

Jasmine Care Holdings Limited

Maple House

Inspection summary

CQC carried out an inspection of this care service on 18 and 19 August 2015. This is a summary of what we found.

Overall rating for this service	Good	●
Are services at this location safe?	Requires improvement	●
Are services at this location effective?	Good	●
Are services at this location caring?	Good	●
Are services at this location responsive?	Good	●
Are services at this location well-led?	Good	●

The inspection took place on 18 and 19 August 2015 and was unannounced. Maple House provides residential accommodation and nursing care for up to 57 older people, including people living with dementia. At the time of our inspection 50 people were living in the home.

The home is a Victorian four storey building, with stairs and lifts providing access between floors. Some corridors were narrow and winding. There was an enclosed sensory garden with shaded seating outdoors. A sensory garden provides people with stimulation of their senses, such as smell, sight, touch and sound, through the plants and ornaments used. This can provide people with comfort and prompt reminiscence.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Recruitment processes did not always evidence that people had been protected from the risks of unsuitable staff. Some checks, such as identity and criminal records checks, had been completed satisfactorily. However, the provider had not ensured that investigation into and explanation of gaps in applicants' employment history had always been recorded. Evidence of suitable conduct in previous relevant employment positions had not always been requested. The registered manager was able to provide evidence that these concerns had been satisfactorily addressed following our inspection. We have made a recommendation that the provider reviews their recruitment policy to ensure it documents all the requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were protected from harm, because staff understood indicators of abuse and the process to raise concerns. Risks to people's health and wellbeing were managed because they had been identified, and actions implemented to reduce the risk of harm. For example, staff were trained in actions to take in the event of an emergency, and equipment was regularly checked and serviced.

Staffing levels were sufficient to provide people with a prompt response when they called for assistance, and to ensure their care needs were met as they wished.

People took their prescribed medicines at the same time daily. Nurses administered prescribed medicines safely, and completed medicines records appropriately. Medicines were stored and disposed of safely, in accordance with the provider's policy and NHS guidelines.

Staff completed and refreshed training to ensure they acquired and maintained the skills required to support and care for people effectively. Learning was evaluated to ensure staff retained these skills. Regular supervisory meetings and staff meetings provided opportunities to review staff needs and aspirations, and address any issues or concerns.

People were asked for their consent before care or treatment was provided. When they had been assessed as lacking the mental capacity to make specific decisions about their care, or people's liberty had been restricted to protect them from identified risks, the process of assessing their mental capacity to make specific decisions and best interest decisions had been documented. Applications for Deprivation of Liberty Safeguards had been appropriately submitted.

People were supported to maintain a diet sufficient to protect them from the risks of malnutrition and dehydration. Mealtimes were a sociable occasion, with support provided for those who required assistance to eat or drink.

People were supported to maintain their health and wellbeing. Nurses liaised with the GP and other health professionals to ensure people's health needs were managed effectively.

People told us staff were caring and respectful, and we saw this demonstrated in the care people experienced. People were encouraged to make decisions about the care and support they received through the choices they were offered. People's preferences, likes and dislikes were documented to ensure they experienced care in accordance with their wishes.

Staff were respectful of people's privacy, and valued the time they spent with people. They enjoyed helping people feel content in the home.

Staff understood people's care and support needs. They reviewed these regularly with people or their lawful representatives to ensure they received care that supported their health and welfare needs.

A range of activities were provided to participate in, and people were encouraged to join in group activities. They were supported in one to one sessions to reduce their social isolation when they chose or were unable to participate in group activities.

People and their relatives were encouraged to provide feedback on their care and wishes. The registered manager encouraged people to share minor concerns promptly, so that these could be addressed before they escalated. The provider's complaints procedure assured people that formal concerns would be addressed appropriately.

People were supported to live the life they chose. Nurses trained in palliative care ensured people were supported to die with dignity and without pain. Staff displayed the provider's values when supporting people, as they promoted their dignity and celebrated cultural differences. Staff were encouraged to make suggestions to drive improvements to people's care, and responded positively to criticism to deliver high quality care for people.

People told us the home was well managed, and staff respected the registered manager. The registered manager ensured appropriate actions were taken to drive improvements to the quality of care people experienced when issues were identified.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning **03000 616161**