Care Quality Commission

Sage Care Homes (Jasmin Court) Ltd

Jasmin Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected Jasmin Court on 12 and 13 October 2015. The inspection was unannounced. When we visited the home in September 2014 we identified concerns in relation to person-centred care, dignity and respect, safety and governance. A follow up inspection in December 2014 identified ongoing breaches. From 1 April 2015 the regulations changed. The breaches we had found in September and December 2014 correlated with regulation 9, care and treatment, regulation 10, dignity and respect, regulation 12, safety, and regulation 17, governance, of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

We carried out a further inspection on 12 June 2015, where we identified concerns in relation to regulation 9, care and treatment, regulation 11, consent, regulation 17,

Summary of findings

governance and regulation 18, staffing, of the Health and Social Care Act 2008 (regulated activities) regulations 2014. We are undertaking enforcement action in relation to these breaches, and will report on this at a later date.

At this inspection we found that the provider had made some improvement and changes had been implemented which had reduced but not eliminated the level of risk on those people who used the service.

Jasmin Court provides personal and nursing care and is registered for 50 people. On the day of the inspection 25 people were receiving care services from the provider. The home had a manager who had been in post since January 2015. The manager had not registered with the Care Quality Commission (CQC). During our inspection we discussed the requirement of the manager to be registered. The manager had not understood the process of applying to register, but assured us that they would begin the registration process immediately. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people who used this service were not always safe. Environmental risks such as uneven floors, which had been previously identified, had not been addressed. People with mobility difficulties, who required moving with a hoist, were supported to do so without the appropriate sling.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "I like it here. Please don't send me anywhere else. This place is a proper community."

The manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

We observed the lunchtime on both days of our inspection. We found most people were supported with their dietary requirements. We found a varied, nutritious diet was provided. People we spoke with told us they enjoyed the food. However the experience could be improved, the service was very slow and on the second day one person had to ask for their meal as they were forgotten by staff.

The manager had introduced new systems to manage infection, prevention and control. There was an infection control lead in post and we found the standard of cleanliness throughout the service to be to a good standard. However, some improvements were still required to the environment.

The manager carried out regular audits of the service provided, and identified where areas for improvement were. However, the provider's own audits of the service lacked robustness. We found that, where issues were identified, the manager did not increase the frequency of audits to ensure the service improved or was delivered safely.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were able to make decisions about their care and how staff supported them to meet their needs.

Staff told us they felt supported and they could raise any concerns with the manager or the deputy and felt that they were listened to. Staff had received formal supervision. Qualified nursing staff told us they received clinical supervision. Annual appraisals had been scheduled by the manager. These ensured development and training to support staff to fulfil their roles and responsibilities was identified. We found at the time of our visit there were enough skilled and experienced staff to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

When staff supported people with mobility difficulties to move around the home, they were not always using appropriate equipment. Therefore people's needs were not always met in a safe manner, which put people at risk of injury. Medicine stocks did not always tally with expected documented amounts.

There were enough, skilled and experienced care staff to keep people safe, although the service was in the process of recruiting qualified nursing staff and at the time of our visit were using agency staff to address shortfalls in the number of nursing staff. There were robust systems used for the recruitment of staff

Systems were in place to manage infection, prevention and control and the standard of cleanliness was good. However, we found some areas of the environment still required improvement.

Is the service effective?

Requires improvement

The service still needed some improvements to be more effective.

Each member of staff had a programme of training and all had received mandatory training to care and support people who used the service. However some training had not been effective.

Systems to support and develop staff were in place through regular supervision meetings. New staff had regular supervision during their induction.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. However, the meal service could be improved it was very slow and not conducive to a pleasant experience for people who used the service.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for.

Relatives told us they were more than satisfied with the care at the home. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People or their representatives were involved in developing and reviewing their care plans.

Summary of findings

The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people using the service and others. The provider had arrangements in place to enable people to raise concerns or complaints.

Is the service well-led?

Requires improvement

The service was well led. However the new systems still needed to be fully embedded into practice to ensure improvements are sustained.

The manager and provider carried out a range of checks and audits to monitor the service, although not all were robust or frequent enough to identify issues which posed a risk to people.

All staff we spoke with were aware of the values of the home and their role in upholding them. Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention.

Jasmin Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection between 12, 13 October 2015 and it was unannounced on the first day. The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor.

We spoke with the manager, deputy manager and 11 staff, including clinical governance care lead, senior support workers, support workers, qualified permanent nurse, activities co-ordinators, domestics and the housekeeper. We also spoke with 17 people who used the service and seven relatives.

The inspection team visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for eight people and also looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service. We also spoke to the Local Authority commissioners who also monitor the service.

Requires improvement

Is the service safe?

Our findings

We asked people whether staff helped them in a timely manner. One person told us, "They mainly treat me alright but it depends who is on. Sometimes they come quickly [when they activated the nurse call] and sometimes I can be waiting half an hour or more." However, during the inspection we did not hear call bells ringing for long periods of time and saw staff respond to people's requests for assistance in a timely manner. During observations we found there was always a staff presence in communal areas to ensure people's safety. Staff we spoke with all said staffing levels had recently improved. They said previously there had not been enough staff, but the new manager had ensured the staffing levels were determined by dependency levels of people who used the service.

Throughout our visit we observed staff supporting people to move using hoists and standing equipment. Staff made sure the person concerned was comfortable with the transfer at all times. They explained what they were going to do and why, continuing to explain and reassure them throughout the process. We also observed wheelchairs being used appropriately and footrests used. However for every person who required a full passive hoist, staff used an access sling. This is a type of sling used for specific transfers, and was not suitable for all the transfers we observed. We asked staff about this, and they told us that they had only received training on this sling rather than all the types that should be used. This meant that staff were not equipped to meet people's needs in a safe manner, and put people at risk of injury. During one transfer, we observed that staff changed the person's incontinence pad while they were in the hoist sling. This made both the hoist and sling unstable. Another person, who we observed to have poor sitting balance and weakness on one side, was transferred in a sling type which was not suitable for them. The sling dragged under their arm while they were being transferred, putting them at risk of injury.

We checked five people's moving and handling risk assessments. There was a lack of recording of the hoist name, sling type and loop colours for each person. The moving and handling risk assessments we checked did not always match the moving and handling care plan, instead contradicting what had been written. Whilst the care plan was evaluated and up to date, the risk assessments had not been reviewed. Due to these inconsistencies, this would not give clear guidelines to existing and new staff on how each person should be moved.

This was a breach of Regulation 12 (1) (2) (e) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six staff recruitment files. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. Staff did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. We spoke with two new staff who confirmed the correct process had been followed to ensure safe recruitment.

We carried out a visual inspection of the premises. Previous inspections had highlighted an uneven floor in the corridor leading from the dining room. This was caused by broken or 'spongy' floorboards. We found that despite previous assurances from the provider that this would be rectified;, repairs had not been carried out. This continued to put people at risk of injury.

We found the wall in the laundry was damp and the paint and plaster were flaking. This meant that it was not possible for the wall to be cleaned to an appropriate standard. The housekeeper told us that the guttering was leaking and when that was fixed the wall would be repaired. We also found various store rooms and cleaning rooms had carpet as a floor covering. This is not appropriate for rooms of this use as they cannot be effectively cleaned. An impervious floor covering should be provided that is able to be thoroughly cleaned.

We were shown a new cleaning sluice room that was being converted this would provide a dedicated room for domestic staff to collect water and dispose of used water, following cleaning. This would improve infection control practices, however, the room did not have a wash hand basin and carpet was on the floor. We discussed this with

Requires improvement

Is the service safe?

the manager who agreed to provide a wash hand basin and provide a suitable floor covering. It was not clear why the lack of wash basin and the inappropriate floor covering had not been identified during the planning work.

There were sluice facilities for disposal of hazardous waste and cleaning of commode pots and bedpans on each floor. The room on the first floor contained a mechanical sluice. There was no racking in the sluice rooms to dry the pots and bedpans once they had been washed, they were all stacked on top of each other. This did not aid drying and posed a risk of cross contamination.

We found people's toiletries were stored in communal bath and shower rooms, it was not clear who they belonged to and this presented a risk of some people's personal toiletries being used by other people who used the service. In one communal bathroom cabinet we found two non-prescription creams, it was not clear who they belonged to or if they were used for all people who used the bathroom. These were removed immediately but should not have been stored in the communal bathroom. Creams should only be used for one person and clearly labelled with the person's name and date of opening.

This was a breach of Regulation 12 (1) (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Bedding throughout the home looked very clean and communal furniture had recently been renewed. Communal areas were also light, airy and nicely decorated. One person told us, "What do you think to the decorating? It's all been done fresh and it's really nice. It's brightened the place up no end."

The manager had introduced new systems to manage infection, prevention and control. There was an infection control lead in post and we found the standard of cleanliness throughout the service to be good and the home was free of odours. However, some improvements were still required to the environment, as described above. New audits and checks had been introduced and had identified areas that still required improvements, but no timescales had been identified for works to be completed. The manager told us on the day of our inspection that the issues identified by us and the internal audit system would be addressed immediately, but could not describe why they had not already been rectified.

We looked at the arrangements in place for the administration and management of medicines and found that these were not always appropriate. Medicines were stored securely in a locked cabinet or trolley. However, medicines stored did not always tally with the number recorded on the Medication Administration Records (MAR). For example, one person's MAR showed that 112 Chlorphenamine tablets had been received and had 20 staff signatures confirming the medication had been administered. This meant there should have been 92 tablets remaining, however there were 89 in stock. Chlorphenamine is an antihistamine, it eases allergic reactions. We found two further discrepancies whereby stocks of medicines did not tally with the MAR. There were no records to account for the missing medicines.

Staff who administered medicines were trained to do so. Staff understood people's individual needs and followed the guidance provided. We observed part of a medication round. People were asked if they were ready to take their medicines and when they weren't staff exercise patience until the person was ready. People were not rushed and spent time ensuring they had taken their medicine before signing the records. Medicines were disposed of safely through the pharmacy.

Where people required medicines as and when necessary (PRN) this was always done with advice from the GP as to when to administer it. Staff explained the use of PRN medicines were always reviewed with the GP to ensure medicines were not being unnecessarily administered.

PRN guidance was written for each person in line with the GP's recommendations.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. They all confirmed training had improved since the new manager had been in post. We looked at training records which showed staff had completed a range of training sessions. These included infection control, mental capacity, fire safety and health and safety. Although many were completed on the same day. We discussed this with staff who told us they had learnt from the sessions. However felt that the input from the manager made the learning much better. One staff member said, "The manager goes through it with you using real life scenarios so it is easy to understand." Another staff member said, "If the manager didn't go through it with us it wouldn't be as good he makes it easy to understand." Records we saw showed staff were up to date with the mandatory training required by the provider.

We found evidence staff had attended moving and handling training and the techniques they used were good. However we identified that correct slings were not always used. This could increase the risk of accidents and falls. We discussed this with the manager and training lead, They told us the external trainer had taught staff to use the slings being used. They agreed to look into this immediately to ensure correct slings were used to ensure people were moved safe and effectively.

We also spoke with two new staff who were completing their induction. We found all the correct procedures had been followed to ensure safe recruitment. The staff were subject to a probationary period, which was monitored and supervised by the manager. New staff we spoke with confirmed the process they had gone through before they commenced employment. They also told us they felt well supported and were expected to work alongside more experienced staff until they were deemed to be competent. One staff member told us, "All staff are very supportive, I feel I can ask anyone questions no matter what and they always take time to explain to me, I am never made to feel it is too much trouble." Another new starter told us, "The manager is very approachable and always has time to listen."

The manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings. New staff had regular supervision during their induction and observations of practice assessments to ensure learning was effective. However; all other staff only received supervision every six months. Supervisions gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. We discussed the frequency with staff who all said they felt this was adequate as they were well supported. Staff told us the manager was always approachable if they required some advice or needed to discuss something.

Annual appraisals were also in place; however, the manager had not yet completed any appraisals since he had been in post. He told us they would be arranged at the end of the year. Appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities.

We found staff had received training in and followed the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. All staff we spoke with were knowledgeable and were aware of the legal requirements and how this applied in practice. The manager confirmed that the majority of people who lived at Jasmin Court had capacity to make decisions.

People we spoke with told us the meals were very nice; there was always a choice and they enjoyed them. We observed lunchtimes on both days of our inspection. People were sat with who they wanted to sit with; people choose where they wanted sit as they entered the dining room. The tables were laid with cloths, cutlery, serviettes and condiments. The menu was written on a white board by the kitchen door. This was not easy for everyone to see, there were no menu cards on the tables. Age appropriate background music was played throughout the meal. When

Requires improvement

Is the service effective?

people sat down a choice of hot or cold drink was offered, including fresh juice, water, tea and some people chose to have beer. Protection for clothing was offered to people who used the service if staff felt it appropriate.

We saw that staff asked people what they wanted and offered alternatives if they did not want the set menu. For example, one person asked for a sandwich because they were not hungry. Staff accommodated the request but also asked if they like would like a hot alternative like an omelette or scrambled eggs.

Staff served the first course in a calm manner and spoke quietly to each other about people's wishes, respecting their privacy. We saw most staff spoke with people constantly, both when serving meals or in passing. Where people required assistance with eating their meal we saw this was given at the person's own pace and in a reassuring, patient, calm manner. We observed one person refuse their meal as it wasn't what they were expecting, the care worker explained very discreetly that they were on a special diet so could not have pastry and encouraged them to try something else. They did this in a calm caring way and the person did eat all their meal.

When people had finished the first course, staff did ask if they had finished before taking the plate, but no one was offered a second helping. There was also a long gap between the first course and the dessert. Some people were waiting 25 minutes. Some people had to be taken to the toilet because they had been in the dining room for a long time waiting. This disrupted the experience for people as other people sat at tables had to move to allow people to access the toilets. This also meant staff had to leave the dining room to assist people to the toilet. We saw that staff disposed of and re-applied protective aprons and gloves at appropriate times whilst carrying out these tasks.

We saw people were asked three times by different staff what they wanted for dessert and were still not served a dessert. Staff were interrupting the cook for their own meals during the service which delayed the cook serving the people who used the service. When the desserts eventually came out of the kitchen they were individual trifle so could have been collected from the kitchen by care staff to serve earlier. When the dessert was eventually served only one care worker was present in the dining room. The lunchtime experience for people was not conducive to providing a pleasant experience.

Most people we spoke with told us that they enjoyed the food at Jasmin Court. Comments included, "I always eat in my room because I don't want to go downstairs and I prefer my own company but the food is always nice and hot and they ask if I've had enough. "The meals here are excellent and there is always plenty to drink." One relative told us, "I used to cook all the food and bring it in – proper West Indian food, like ackee and salt fish, fried plantain and breadfruit, but they've told me that she has to have soft diet because she can't swallow properly so now she has to have things like mashed potatoes. I don't think she's eating as well as she was."

As part of our inspection we carried out a tour of the service. We found some environmental issues. One of the assisted baths was out of action as the chair hoist attached to the bath was not working. The manager told us they had tried to get a part to resolve the issue, but had found out the bath was no longer manufactured, therefore were struggling to get the appropriate part. This meant there was no bath on the first floor, if people who lived on this floor required a bath they had to go to the second floor. We also found the access to one shower was extremely difficult. There was a ramp to access the shower and in order to manoeuvre someone in a shower chair up the ramp the entrance door to the shower had to be opened. This compromised people's privacy and dignity. Staff we spoke with told us they found the shower very difficult to use.

We also found the main toilet used for people who required a hoist for moving and handling was not suitable for purpose. There was a large area to transfer people onto a commode chair while maintaining privacy and dignity. But staff then had to manoeuvre the chair through two doors and into the small toilet area. There was also no call bell in this toilet for people to call for assistance. The manager agreed to look at this and determine action required to ensure adequate safe bathing and toilet facilities were provided to meet people's needs.

This was a breach of Regulation 15 (1) (c) (f) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service caring?

Our findings

At this inspection we found that staff were kind, and caring when assisting people who used the service. They spoke appropriately to people in a reassuring, patient, calm manner.

We observed staff interacted well with the people advising and reassuring them at all times. We saw staff assisting one person with their lunch, encouraging them to try the food to ensure they ate their meal. We saw another staff member sit and chat with one person whilst they sat in the lounge and had a cup of tea.

The interactions and rapport we observed between people who used the service and most staff was relaxed and people related well to the staff. We saw staff supporting people in an inclusive, caring and friendly manner. When talking with people staff demonstrated a genuine interest in the person and what they were saying.

We also saw staff treated people with respect and dignity. Staff knocked before entering rooms and then asked if they could come in. We saw that staff closed bedroom and bathroom doors when dealing with people's personal care. However, we found when people were using some bathing facilities it was difficult to maintain privacy and dignity, due to the size and layout of the rooms. Staff told us at times they struggled with maintaining privacy and dignity when using bathing facilities, they told us screens were used but this was not the best way to provide privacy.

Interactions between staff and people who used the service were generally warm and caring. We observed staff asking permission from people before helping them with anything and we heard two staff members thanking one person who had complied with their instructions while using the hoist to move them from wheelchair to chair.

People appeared to be very clean and well presented. People's clothing, skin and hair was very clean. We observed three people had fresh dressings on their legs and these were clean and well applied.

During the afternoon, one person said, "I would like some fresh air. I would like to get outside." We saw them shortly after in a wheelchair with appropriate outdoor clothing on and being pushed out by a member of staff.

We asked whether people's spiritual and cultural needs were being met. We were assured by the manager that there was some discussion in place with the local Afro-Caribbean church. None of the staff members could tell us about any person's faith requirements and seemed surprised when we asked.

A relative told us, "They used to separate people so nursing people were separate from residential but it's better now everyone is mixed up. People aren't segregated."

All the people we spoke with told us the staff are very good. Comments included, "Don't let anybody say anything wrong about them (the staff). They are smashing. They look after me so well.", "Everyone here is really kind and respectful.'

One relative told us that they had spoken to the manager because they were concerned as they were going on holiday. "The manager and deputy have arranged for me to ring and ensure that my relative can speak to me via speakerphone. That's great."

We also spoke with a visiting GP who told us, "Things have really improved, I get good feedback from families, the building is clean and tidy and people are receiving great care."

Good

Is the service responsive?

Our findings

The staff we spoke with had a very good understanding of people's needs and how to support them.

One person we spoke with told us they would like to get out of bed more often but staff would not always put him back into bed when he requested. This person's physiotherapist had recommended they sit out for short periods of time. In this person's care plan there was no record that this person was given the opportunity to sit out of bed. Although the manager confirmed they were asked daily.

Relatives told us that they are free to visit any time. One relative was very worried because their family member was unusually agitated and they told us, "She was alright yesterday. She has dementia, I know, but she isn't usually like this." We alerted a staff member who reacted immediately. They told us that the doctor was actually in the home on a routine visit and she assisted the relative to both inform the doctor and take the person to be checked.

We saw people who had dressing on their legs. One person who had no verbal communication indicated that they had a lot of pain in their dressed leg. We saw a member of the care team being alerted to this and later saw that the nurse was in the person's room to investigate and address the issue.

There was a visiting hairdresser on the day of our inspection. People told us that they really liked having their hair done and there was a constant stream of people being taken in to the hairdresser. The home employed a dedicated activities coordinator and we were told about activities. One person told us, "There are quite a lot of things really. We have bingo and exercises in the chair. Sometimes we have a singer which is really good. Everybody enjoys that."

Another person told us, "The mobile library comes every four weeks, which is brilliant. I get through loads of books and I look forward to them coming."

The home did not have dedicated transport and a relative told us, "It's difficult to take a group of people out on a trip because they need to have one to one staff. Obviously, if all the staff went out on a trip then there'd be nobody left to look after people here. They do try though. A couple of people have been shopping at Meadowhall and they will take people out in a wheelchair if they ask to go."

With the exception of information regarding slings care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans.

Care plans described how people should be supported with their, likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. These records had been kept under regular review or as people's needs changed. Guidance was

available regarding what to look for and what to think about when reviewing care plans and risk assessments.

We looked at eight care plans for people who lived at Jasmin Court and found improvements had been made to records kept in people's own rooms and in the office. We found the care records were organised and daily records were up to date and showed a good level of detail in the recording. Records were in a consistent format and order. This made it easy to establish if the care people received was based on their assessed needs.

Requires improvement

Is the service well-led?

Our findings

The provider had a quality assurance system in place, where the manager and other senior

staff carried out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a high level of detail although not all were conducted with the frequency expected given the issues identified. For example, our inspection had identified issues regarding medication and the manager had recorded medication errors by agency nurses with the clinical commissioning group. Despite these issues medication audits were done on a monthly basis and not more frequently. The manager told us that he would address this immediately, but had not otherwise recognised that a more frequent audit would contribute to people's safety.

Throughout the inspection, we identified concerns in relation to the equipment staff used to support people who needed assistance to transfer, the condition of the premises, medication and infection control. Although these areas were audited, the audits had, at times, failed to identify or address these matters. This meant that the audits were not sufficiently robust to ensure that people received care and support in a safe manner.

The provider conducted an audit when they visited Jasmin Court. The last recorded provider audit was dated June 2015 but was not found to be robust. The provider's audit concluded, "Everything ok." It had failed to identify breaches and concerns identified by the Commission in previous inspections, and this one, including areas where the premises were in a poor condition, medication errors, staff failing to support people in a safe manner and poor infection control arrangements. This meant that the provider did not have sufficient systems in place to monitor the quality of the service they were providing.

This was a breach of of Regulation 17(1)(2)(a)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff we spoke with were aware of the values of the home and their role in upholding them. Staff also told us that the manager was supportive and approachable. Staff we spoke with told us the manager and deputy manager were very good and they had made a huge difference in the home. One staff member told us, "I can go to the manager or deputy at any time, it's never too much trouble, they have given me confidence in my role." Another staff member said, "Staff morale has improved, which means it is a better place for people who live here." Another member of staff said, "We all work well as a staff team, I just hope we can sustain the improvements." Another staff member said, "There has been a massive improvement."

One staff member told us about the lack of qualified nursing staff and the reliance on agency nurses. One staff member told us, "You know when you come on duty when agency staff have been on that there will be things you have to pick up, as they don't follow everything through." The manager was aware this was a concern and was actively trying to recruit nursing staff and a nurse qualified clinical lead. In the interim they were, where possible always using the same agency nurse so they were familiar with the people who used the service.

Staff attended regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Handovers were also used at the beginning of each shift to ensure that all staff were aware any changing needs or risks and to pass on any other

important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other. Staff told us there were regular staff meetings and communication between the management and other staff was very good. Staff felt listened to and told us they were supported in their roles and responsibilities.

One relative told us, 'There are new managers here now. They are much nicer than the people who were here before. You never saw the other people but the new man is always around.

Another relative said, "I've had a couple of issues here. There was a carer who was verbally abusive to (my relative) but I was impressed by how it was handled. It was all very professional and we (the family) were kept informed throughout. It hasn't made us feel as though we want to take (my relative) out of here because it was handled properly. We weren't made to feel as though we were being a nuisance or anything like that."

Requires improvement

Is the service well-led?

Accidents and incidents were monitored by the manager to ensure any trends were identified and appropriately recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way. Appropriate slings were not always used for the transfer of people. 12 (1)(2)(e) The prevention, detection and control of the spread of infections had not been fully assessed. Sluice and cleaning rooms did not have appropriate floor coverings. 12 (1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Not all areas of the premises and equipment used by the service provider were suitable for the purpose for which they are being used or appropriately located for the purpose for which they are being used. Access to some bathing and toileting areas was difficult 15 (1)(c)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Not all audits carried out were robust or frequent enough to identify issues which posed a risk to people. 17 (1)(2)(a)(b)