



# Enter & View Report

Jasmine Court Care Home

19 February 2019



# Report Details

## Details of visit

<b>Service Address</b>	Jasmine Court Care Home Nottingham Road Loughborough Leicestershire LE11 1EU
<b>Service Provider</b>	Rushcliffe Care
<b>Date and Time</b>	19 February 2019, 10am to 2pm
<b>Authorised Representatives undertaking the visit</b>	Kim Marshall Nichols, Mehrunnisa Lalani, Ana Goncalves, Louise Hall.

## Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & 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.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester & Healthwatch Leicestershire.

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## Purpose of visit

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Healthwatch and Independent Age, a national charity, have developed a set of eight Quality Indicators for care homes, listed below. We were interested especially in indicators 4,5 and 6 of these quality indicators, which are in bold:

A good care home should

1. have strong, visible management.
2. have staff with time and skills to do their jobs.
3. have good knowledge of each individual resident, their needs and how their needs may be changing.
4. **offer a varied programme of activities.**
5. **offer quality, choice and flexibility around food and mealtimes.**
6. **ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**
7. accommodate residents personal, cultural and lifestyle needs.
8. be an open environment where feedback is actively sought and used.

*For further information: [www.independentage.org/policy-and-research/our-8-care-home-quality-indicators](http://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators)*

## Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked)

- attend and make observations.
- where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- speak to staff about training, turnover, support and staff levels.
- observe interactions between residents, staff, manager and visitors

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## Observations & Findings

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We were introduced by the Administrator, Natasha, to the Manager Nilannie De Guzman, who was very friendly, who explained the layout of the home which was on 3 floors all are accessible by lifts which were only operated by a code pad.

There were no respite or younger residents at the home, although the website states that the home takes respite and young residents.

The residents were mainly people with dementia who have high to very high dependency needs.

### External

The home is in the centre of Loughborough and has been built on a small area of land with a small car park in the front.

Access was through a door operated by intercom and upon entering there was another locked door where you were asked to sign the visitor's book before being allowed into the main body of the building via intercom.

### Internal

On the ground floor the internal décor could do with brightening up, the second and third floors were bright, colourful and welcoming. The artwork, such as memory trees and specific spaces such as the garden corners were a nice touch, we did not see any in use by residents during the time we were there (a period of more than three hours).

The bathrooms, toilets etc looked clean and there was evidence of cleaning, we cannot comment about the resident's en suite facilities as we do not enter residents' rooms.



## Activities

There was a board with activities set out for the day, none were observed, except a ball catching exercise in the lounge upstairs.

We spoke to the Activity Coordinator who is employed by the home for 33.75 hours per week, she was very enthusiastic and gave an introduction to her activities in the home and her role in particular offering one to one 'talking therapy'. On our walk around the home we observed a number of residents either in bed or in their rooms on chairs there were no activities being undertaken and no coordinator present.

Most residents had an alarm pad next to their bed or chair. The home was very quiet with few residents using the lounges or communal areas.

There is a café/tuck shop for residents/staff/relatives, where the staff serve drinks. We were told that there is training for relatives: What is dementia, what to expect, deterioration, swallowing, etc and access to a speech and language therapist.

There is a sensory room, which wasn't in use, only as a store room for televisions.



Notice board in Jasmine Court

## Medical services

All residents are accommodated at Bridge Street Surgery who does ward rounds on Monday, Chiropodist attends as and when required, Visioncall Opticians operate a domiciliary service and the residents are taken to a local dentist when required.

## Relatives

We were told there is a relatives' forum which meet every 3 months which staff attend, and a Manager's surgery every Friday.

Last year the staff, some past carers/relatives won the Christmas decoration competition held by the company, with the prize of £500. This will be used for trips

out, picnic in the park, boat trips in the summer, which some past relatives come and help out at.

We spoke to a spouse of one resident who said they are happy with the care their spouse receives, that they attend each day to assist their spouse with eating.

There is a complaints procedure which is handed out to all relatives upon arrival at Jasmin Court and there is one clearly visible next to the visitor's book and on the notice boards.

### **Staff**

The manager told us that there are 4 care staff per floor 12 in total during the day, 2 cleaners and 2 activity coordinators. The catering staff work 7.30am to 6.30pm and snacks are available throughout the night if required.

They have a very low turnover of staff and do not use agency staff, they have their own bank of ex staff who know the home and provide continuity of care.

We were told that there are 7 night staff who work 8pm to 8.15am, the ratio of residents to staff in residential is 10 to 1 and for nursing residents 5 or 6 to 1. The residents all have a named nurse to provide continuity of communication with the relatives.

The 2 care leads we spoke to were very passionate about their work and proud to be working at Jasmine Court. They commented on the nil pressure ulcer record, which we felt was remarkable given the high number of high dependency and bed bound frail residents.

### **Residents**

The Manager informed us that all residents have a comprehensive electronic care plan, they wear their own clothes which are labelled with their own name, their rooms are personalised with their own furnishings if wanted.

A lot of the residents were either bed or chair bound, we observed that most had meals brought to them. We observed a man who was eating the same sandwich at 1.30pm, as we saw at 11am, when asked a staff member said that "he does that". Lunch was at 1pm and although one resident was being helped with their meal in their own room, we did not observe staff aiding anyone else, trays were put in front of them and then left, a number of residents were in the lounge but with no help to eat their meal. We observed one resident sitting with his pudding staring out of a window, we did not observe staff encouraging him to eat.

We spoke to one resident who said they were very happy with the care and that all staff were caring and 'great'. They said that they had been bed bound since a fall in sheltered accommodation and could not wait to get up and move around. This resident said he had arranged some physiotherapy facilitated via the home and was on a waiting list.

Overall the home is welcoming and the residents seemed cared for in a clean environment.

Given that over half are high to very high dependency and many have dementia we would have expected to see more activities and stimulation.

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## Recommendations

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We recommend that:

More activities and one to one inter-actions take place.

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## Service provider response

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We currently have 2 full time activity coordinators, both working 33.75 hours/week or more. At the time of the visit, unfortunately one of our activity coordinators was on long-term sickness due to undergoing urgent surgery. This meant we could not showcase the full range of activities that we normally offer. We do however have some of the photos from our activities on our Facebook page, though not all of our activities can be posted as publication is subject to individual GDPR consent being obtained.

The sensory room is normally used for relaxation activities during the day, such as foot spas, beauty treatments and aromatherapy, as well as a cinema for movie evenings.

The Chiropodist attends every 6 weeks.

The training for relatives is currently being planned.

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## Distribution

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The report is to be distributed to the following:

Jasmine Court Care Home

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

Published on [www.healthwatchll.com](http://www.healthwatchll.com)



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**healthwatch**  
Leicester

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[www.healthwatchll.com](http://www.healthwatchll.com)

t: 0116 2518313

[enquiries@healthwatchll.com](mailto:enquiries@healthwatchll.com)

tw: @HealthwatchLeic

Clarence House

46 Humberstone Gate

Leicester

LE1 3PJ