

**Details of visit**

**Service address:**

**Service Provider:**

**Date and Time:**

**Authorised**

**Representatives:**

**Contact details:**

**Jasmin Court Nursing Home**

**40 Roe Lane, Sheffield S3 9AJ**

**Sage Care Ltd**

**12 March 2016 (11.00 am – 1.00 pm)**

**Chris Sterry, Tony Blackburn & Hamza Javed**

Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield S1 4FW

## Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## Disclaimer

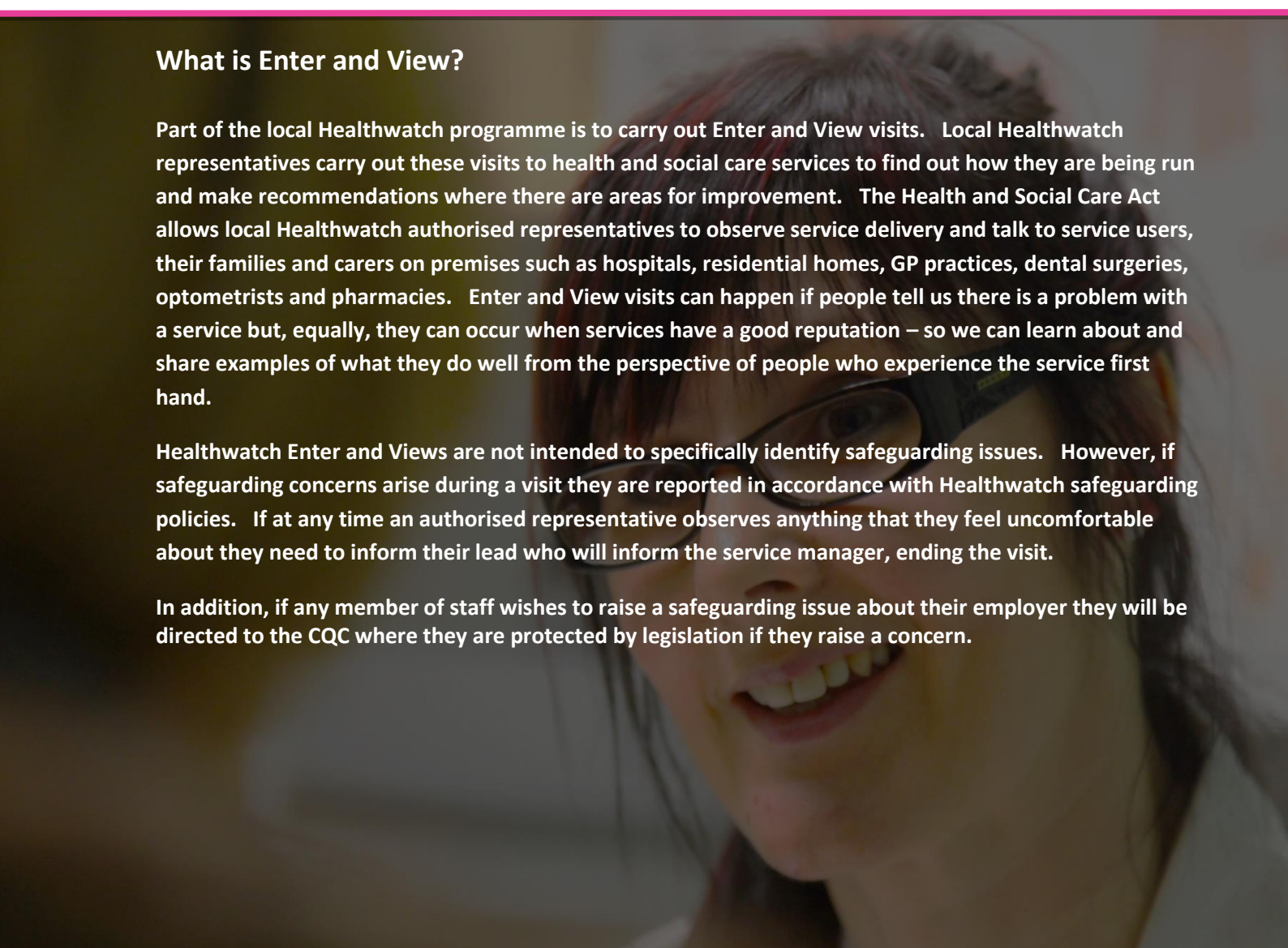
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





## Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity to find out whether people's dignity and privacy is respected. Specifically we looked to find out whether the care provided meets people's needs, whether people's needs and wishes are respected. We also wished to discover what people and their families think about the services that are provided and to find out how the home connects with the wider environment.

## Strategic drivers

- Ongoing work with the Health and Wellbeing Board on dignity and respect
- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage those providers requiring improvement to do so.



## Methodology

This was an announced Enter and View visit arranged via the Manager. The visit was advertised in advance by a Healthwatch poster being placed on the noticeboard in reception.

Jasmin Court is owned by Sage Care Ltd and is one of 9 care homes owned by the company, mostly in the north, with this being the only one in Sheffield. The care home has 47 rooms which are single occupancy. The home also has 3 rooms which could be used as doubles if requested and is therefore registered for 50 persons. At the time of the visit only 40 rooms were in use.

We were given free access to the reception area, the 2 lounges and dining room on the ground floor and the first and second floors. We spoke to 1 visitor and 5 residents.

We had the following discussions:

- **Introductory discussion with the manager:**  
The manager told us more about the home and explained that they were new in the post and had only been at the home for 3 months. They were still getting to know the home, staff and residents.
- **Discussions with other staff**  
These discussions were conducted on a more ad hoc basis. Staff were available to show us round and answer some of our questions when needed.
- We observed the interactions between staff and residents during the visit.
- Findings were briefly discussed with the manager before leaving.

## Summary of findings

Residents and visitors all praised their stay in the home and expressed how happy they were with the staff members.

- Entertainment is provided, there is an activities co-ordinator and residents are involved in the planning of activities and menus through the residents group that meets on a monthly basis.
- The building was built in the mid 1990's. Internally the decoration of the whole building is mainly in good order. There are plenty of pictures and noticeboards on the walls.
- All the amenities are on the ground floor, lounges, dining room, offices etc.
- Some of the areas outside need painting i.e. parking bays in yellow.

## Results of Visit

### Outside areas

We observed the outside areas before entering the Care home. The outside of the building is in good condition. There is parking available for approximately 12 Cars. It was noted that the single disabled and ambulance parking bays needed repainting as they were barely visible.

There is a court yard garden with raised beds. At the front is a narrow section of paved walkway which is not used as it is below road level. The drive is very steep.

### Access

The front door to the Care Home is locked at all times. To enter visitors need to ring the bell. A staff member will then unlock and then relock the door.

### General Environment

On entering the Care Home there is a large reception area with a small table on the left where there is a visitor's signing in book and compliments book. There is a book for comments in the dining room; the comments were complementary.

There is a lot of information displayed on the notice board, however some posters seem to be out of date, for example there is information regarding adult safeguarding, this mentions 'no secrets' however this was repealed last year and replaced by the 'Care Act of 2014'.

The home is now 25 years old and in need of some re-decoration in some areas. The age range of the residents is normally between 60 - 90 years; however the home will accommodate younger persons, normally for respite stays.

In terms of moving round the home, we had difficulty finding a staircase up to the top two floors. The staircases were confusing and brought you out into different areas, for example one leading to the kitchen and one into the lounge. Signage on doors to staircase is above all doors, which are also fire exits. There was one lift to take residents between floors.

Hand gel dispensers fixed onto the walls were available throughout the home.

### Rooms and facilities for residents

Residents rooms were a good size and clean, with some having en-suite bathrooms. All had washing facilities. There were some separate bathrooms on each floor.

Downstairs there were two lounges. One lounge had a conservatory which led out to the garden this also had a dining table, the other lounge contained the television and radio. There was a separate dining room with 4 tables allowing for 24 covers. There was a small activity room in which there was a table and six chairs together with materials for arts and crafts activities, soft balls for throwing to each other and board games.

### Staff

There are 56 staff overall. At the time of our visit there was the Manager, 1 Duty nurse, 8 carers plus kitchen and cleaning staff.

There are 2 Dignity Champions but only 1 place filled at the moment, there is also a recreational/activities coordinator.

The 2 staff we spoke to had both been with the home for a number of years and said they were happy working there.

Name badges were worn by all staff and there are staff photos on one of the notice boards.

Each resident has a keyworker.

### Training

All training is kept up to-date and NVQ 1-2-3 is available as required. There is no loop system (the handyman is the only one who knows sign language).

Training had been received on:

CPR

First Aid

Moving and Handling

Diversity

Health and Safety

Dementia

Medication

Fire training

COHH

### Management of Care

Care plans are developed between staff, relatives and patients (where possible).

Dental, chiropody, doctors, and hairdressing etc. is available as required. *'One Chance to Get it Right'* guidance informs the End of Life Care offered to residents. Residents told us they found the nurse on-call system to be a nuisance, and were annoyed by the continuous beeping it made.

### Food

Residents were given a choice of meals from the menu before the meals. Menus were on a 4-week rota. Two mains plus a selection of desserts ordered on the day beer and stout if needed. If residents changed their choice at the meal time there was flexibility to cater for the change. The hairdresser comes every Tuesday; the GP two days per week and opticians attend as and when residents require them for screening any problems

Residents choose whether to stay in their rooms or come down to the ground floor to relax in the lounges and have meals in the dining room. After lunch some residents wish to go back to their rooms for bed rest. At least 2 staff are available to be on each floor.

### Recreational/Social Activities

There are plenty of activities on offer during the week bingo, quizzes, entertainers, visits from support dogs and residents are encouraged to recall their life memories. Residents hold raffles to make extra money for these.

There is a residents meeting once a month where they discuss activities (they had a Chinese theme for the new year and were getting bonnets read for Easter). Food menus for the coming month were also discussed at the meetings.

The home hires a mini bus to take residents on outings.

### **Additional findings**

We spoke to both visitors and residents all were in praise of the home and were very happy with the staff and the new manager.

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**Immediate Service Improvements:** None

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### **Recommendations**

- That the home continues to work with residents through the residents meeting to ensure that they are involved in all aspects of the home. The home should consider a '*you said, we did*' board which could show families and residents how their views have been used to improve services and facilities.
  - That the ambulance and disabled parking bay is re-painted.
  - That the manager explores the possibility of putting a new door system in place (possibly electronic/key pad access) to maintain security but to save staff having to let all visitors in.
  - Ensure all posters only display up to date information.
  - Provide sign language training to as many staff as possible to make the care home inclusive to all.
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## **Service Provider response**

Positive and negative aspects of the visit:

- The home welcomes all views as this assists us having a wide range of opinions on the service to help us manage a good service.
- The home has recently had an electronic key pad fitted to the front door and has a comprehensive refurbishment plan to improve all areas of the home.
- The home currently has no residents who use sign language so training for all staff in this area of communication does not seem relevant at this time.

