

Jasmine Care Holdings Limited

Jasmine House 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 and 4 June 2015 and was unannounced. This was a comprehensive inspection which included follow-up of progress on the non-compliance identified in the reports of the previous inspection on 15 July 2014 and at the 'Warning Notice' follow-up inspection on 16 October 2014. At these previous inspections we identified non-compliance against Regulations 9 (care and welfare of service users), 10 (assessing and monitoring the quality of service provision), 11(safeguarding from abuse), 15 (safety and

suitability of premises), 16 (safety, availability and suitability of equipment) and 24 (co-operating with other providers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From April 2015, the 2010 Regulations were superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 3 and 4 June 2015 we found that the provider was meeting the requirements of the comparable current regulations.

Summary of findings

Regulations 9 (Person centred care), 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment), 15 (Premises and equipment) and 17 (Good governance).

Jasmine House Nursing Home is a care home service with nursing. The home is located in a residential area of Reading and can accommodate up to 79 people. The Home is divided into two units, one supporting people living with dementia and the other catering for those with nursing or other care needs.

A registered manager was in place as required. 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.

We found that significant improvements had been made across all areas of the service.

Staff worked to keep people safe and where concerns had arisen, management had followed them up effectively. People were supported to have their medicines safely and appropriately.

Staff awareness of people's needs and health conditions had improved and they had clear instructions from the new care plans on how to meet them. Staff engaged well with people and responded promptly to their needs, whilst maintaining their dignity. The quality of recording was much improved since the previous inspection.

Staff training and support had improved and communication throughout the team was good. The views of staff at all levels were listened to and valued.

The consent of people or their representatives was sought appropriately and where limitations on people's freedom were necessary these were properly discussed and authorised. The least restrictive suitable options were used.

The views of people, relatives and staff had been sought and acted upon and people had been consulted about planned changes in the service. Complaints had been responded to and action taken to address issues identified through monitoring and audit processes.

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.

People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had. Management responded appropriately to any concerns that had arisen.

Sufficient staff were available to meet people's needs and a robust recruitment system was in place. Medicines were well managed on people's behalf.

Good



Is the service effective?

The service was effective.

Staff received an appropriate induction and regular training. They were supported through regular supervision and appraisals.

Staff understood and protected people's legal rights and looked after their health and nutritional needs.

Good



Is the service caring?

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible.

Staff knew people's individual needs well and explained what they were doing when providing support.

Good



Is the service responsive?

The service was responsive.

People had individual assessments and care plans that clearly identified their needs which they or their representative had been involved in.

A wide range of activities and outings were provided by an expanded and enthusiastic team of activities coordinators.

Concerns or complaints were responded to appropriately and the views of people and relatives were sought in order to improve the service.

Good



Is the service well-led?

The service was well led.

The management culture was positive and staff felt involved and listened to. The service was actively developing and improving.

A range of monitoring and audit tools were used to maintain an overview of the operation of the service.

Good



Jasmine House 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.

This inspection took place on 3 and 4 June 2015 and was unannounced. The inspection was carried out by three inspectors. This was a comprehensive inspection which included follow-up of progress on the non-compliance identified in the reports of the previous inspection on 15 July 2014 and at the 'Warning Notice' follow-up inspection on 16 October 2014. Where applicable we have referred back to the concerns arising from these previous inspections to report the progress made since that visit.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

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. We looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted the local authority care commissioners to obtain feedback from them about the service. During the inspection we spoke with five staff, the registered manager, the deputy managers and the registered provider. We also spoke with six people using the service and two relatives.

We used the Short Observational Framework for Inspection (SOFI) as well as observing care informally during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care plans and associated records for 12 people, including risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for three recently appointed staff.

Is the service safe?

Our findings

At our inspections of 15 July and 16 October 2014 the provider was not meeting the requirements of the then Regulations 11, 15, 16 and 24, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulations 12, 13 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not always safeguarded people from potential abuse or neglect. The provider had not ensured that people had access to safe premises and had not ensured that people were protected from the incorrect use of equipment provided to support them.

The provider sent us action plans in September and November 2014 describing the actions they were going to take to meet the requirements. The provider also worked with the local authority 'quality monitoring' and 'dementia in-reach' teams in order to address the identified concerns.

At this inspection on 3 and 4 June 2015 we found that the provider was meeting the requirements of the current regulations.

People told us they felt, "very safe" in the home. One person gave an example of how staff had protected them when they felt threatened by another resident. Family members told us that they were confident when they left their relative they were looked after safely by staff. One person said, "they don't abuse us at all, things like that don't happen in this home". People's relatives told us they had not seen any staff attitudes or practices that caused them any concern. People were aware of how to report any concerns they might have about their care.

People were kept safe from any form of abuse or poor practice. Staff told us they had completed safeguarding training and were able to describe how they would recognise signs of abuse and poor practice. They told us what action they would take if they had any concerns. This included reporting concerns outside of the organisation, if necessary. One staff member was not sure they had read the whistle blowing policy. However, they told us what they would do if they felt they could not approach anyone within the organisation with serious concerns about care practice or the safety of people.

Two senior staff had been trained to enable them to deliver safeguarding training to the team. One of the deputies had updated their training to enable them to train staff on manual handling and had assessed a further colleague to carry out competency checks on staff manual handling practice.

Safeguarding incidents which had arisen had been responded to and reported appropriately to the local authority and Care Quality Commission (CQC). The support of external healthcare providers had been sought where necessary. One person had been transferred appropriately to another service when their needs changed and could no longer be met effectively.

Staff were committed to keeping the people in their care safe from harm. Any unexplained bruising was recorded on body maps and a full investigation was completed. Any actions taken to minimise the risk of recurrence were noted on the investigation form. Individual care plans were reviewed, as necessary. The manager had provided nursing staff with written guidance on how to respond to wounds or injuries and all accidents were monitored. The treatment progress of any pressure sore was documented and the advice of a tissue viability nurse has been sought where necessary.

The service provided enough staff to ensure people were given safe care, at all times. Staff told us there were enough staff to care for people safely. They said that the number of staff had increased or, "perhaps we're better organised". The manager completed quarterly dependency assessments (most recently in March 2015), using a recognised assessment tool, in order to ensure that staffing levels met people's needs. The manager said that she would review this at any time should a change in dependency levels be seen. The home was recruiting care staff for three vacancies but most cover was provided from within the team. Only three shifts had been covered by agency staff in the previous month which helped maximise consistency and continuity of care. Recruitment files contained evidence of the required checks on identity, employment history, references and a criminal records check as well as a record of interview.

The service took the safety of people, staff and visitors seriously. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible. Individual risk assessments included mobility, skin integrity and nutrition. Generic risk

Is the service safe?

assessments included taking people for walks, use of gas cookers and automatic door closures. Following review of the risk assessment of two open stairways, gates had been fitted to prevent access to them without support, to reduce the risk of falls. The fire brigade had been consulted to ensure they did not present a hazard. People had access to a lift to the upper floors of the home so their liberty was not restricted by their installation.

Risk management plans instructed staff how to work in a way that minimised risk to themselves, the people who live in the home and others. Health and safety maintenance checks such as electrical appliances (2 January 2015) and lifting equipment (31 March 2015), were completed in a timely way. The service had emergency evacuation plans available for staff to consult, if necessary. An environmental health visit in February 2014 resulted in a five star (excellent) hygiene rating.

All of the people were supported by staff with their medicines. The nursing staff administered medicines and had received appropriate training. The medicines procedure did not refer to the management of medicines refusals but the process described was appropriate. No one was receiving medicines covertly at the time of inspection. Appropriate consultation had taken place on behalf of one person who had a previous history of refusing medicines, including 'best interests' discussions, and a suitable protocol was in place if required. The pharmacist supplying medicines inspected in January 2015. Their best practice recommendations were provided to the nurses in writing by the manager for action.

Is the service effective?

Our findings

At our inspections of 15 July and 16 October 2014 the provider was not meeting the requirements of the then Regulations 15, 16 and 24, of the HSCA 2008 (Regulated Activities) Regulations 2010. These correspond to Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured people had access to a suitable environment and had not ensured people were protected by the provision of suitable equipment in sufficient quantities to support them. People's rights were not always fully protected and the communication of their needs between staff was not always effective. Staff did not always interact with people effectively. Care practice in the dementia unit did not reflect current research and guidance and staff had not all received recent training on dementia care. The advice and guidance of external healthcare providers was not consistently acted upon.

The provider sent us action plans in September and November 2014 describing the actions they were going to take to meet the requirements. The provider also worked with the local authority 'quality monitoring' and 'dementia in-reach' teams in order to address the identified concerns.

At this inspection on 3 and 4 June 2015 we found that the provider was meeting the requirements of the current regulations.

People told us they liked living in the home, they described it as a, "good place to live". One person said: "staff treat us very well and it really is an O.K. place". Family members told us that the home looked after people's health needs very effectively. A family gave an example of their relative's health needs being met within half an hour and described healthcare as, "excellent". People told us they could request a doctor's visit whenever they felt they needed one. They said that staff notice if they are under the weather often before they notice it themselves. One person praised the efforts of a particular staff member who had provided consistent support over an extended period which had led to a significant improvement in their mobility and health.

Staff had received training on the Mental Capacity Act 2005 (MCA), and associated Deprivation of Liberty Safeguards (DoLS); and were able to explain when a DoLS referral would be necessary. An example given was if someone wanted to leave the home and was not able to as their

safety would be at risk. Appropriate referrals had been made to the local authorities. Staff knew who to alert if people's capacity changed or there was a consent issue. 'Best interests' meetings were held for individual issues such as healthcare and giving people covert medicine. Notes of the best interest meeting, who attended and the outcome of the meeting were kept in people's files. Where people's freedom was potentially restricted (such as by the use of bedrails at night), these had been assessed as the least restrictive option to maintain the person's safety. Appropriate consent had been obtained. We saw that people were free to move around within the premises when they wished and were supported to do so.

People were supported by staff who had received appropriate and relevant training. Staff told us they had good training opportunities and resources which had increased considerably in the past six months. Some staff had completed 'train the trainer' courses in safeguarding and manual handling to enable them to pass on skills and knowledge to others. Some domestic staff who had expressed an interest, had also been trained to provide care support either at key times or with specific individuals. In one case this provided one person with a staff member who was familiar with their culture and with whom they related particularly well. The relationship had been beneficial in reducing the person's anxiety and distress.

The local authority 'Dementia In-reach team' had provided training, to improve staff skills and knowledge around dementia. One staff member said (when discussing people living with dementia), "now we understand the condition we can really get into their world and support them, rather than keep correcting them and distressing them. People are much calmer and happier". Staff understood a range of techniques to intervene and defuse incidents in a timely way. Communication between staff had improved and a written record was used as the basis for handover meetings between shifts to help ensure that key information was passed on. Staff were usually assigned to work in the same unit in order help maintain continuity, although they could work elsewhere in the service to cover when required.

Staff told us they had received a good induction which equipped them to work with people. One staff member was very enthusiastic about new courses and training that had been arranged, such as Parkinson's disease and developing as a health care worker. The service had a training schedule which included relevant updates throughout the year and

Is the service effective?

was seeking training input from nationally recognised specialists. Staff were also supported to attend additional training on areas of particular interest such as catheterisation. Some training was followed up with competency assessment to verify that staff had understood and could put the training into practice. Staff were being put forward to start the new Quality Care Framework (QCF) training certificate. Overall the home had around 75% of staff who had, or were working towards recognised qualifications.

The manager was aware of the skill level of staff and the need for them to consolidate their recent training. People admitted to the service had needs which staff were able to meet and the number of people admitted was being increased gradually.

Staff received regular supervision based on a target of six per year plus an annual appraisal once they had been working for 12 months. Records showed that the target was being met. A schedule of appraisals had been planned for the year and the manager confirmed these were up to date. The training needs identified in supervisions or appraisals had been followed up and provided.

Staff sought advice from health care professionals and specialists, as necessary. Records were kept of these referrals and consultations. Staff sought assistance from the community mental health team, dieticians and other appropriate services. Care plans showed that people's health had improved in some cases, such as an improvement in nutrition so that people had returned to a healthy weight. Specialist equipment including seating and hoists had been obtained with the support of the occupational therapy service. Staff were more confident to identify people's changing needs to management and seek specialist advice.

People were supported in a timely way because staffing at mealtimes had been increased to ensure sufficient staff were available. People were helped to eat and drink as described in individual care plans. Staff sat with people to support them and were patient, positive and gentle when they encouraged people to eat and drink using distraction techniques, humour and praise. New menu boards had been provided which met people's needs and identified the

choices available for each meal. One person enjoyed culturally appropriate meals and other special diets, thickened fluids or pureed meals were provided as required.

The service provided a pleasant and homely environment which people enjoyed living in and met their diverse needs. People told us that they were, "delighted" with the new décor throughout the home. Staff told us that if they need anything such as additional equipment they could request it and it was supplied quickly. One person said, "the place looks and feels much better".

Significant environmental improvements had been made throughout the service, particularly in the dementia unit. Redecoration had been completed with suitable colours and additional furniture and tables had been provided. Activity areas had been created in the main dementia unit lounge and other lounges were provided with period items familiar to people. Small seating areas with activity items had been provided along corridors. Sensory items were located on the corridor walls and items such as hats, bags, jewellery and clothes had been provided at intervals for people to use.

Appropriate signage had been put up in the corridors to assist people to find their way. People's bedroom doors in the dementia unit were identified with a frame containing pictures or photos familiar and relevant to them. Pictures were provided related to the usage of some areas such as dining rooms. Communal room doors in the dementia unit had been fitted with safety strips to prevent people's fingers becoming trapped. Windows were fitted with restrictors for safety.

It was evident that people and staff had responded positively to these improvements from the more animated and happy atmosphere observed and the greatly increased levels of interaction between people and staff. Activities were publicised on notice boards. We saw examples of people engaging happily with staff and enjoying conversations or activities. Work had begun on a new secure garden area for the dementia unit. Planters had been provided and a gazebo was being put up during the inspection. There were plans to add a circular pathway and paving to provide a safe outdoor space where people could walk freely.

Is the service caring?

Our findings

At our inspection of 15 July we saw some examples where staff had not respected people's dignity in the way they worked with them or in their recording practice. When we carried out a further inspection on 16 October 2014 to follow up the warning notices previously issued, we saw some improvements had been made in terms of recording practice and staff approach although it was too soon to tell whether the changes would be maintained.

At this inspection on 3 and 4 June 2015, in addition to informal observation we carried out three separate SOFI observations to observe the interactions between people and staff and the care provided to people. We found significant further improvements in the way staff engaged with and supported people. We saw positive interactions and staff gave people time to process information and respected their dignity when supporting them.

People told us they were always treated with dignity and respect and they were helped to be as independent as possible. They said the staff were, "very good" and some people described staff as excellent. One person told us staff were, "very considerate" and that they had developed a very good relationship with most of the staff. Throughout our visit staff treated people with respect and preserved their dignity at all times. Staff offered people appropriate physical comfort and used humour to improve people's mood. A dignity in care training course was booked to be run in June, July and August 2015.

During the inspection staff were interacting and talking with people at all times. People were encouraged to express themselves and make as many decisions as they could. Staff carefully described what they were doing and

why and people were asked for their permission before care staff undertook any care or other activities. Staff repeated themselves as many times as necessary, so that the person had as much opportunity as possible to understand and make decisions. Throughout the inspection people were generally animated, cheerful and involved in whatever was going on.

Relatives and friends told us they were always made welcome when they visited the home. There were no restrictions on times or lengths of visits. Families told us they were always kept informed of changes in the well-being of their relative and there was always someone to talk to if they had any concerns. Staff were very knowledgeable about the needs of people and had developed good relationships with them and their families. People had been provided with advocacy support where necessary. For example one person had an Independent Mental Capacity Advocate (IMCA) involved in their reviews and DoLS decision-making to represent their interests. Another person had an advocate to deal with their property issues because they did not have capacity to make these decisions themselves.

We saw and heard about examples of people's cultural and spiritual needs being supported and saw people's physical, emotional and social needs were being met in a timely way. The management team were working to improve the depth and quality of care records so they better demonstrated the care and support provided. Care records were more detailed and relevant than we had seen at the previous inspection. The manager had completed a checklist in February 2015 to monitor improvements in the care provided by staff. Where areas for improvement were identified, deadlines had been set and action had been taken to address the issues.

Is the service responsive?

Our findings

At our inspections of 15 July and 16 October 2014 the provider was not meeting the requirements of the then Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had not always had their needs sufficiently assessed. Care plans were not person-centred and lacked detail about people's wishes and preferences, or contained conflicting information. Recording was not always sufficient to confirm people's care needs had been met or the advice of external healthcare providers had been followed. People's changing needs were not well reflected in the care plans and care records lacked sufficient information. Records did not demonstrate people experienced a fulfilling lifestyle. Issues raised by people via surveys or complaints had not always been addressed or managed effectively.

The provider sent us action plans in September and November 2014 describing the actions they were going to take to meet the requirements. The provider also worked with the local authority 'quality monitoring' and 'dementia in-reach' teams in order to address the identified concerns.

At this inspection on 3 and 4 June 2015 we found that the provider was meeting the requirements of the current regulation.

People told us that staff always responded quickly to their requests for help or when they rang the call bell. One person said, "we can ask staff anything and they will do what they can". People were confident to approach staff when they needed help or for social interaction. Staff responded to people's needs even if they could not express them verbally. People were asked if they would like help if they were becoming distressed or appeared to be confused. Staff told us that the management team had become much more responsive to staff and people in the past six months.

Staff showed good awareness of people's needs and where these were changing, were coming to management to inform them. Staff varied their approach based on what was seen to be most effective with individuals. For example, one person was seen to maintain a more relaxed frame of mind when left to wake by themselves, rather than

being woken. The care plan was amended and their daily routine was now based around this preference. A family member told us their relative had been moved four times in response to their changing needs. They gave an example of them moving to a ground floor room within a very short space of time, in response to a sudden deterioration of health. The advice and support of external health professionals such as psychologists or the speech and language team was sought in response to identified needs.

Care plans were individualised and staff told us that the new format gave them a, "real picture" of the individual and their needs. The plans included people's hobbies and life choices. Family members and people told us care plans were changed regularly in response to requests or changing needs. An example included someone who was previously actively encouraged to join activities now being left in bed for longer because of their changing needs and preferences. We found an example where additional details about how to meet a person's needs would be beneficial. This was addressed immediately when pointed out.

Where people had capacity they had read and discussed their care plans. The care plans had been discussed with family where the person did not have capacity. One person had written a letter to a newspaper praising the care they had received which had significantly improved their health and quality of life. Advanced care plans were in place where people had expressed specific wishes around such things as end-of-life care.

People told us that they had plenty of activities and were very much enjoying the increase in the variety of activities provided. They said that they can now go out more often if they wish to. One person told us going out once a fortnight has made a real difference to their enjoyment of life. Staff said the number and variety of activities had vastly increased over the past six months. People had been asked for their ideas. For example people had requested to go out for a picnic and this was being planned.

The increase in the range of activities and outings had been made possible by the recruitment of additional activities coordinators. There were two full time and two part time activities staff, providing cover six days per week. One activities coordinator was undertaking a recognised distance learning course on providing activities for the elderly, run by the National Activity Providers Association (NAPA). The other activity coordinators were due to commence the same course in the near future. The local

Is the service responsive?

authority 'dementia in-reach team' had also provided advice and guidance on activities provision. People's activity participation was recorded to monitor their involvement.

People were offered choices during their day about such things as activities involvement, meals and where they wished to spend time. People could choose to eat in the dining areas or elsewhere if preferred. We heard people offered the choice of where to eat at lunchtime. People were offered choices of food and drinks at mealtimes. Where necessary, this included showing them the actual meals to encourage them to choose. The chef was available to people and offered to make one person a sandwich of their choice when they did not want the lunch options. Feedback from people about the meals was passed to the chef for action and a food survey had been completed.

People told us they knew how to make a complaint and would not hesitate to do so if necessary. One person said

they felt, "staff and management listen to you a lot more than they did". Recent complaints had been responded to positively and addressed. A number of instances of positive feedback had also been recorded.

People and relatives had been consulted in a variety of ways about menus redecoration, furnishings and the new dementia garden. They had been involved in choosing paint colours etc. and the changes made had been very positively received. The views of people and their relatives had also been sought through a full survey in April 2015. The feedback received reflected the positive changes made within the service and identified some areas for further work. Actions had been planned and in some cases, already taken, to address these. For example the areas of catering and activities received some negative responses and action had been taken in both areas to make improvements.

Is the service well-led?

Our findings

At our inspections of 15 July and 16 October 2014 the provider was not meeting the requirements of the then Regulation 10 of the HSCA 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management monitoring of the operation of the service was inadequate. Records were poorly completed, lacked detail and were sometimes conflicting. Analysis of events had been inadequate to ensure effective learning from them and management were not sufficiently aware of the shortfalls in the service. The response of the service to events and concerns had been largely reactive rather than anticipating potential issues and addressing them. A number of the issues raised during these inspections had been raised previously.

The provider sent us action plans in September and November 2014 describing the actions they were going to take to meet the requirements. The provider also worked with the local authority 'quality monitoring' and 'dementia in-reach' teams in order to address the identified concerns.

At this inspection on 3 and 4 June 2015 we found that the provider was meeting the requirements of the current regulation.

Staff and people told us there had been a lot of improvements over the past six months. They said the management listened to them and took action. One staff member said, "I feel really valued now". Another said, "we really work together as a team now". They told us they could talk to any of the management team and felt the service had developed an open and inclusive culture. They expressed their confidence in the whole management team and described the deputy manager as, "absolutely brilliant". One staff member said, "we really like being listened to and having our and the residents voices heard". One recent example was staff having been consulted on the purchase of a new hoist.

A staff member had requested a poster to display to remind staff of the visions and values they should be adhering to. These included dignity, respect and individuality. The poster and other resources were to be used in training sessions and for discussion at staff meetings. Staff told us they definitely felt more supported by the management

team. They said they had regular staff meetings where they could openly express views and ideas and were listened to. A deputy manager was now on shift one day at weekends to provide a management presence for staff, people and visitors.

Regular minuted team meetings for different groups of staff had been established. Whole team meetings had taken place three times since September 2014 and nurses meetings had taken place twice in 2015. Two catering team meeting and one meeting with the domestic supervisors had also taken place in the same period. The manager recognised that the area of reflective practice was one requiring further development but discussion about care practice and dignity, for example, had taken place. The team had discussed the management of particular behaviours and sought appropriate external advice.

A staff survey had been done in January 2015. The results reflected the home being in a period of change and staff uncertainties around this but did provide pointers to areas requiring attention. A further staff survey was planned for August/September 2015 to measure the change once many of the changes had become established.

People, their families and friends told us the manager was approachable and open to new ideas.

The service worked closely with the local authority and other professionals to ensure they improved the care they offered to people. Staff told us it is, "a much better place for people who live here". People confirmed this view, one said, "I am so much happier and more comfortable".

Staff told us that records were much more person centred and accurate and could be used as a very important working tool. The management had taken advice from the 'dementia in-reach team' and improved recording systems and a new care plan format had been developed which had received positive feedback from external care and health professionals.

The provider and manager completed a series of audits and the manager had a range of monitoring systems in place. The most recent provider audit had taken place in January 2015 and the provider had visited the home to see for herself the changes being made. The manager had completed recent audits of specific areas of practice including catering, housekeeping, accidents, nursing care and a measurement tool for how caring the service was. Where issues were identified they were followed up. The

Is the service well-led?

manager monitored the provision of supervision and appraisals to staff by the seniors as well as accidents and pressure area care. Unannounced observations of care were also completed by the management team and documented. The service had a current business plan, development plan and training plan in place.

An audit of people's experience of the service's admissions process had been completed in December 2014 via questionnaire sent out with admissions information. The responses were mostly very positive and where issues were identified action was taken to address them.