said that they found the home to be welcoming and the staff 'Cheerful and very helpful'. and had attended various events at the home.

The rotational menu offers traditional food and choice is available at each meal.

Staff ask resident what meals they would like each morning.

The main meals are served in two sittings so that staff can give full attention to residents who require assistance to eat or to be fed.

In surveys respondents spoke positively about the food offered. Comments included "The food is really good" and "The meals are excellent".

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. Resident 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):

16,18

Quality in this outcome area is **good**

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

There are good arrangements in place for staff training and awareness related to safeguarding of adults.

There are robust and comprehensive policies in place to protect residents investigate complaints or manage any allegations of abuse.

EVIDENCE:

The complaints policy is available to residents and their visitors. There have been no complaints sent to the Commission or the home since the last inspection.

All residents who completed a survey indicated that they knew who to talk to if they were not happy and how to make a complaint. Comments included, "I've never had cause to complain", and "I would speak to matron". Relatives surveyed confirmed that they were aware of the home's complaints policy and procedure.

The home promotes staff training and education in the protection of vulnerable adults (POVA) on induction and by updates.

A number of staff are undertaking the National Vocational Qualification (NVQ) in care award, and a component of the award addresses issues around the topic of safeguarding adults from abuse.

There are procedures as well as a range of guidance information on the topic of protection from abuse'

The manager attends POVA training with the Local Authority.

The home has a copy of the N. Somerset "No Secrets" or multi agency working policy.

The General Social Care Council code of practice has been distributed to the care staff.

Staff spoken with 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.

The home holds or manages resident's personal money if requested and proper records and ledgers are kept. However the records regarding the holding of valuables needs to be improved so that all items are properly described and logged in an inventory of the safe contents.

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):

20,21,22,24,25,26

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

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

The home is comfortable, well decorated and furnished. It provides a safe, peaceful environment for the residents.

The standard of furnishing and décor is good to the benefit of residents.

The bedrooms and communal rooms and facilities are suitable and well presented for their purpose and meet the resident's needs.

The standard of cleanliness is high.

EVIDENCE:

The building is an older spacious converted property over three floors, with a range of suitable adaptations in place throughout the home to assist people who may have limited mobility. There is lift access to each floor and a stair lift. The home was found to be clean, tidy, fresh smelling and well maintained. The home has been adapted to accommodate residents requiring nursing care.

The home employs housekeeping staff on a daily basis. Residents' surveys confirmed that the home is always fresh and clean and one resident stated, "There are high standards of cleaning in all rooms".

Resident bedrooms have been personalised and made homely with photographs, pictures and small personal effects such as ornaments. The bedrooms were well decorated. Several well furnished communal areas are available to residents. There are plans to create an external equipment storage area that will enable the dining room to be extended and refurbished.

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. There are handrails in corridors and there are assisted toilet and bathing facilities.

The kitchen was well equipped, clean and spacious. Documentation was provided to show that required temperature checks were being carried out on fridges and freezers and that food was also being probed after being cooked before serving. A recent Environmental Health check found everything to be in order.

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.

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 **good**.

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

The recruitment procedures and records are in good order to protect residents.

The home is well staffed with appropriately trained and experienced staff for the number of residents.

Good progress is being made in training care staff for the benefit of residents.

EVIDENCE:

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

The manager ensures that staffing levels are related to the level of care required by the residents.

The majority of the manager's hours are supernumerary.

The domestic, catering, admin and laundry staffing levels are satisfactory.

Staff receive induction training and supervision which is recorded
The staff have supervision and training opportunities. The staff spoken with took pride in the care they deliver and commented that they enjoy working at Jasmine Court.

The atmosphere in the home is warm and the staff/resident interactions were observed to be respectful, caring and helpful.
All residents' surveys agreed that staff were available when they needed them and listened and acted upon what the residents had to say.

Several residents' expressed positive views about staff and the care they receive comments included, "The home is very well run, the staff look after the residents well".

The home has an equal opportunities policy supporting the employment policy. The personnel records were reviewed for several staff members including new recruits. The employment records were complete and in good order. Criminal Records Bureau (CRB) disclosures are carried out prior to recruitment but thereafter not repeated. The provider is aware of the Commissions recommendations about repeat checks.
Registered Nurse qualifications are validated annually.
Staff turnover rates have risen recently for care staff but the manager considers that this has stabilised and there is a committed team in place and that morale is good. This was supported in discussion with the staff.
Use of agency staff is minimal.

There is an induction programme, which covers all mandatory training, including Fire, Manual Handling, Health and Safety and the Protection of Vulnerable Adults. The home has a mentor system where all new staff are linked with and shadow a senior staff member during each shift.

The home continues to support their staff with their NVQ training. There are three staff who have attained level 3 and six level 2.
The majority of staff will train to level 2 facilitated by Weston College.
Care staff training records confirmed that training was up to date.

Registered nurse training records for clinical updating were not reviewed at this inspection.

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):

31,33,35,36,38

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 and run taking into account the views and wishes of the residents and relatives, as they are able.

There are good arrangements in place to maintain and service the equipment and facilities in the home.

The Home protects the health and safety of residents and staff.

The staff supervision and appraisal arrangements are good.

EVIDENCE:

This home manager is part of the nursing team but in part is supernumerary to other RN's.

The provider takes a proactive interest in the running of the care service and manages all the contracts and accounts. The provider and manager were considered approachable, friendly and supportive to both staff and residents.

There was a high degree of satisfaction expressed by residents/relative spoken with or from surveys. Based on the comments made and through the inspectors observation it is evident that the home is run in residents best interests and to ensure their needs are being met.

The home holds or manages resident's personal money if requested and proper records and ledgers are kept. However the records regarding the holding of valuables needs to be improved so that all items are properly described and logged in an inventory of the safe contents.

In discussion it was agreed that staff supervision and appraisal could take place four time per year rather than six as recommended due to the size of the home and the team working and daily handovers.

Records are kept of supervision and learning/development needs are identified from the appraisal.

The home monitors the service and invites feedback from residents and their families. Relative/resident meetings are held periodically.

Quality review questionnaires were recently sent to relatives, eight had so far been returned all giving positive outcomes. The manager will forward the results to the commission when fully collated.

Staff meetings are also held every three to four months.

Health and safety records showed that relevant inspections and maintenance has been carried out at the required intervals for the fire alarms and fire fighting equipment, hoists and lift.

Safety certificates were not available for gas and electrical services. The provider commenced booking these inspections during the visit and will send copies of the certificates when they are available.

Two radiator covers have been fitted to protect the residents from the risk of burning from contact with the hot surfaces.

The home's insurance certificate and registration certificates were displayed.

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	x

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	3
9	3
10	3
11	4

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

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

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

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

Are there any outstanding requirements from the last inspection? No

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

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.	OP38	Arrange for Safety certificates to be issued for gas and the electrical installation services.
2.	OP18	Records regarding the holding of valuables need to be improved so that all items are properly described and logged in an inventory of the safe contents.

Commission for Social Care Inspection

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