Rushcliffe Care Limited

Jasmine Court Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 November 2014 and was unannounced. We also returned announced on the following day to complete our inspection visit.

At the last inspection on 17 June 2014 we asked the provider to take action to make improvements. We asked them to improve practices in relation to people's consent to care and treatment, people's care and welfare needs, cleanliness and infection control, staffing levels, supporting staff and the systems for assessing and monitoring the quality of the service. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that this action had been completed.

Jasmine Court Nursing Home is located in the town of Loughborough Leicestershire. The home provides accommodation and nursing care for up to 66 people who have either nursing or residential care needs. This

Summary of findings

includes health conditions, physical and sensory needs including dementia. On the days of our visit there were 64 people living at the home. The accommodation is provided over two floors and has a passenger lift.

Jasmine Court Nursing Home has a registered manager. 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 and associated Regulations about how the service is run.

People who used the service including relatives we spoke with, made positive comments about the care and treatment provided. We saw staff treated people with dignity and respect and involved them as fully as possible in decisions.

People were supported by staff who had received training on how to protect people from abuse. Safeguarding procedures were in place and appropriate action was taken if concerns were identified. Risk assessments had been completed where appropriate for people who used the service, staff, visitors and the environment. People received their medicines safely and as prescribed by their doctor.

There were sufficient numbers of staff available to meet people's needs and keep people safe. Staff had the right skills and experience and received an initial induction and ongoing training and support. Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People's human rights were protected because staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This is legislation that sets out the requirements that ensures where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. The home made appropriate and timely referrals to health care professionals and recommendations were followed. Support was also provided for people to attend routine health checks.

People told us that they felt included in discussions and decisions about their care and treatment. Information was available that advised people about independent advocacy services and information about the service including the providers' complaints procedure. The service provided personalised care and treatment, people had been asked what was important to them in how they wished to be cared for. This information was reflected in their plans of care.

People who used the service, relatives and staff were positive about the leadership and said improvements had been made to the service. The registered manager regularly assessed and monitored the quality of care by completing audits and seeking feedback from people who used the service

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?
The service was safe.

Staff had received appropriate training and were aware of their responsibilities of how to keep people safe and report concerns.

The safety of the environment including equipment and infection control was monitored.

There were sufficient staff available and deployed appropriately to meet people's needs. People received their medicines safely.

Good

Is the service effective?
The service was effective.

People were cared for by staff that had received an appropriate induction and ongoing training and support.

Where people lacked capacity to consent to their care and treatment, decisions were made in people's best interest and according to legal requirements.

People's dietary and nutritional needs had been assessed and planned for.

People's health care needs were monitored and referrals to health

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion. Independence and dignity was respected.

People had useful information available that informed them of their rights and choices.

People were supported to be involved as fully as possible in decisions and discussions about their care.

Good

Is the service responsive?
The service was responsive.

People received personalised care. They were asked about their preferences, interest and hobbies and what was important to them with regard to their care.

The home had links with the community and people were encouraged to maintain their independence.

People received opportunities to share their experience about the service including how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had good management and leadership skills. They continually worked at improving the standards of care and treatment.

People who used the service, their representatives and staff were supported and included in discussions about how the service developed.

Effective systems were used to regularly assess and monitor the quality of the service.

Jasmine 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 was 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.

This inspection took place on 3 November 2014 and was unannounced. We also returned announced on the following day to complete our inspection. The inspection was completed by one inspector, a specialist advisor in nursing care and an expert-by-experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We also contacted the local authority and health authority, who had funding responsibility for people who were using the service.

We used the short observational framework for inspection (SOFI). SOFI is a specific way

of observing care to help us understand the experience of people who could not talk with us. We completed a SOFI observation on three people who used the service.

We spoke with seven people who used the service. We also spoke with seven visiting relatives of some of the people we spoke with and others for their views about the service. We spoke with the registered manager, a senior manager within the organisation, two nurses, four care staff, one care team leader, a domestic supervisor, an activity coordinator and an assistant cook. After our visit we spoke with a speech and language therapist and a pharmacist. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

At our last inspection we identified some concerns with staffing. There were not always sufficient staff available to keep people safe. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found staffing had increased and people were safe. A deputy manager had been appointed, this was a new position. They supported the registered manager whilst also working shifts. There had also been an increase in care staff on each shift, with an additional nurse rostered on the night shift. We looked at the previous month's staff roster that confirmed what we had been told about staffing levels.

We spoke with seven relatives. Six felt the staffing levels had improved and made positive comments. An example of the positive comments received by relatives included, "Staffing levels are better, there seems to be enough staff on duty and they have the correct skills to care for Mum." And, "Staff are always available and helpful and a professional attitude prevails." One relative told us they felt more staff were required.

Staffing levels were determined according to the dependency needs of people who used the service. Staff told us and records confirmed, dependency assessments were reviewed regularly to ensure people's health and safety. We observed staff responded well to people's needs in a timely manner and staff were always in the communal areas to ensure people were safe. Comments made by staff included, "The staffing levels have improved." This comment was representative of all the staff we spoke with.

At our last inspection we identified some concerns with the cleanliness of some parts of the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found the cleanliness of the 'satellite' kitchens had improved. We spoke with the domestic supervisor who told us and showed us records, of the action taken to improve hygiene and cleanliness.

People told us that the cleanliness and hygiene of the service was good. A relative said, "I can't fault the cleanliness of the home." Whilst we found the overall cleanliness of the service was good, we told the registered manager of two areas where cleanliness could have been better. These related to bedroom areas.

Infection control measures were in place to protect people from the risk of cross contamination. Staff were aware of the procedures to manage infected laundry, and how to care for a person with an infection safely. A detailed policy and procedure on the prevention and control of infections provided staff with the required information to keep people safe. We saw the procedures in place that monitored the cleanliness of the service. We identified that these checks did not include ensuring people had a supply of liquid soap and towels in their en-suite bathrooms. Nor did it include the cleaning of mattresses, used in some people's bedrooms as an additional safety precaution to protect them from falling out of bed and injuring themselves. The domestic supervisor took immediate action and added these checks to the system used.

People told us they felt safe. Relatives also made positive comments about safety. One relative told us, "It's both the environment and staff that makes my husband feel safe. Since the new manager has appeared she has been a good influence." Another relative said, "I feel my mum is safe here."

There were procedures in place to minimise the risk of harm or abuse to people who used the service. Staff employed at the service had relevant pre-employment checks before they commenced work. This was to check on their suitability to work at the service. Staff were clear about the process to follow if they had any concerns and knew about the whistleblowing policy.

From the information we looked at prior to the visit, we were aware that the provider had appropriately reported safeguarding concerns to the local authority and the Care Quality Commission. The provider had worked with the local authority when there were safeguarding investigations. Staff had received training on safeguarding people and told us what their role and responsibility was of reporting concerns. Staff said they were confident they could raise concerns with the nurses and registered manager and appropriate action would be taken.

The registered manager had effective procedures for reviewing incidents, including safeguarding concerns and learning from investigations. We saw what action had been

Good

Is the service safe?

taken to reduce risks. This included referrals to healthcare professionals for advice and support. Where there had been concerns identified with staff practice, either additional training and support was provided or disciplinary action was taken.

Some people had behaviours that could either put themselves or others at risk. There were systems in place to manage known risks. For example, some people had additional one to one support provided to keep them safe. Plans of care advised staff of potential triggers to behaviours and the strategies required to manage these.

We saw some people had specific health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks. We saw risk assessments were reviewed on a regular basis to ensure risks were monitored for any changes.

From the care files we looked at, we saw risk assessments were relevant for people and associated plans of care were in place. For example, a person had been identified as at risk of falls. A detailed plan of care instructed staff how to meet this person's needs.

During our observations we found staff supported people safely. For example, we saw staff support people with their mobility needs. This included supporting people to transfer from a wheelchair to another chair using a hoist. Staff were unhurried and provided the person with reassurance throughout the support they provided.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were in place.

We looked at the administration and management of medicines. This recorded the person's needs and preferred way to receive their medication. The records and storage of medication including controlled drugs were correct. There was a system to manage and dispose of medicines. We observed nursing staff to safely administer medicines. This included an explanation to the person what their medication was for. Nursing staff were knowledgeable about what medicines people were taking and what the possible side effects were.

Good

Is the service effective?

Our findings

At our last inspection we identified some concerns with consent to care and treatment. The Mental Capacity Act 2005 (MCA) was not always adhered to. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

At this visit we saw the registered manager had taken action to review plans of care. This involved people who used the service and their relatives or representatives. Care plans showed consent had been sought about how care and treatment was provided. The registered manager and nursing staff understood their responsibility of protecting people who did not have capacity to consent. This included ensuring relatives and representatives had the appropriate authorisation to give consent. For example, a lasting power of attorney for care and welfare or authorisation through the court of protection.

Relatives told us they were involved in discussions and decisions and had signed documentation where appropriate to give consent. Comments included, "The family know of my mum's care plan and we have regular discussions with staff about the content."

People's human rights were protected because additional information advising staff about the MCA and DoLS legislation had been implemented. This provided staff with the required guidance of the procedure staff should take if a person did not have capacity to consent to care and treatment. We saw examples where MCA legislation had been correctly followed.

At our last inspection we identified some concerns in how staff were supported. The formal support arrangements for staff to review their practice and discuss their training and development needs were insufficient. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

At this visit staff told us that support and development had improved. Nine out of 10 staff said they were happy with the support and supervision provided. Staff told us that they valued the support they received and found the meetings were beneficial in their learning and development. Comments included, "The support is much better and regular." This comment reflected other positive comments made. However, one staff member told us they had only received one meeting with their line manager during 2014 and had not yet had their annual appraisal. This is a meeting to discuss staff's performance and training needs. The registered manager showed us the supervision plan 2014. This included one to one meetings with staff and observational competency assessments. This confirmed that the majority of staff had received formal supervision meetings with their line manager and dates had been identified for future meetings.

People spoke positively about the experience, skills and knowledge of staff. One person told us, "Staff are kind to me and give good explanations when they move me." A relative said, "Staff are very good, professional, knowledgeable and have a sensitive approach."

We spoke with newly appointed care staff and staff that had worked at the home for a good length of time. Staff talked positively about the induction and training provided. The induction process was based on the 'Skills for Care' common induction standards, a nationally recognised training organisation in health and social care.

The provider had their own training department that organised and delivered training to staff. In addition to this staff received training from external organisations such as the local authority, visiting health professionals and distant learning courses. This ensured that staff received the training that they needed to equip them to meet the needs of people they cared for.

People were complimentary about the meals provided and stated their choices were respected and they received sufficient amounts to eat and drink. One person told us, "The food is wonderful, I really enjoy my meals and both hot and cold drinks are available during the day." Another person said, "The food is alright, I get enough choice and there is always fresh fruit available." A relative said, "My wife has a good appetite, the food is well presented and hot when served and she gets plenty to drink during the day."

Good

Is the service effective?

We saw throughout the day that people were offered and supported with drinks to maintain adequate hydration. We saw staff offered people choices of what to eat and drink and meals were nutritionally balanced. We saw from the assessment of need and plans of care completed, that dietary needs had been identified. This included consideration of people's religious or cultural dietary needs and choices.

Some people had specific dietary and nutritional needs. We saw how the staff had worked with health professionals such as dieticians and speech and language therapists to meet people's needs. Where recommendations from health professionals had been made, we saw examples these had been included in people's plans of care. However, we did find two concerns that we brought to the attention of the registered manager. One person required their food to be thickened but the care staff had not thickened the person's soup, thinking it was not necessary. The speech and language therapist had identified a person required a specific straw to support them with drinking. There appeared some confusion as to what had happened to the straw. The registered manager took immediate action to resolve these issues.

We spoke with a speech and language therapist that visited the home regularly. They were complimentary about the service. They told us appropriate referrals were made and staff followed any recommendations made. Comments included, "This is a good service, I'm confident that people's needs are well met."

Kitchen staff had information available to advise them of people's dietary and nutritional needs. We saw food stocks were plentiful and met people's needs. The assistant cook told us they attended 'resident and relative' meetings for feedback about the food choices and gave examples when the menu choice had been changed to accommodate people's wishes.

People were supported to maintain their general health. A person told us, "I last saw a doctor about a month ago and I am weighed every week." We heard a relative request support for their relative to attend an outpatient appointment. The registered manager assured them support would be provided. Care files confirmed people were supported to access health services.

The service was a purpose built building. Where people required specific equipment to meet their individual needs we saw these were provided.

Good

Is the service caring?

Our findings

People that used the service were positive about the care and attitude of staff. A person told us, "They [staff] are wonderful, it's a pleasure to have them with me. They observe my dignity and I've not got one thing I can criticise them for. I couldn't choose anywhere better, I'd give them all 100 out of 100." A relative said, "The family feel my Mum gets well looked after, they [staff] treat her with respect and observe her dignity. The staff make us feel welcome and are very helpful." Another relative told us, "The staff keep us [family] informed of anything that affects my mum and after visiting I leave the home feeling my mum is well looked after."

Throughout our observations we found staff were kind, compassionate and caring. Staff used people's preferred names and spoke with people in a respectful and friendly manner. Appropriate light hearted banter was also used. Most people required support with eating and drinking. Staff were unhurried in their support. Some people were cared for in bed. Staff were organised and ensured people were comfortable and had their needs met.

People had an identified keyworker and named nurse who had specific responsibility in meeting people's needs. The names of these staff were on display in people's rooms to inform them who they could talk to in addition to the registered manager. Some people were able to tell us who their keyworker was, this helped develop positive caring relationships.

The service had information on display that showed how dignity in care was promoted. This informed people of what they could expect from staff. It was also a visual reminder to all staff of what dignity in practice means. Staff told us they had received training on dignity and equality and records confirmed this.

People had a bedside booklet in their rooms that had important and informative information about the service. This information was presented in an appropriate format and included arrangements for worship and facilities for people of minority communities. For example, the provision of appropriate diets dependent on a person's religion and cultural needs. Acknowledgement of religious and cultural festivals. The service also stated that they would endeavour to employ a number of staff with a first or second language appropriate to the communication needs of people who used the service. This showed the service had a commitment and sensitivity of meeting people's diverse needs.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or choice of meal, staff did not rush people for a response. Some people had communication needs and staff were observant and responsive to people's verbal and non-verbal communication.

Relatives told us they were involved in discussions and decisions. People's care files confirmed what we were told. Discussions and outcomes with relatives or representatives were recorded.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care files and other confidential information about people were kept in the nurse's office. This ensured that people such as visitors and other people who used the service could not gain access to people's private information without staff being present. A member of staff told us, "I make sure the records aren't left everywhere, and know who the next of kin is. During handover we keep the door closed and don't disclose information to other residents or relatives."

Information about independent advocacy support was available in the reception area. This meant should people require additional support or advice the service had made this information available to them.

Good

Is the service responsive?

Our findings

At our last inspection we identified some concerns with the care and welfare of people who used the service. People's health care needs had not always been monitored correctly. People's individual needs, wishes and preferences with regard to hobbies and interests had not always been met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found improvements had been made to the monitoring of people's health and welfare needs. Action had also been taken to improve staffs understanding and awareness of what was important to people. This included information about people's pastimes, hobbies and interests.

To assist staff in understanding a person's life history, including what was important to the person with the way they received care and treatment, information was kept in people's rooms. The registered manager told us that in addition to the documents kept in people's rooms, a visual display that used photographs was displayed that showed the person's hobbies and interests and family history. This was used to support staff to engage in meaningful and stimulating conversation and ability to reminisce with the person. We saw examples of this. Staff said it helped them understand more about a person and was an effective way to generate conversations.

The care records of one person stated what radio and television station they enjoyed, it also included that the person enjoyed aromatherapy. The care notes showed when the person had been supported with these activities. Another person's care records stated they liked company, what radio station they enjoyed and that they had a fear of not seeing anyone. On the day of our visit this person was cared for in bed due to some concerns with regard to their skin. This person was in their bedroom alone and the radio was not on. A relative told us what was important to their relative was having their hair washed. They said, "Mum keeps asking when her hair will be washed but she's not had an answer." We shared our observations and comments received with the registered manager, they told us they would address these concerns immediately with the staff to ensure this person's needs were responded to appropriately.

People told us that staff were responsive to their needs. A relative said, "We can visit whenever we want to and are made welcome by staff. We had a concern over my mum's glasses but the home have now changed the optician they use and mum has her new glasses with her name etched in the frames." Another relative told us, "They've [staff] changed my mum's chair to one where she is much more comfortable," adding, "I sit with my mum's key worker and discuss her care plan." A keyworker is a member of staff that has additional responsibility for a named person using the service.

We observed that staff were responsive to people's needs. At all times staff were present in the communal lounge to respond to people's needs. On the second day of our visit we saw the activity coordinator provided sensory activities for people. One person was supported to go shopping. Whilst social activities and support to engage people in their interests and hobbies had improved, some care staff disconnected themselves from supporting or engaging people with interests and hobbies. The registered manager told us they were aware of the attitude of some staff and that this had been addressed in staff meetings and one to one meetings. The registered manager said, "Staff have to realise that social activity and stimulation is part of a person's holistic needs and all staffs responsibility."

People said that they received opportunities to meet with the registered manager and staff to review the care and treatment provided. A relative told us, "My family have regular meetings every two or three months where we air our concerns then we have another meeting with the management to discuss the improvements made. The manager makes herself available for any concerns the family might have." Another relative said, "I know of my wife's care plan, I have regular discussions with staff and I'm happy with the content. Staff are always asking if I'm happy with my wife's care and management make themselves available to hear any concerns I might have."

The registered manager had developed opportunities to enable people that used the service and relatives to share any issues or concerns. They told us they had an open door policy and in addition had created a specific time each week when they made themselves available to talk to people in private. A suggestion box was also available in the reception area for people to leave feedback. There was a three monthly relative's forum meeting that the registered manager attended. These meetings were

Good

Is the service responsive?

chaired by a relative. We spoke with the chair person who told us the relative's forum gave people an opportunity to not only raise concerns but make suggestions and come up with solutions. They gave examples of what the response had been to some discussions. For example, relatives had got confused about the meaning of the different uniforms staff wore. The service had produced information that was displayed advising what the different uniforms meant. Social activities, interest and hobbies had been identified as a concern. An activity committee had been developed that included relatives, people that used the service and staff.

People had access to the complaints policy. The registered manager told us that this information was being reviewed to make it more easily read and accessible for people who had communication needs. People told us they knew how to make a complaint and that they felt confident to do so. One person told us, "I'm confident they (staff) will listen and help me." A relative said, "I can speak to the manager at any time and they give good responses to my concerns." Another relative told us, "If I have any concerns I feel able to speak with staff about them and I'm confident they will help. There is a residents meeting where we speak our minds and management respond very well. We've had a couple of surveys to complete."

There had been two recorded complaints since our last inspection visit. We saw what action had been taken to resolve these issues to a satisfactory conclusion. The registered manager had also shared this information in the staff handover to ensure improvements were made.

We observed a staff handover where all 64 people using the service were discussed. This included information about people's physical and mental health needs. People could be assured staff were aware of their needs, communication provided consistency and continuity in care and treatment.

Good

Is the service well-led?

Our findings

At our last inspection we identified some concerns with the quality assurance systems in place. They had failed to identify all shortfalls and take appropriate action in a timely manner. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found the quality assurance procedures were up to date and more effective.

The registered manager undertook regular audits of the service. These checked the quality of the service provided and the support given to the people who used the service and the staff. Both corporate and local audits had been completed. This was to make sure that the service was running in line with the organisation's policies and procedures and the service provided was safe and fit for purpose.

The registered manager ensured they met their legal responsibilities and obligations. This meant they adhered to the registration conditions with the Care Quality Commission. This included the contractual obligations with external organisations such as the local authority and health commissioners. These are organisations that have funding responsibility for some people using the service.

We received information from the local authority and the locality Clinical Commissioning Group (CCG) about the contract monitoring visits they had completed during 2014. During our inspection we raised some concerns with the senior manager about the environment such as curtains and furnishings that required replacing. We saw improvements to the environment had started in some areas of the service. An improvement plan was in place to continue with these improvements.

People that used the service including relatives spoke positively about the leadership of the registered manager. They said that the registered manager was approachable and had implemented changes to improve the service. They also told us the registered manager actively encouraged and supported relatives to be involved in the care of their family member. Relatives told us this was important to them and that the transparency of the service gave them confidence. Comments included, "The manager was the clinical lead before they became the manager. They effectively work in both camps. They are very, very good and are incredibly hard working. They sustain an overview of the service and are really open to suggestions."

Staff had an understanding of the values of the service and said that the registered manager was supportive and approachable and had driven forward improvements to the service since our last visit. Comments included, "The manager is a good leader, you can talk to her at any time. A good listener and understanding." Additional comments included, "I feel valued and listened to. They don't tell us what to do but support us to find a solution." Another staff member said, "She's lovely, she really listens, maintains confidentiality, addresses problems, listens to both sides and weighs up solution. Lovely. Grants requests."

The registered manager provided staff with opportunities to meet with them each week on a one to one basis to discuss any concerns or issues they had. Staff confirmed what we were told and said this was supportive and gave them an additional opportunity to raise any concerns.

Staff also had opportunities to attend staff meetings. In addition to these meetings the registered manager arranged different heads of department meetings. For example they had separate meetings with kitchen, domestic, nursing staff and care team leaders. We saw examples of these meeting records that showed standards of care, treatment, quality and safety was constantly discussed.