

Somerset County Council (LD Services)

Jasmine

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 ●

Summary of findings

Overall summary

This inspection took place on 12 and 16 January 2017 and was unannounced. It was carried out by one adult social care inspector.

Jasmine provides care and support for up to seven people who have learning disabilities and physical disabilities. The home has two distinct areas. People who live in the main part of the home require 24 hour staff support. There is a one bedroom self contained flat for people who are more independent, which is used for short stays. There were seven people living at the home at the time of our inspection. Six people lived in the main part of the home; one person lived in the self contained flat.

A registered manager was responsible for the home. 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 the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulations 9, 10, 12, 16 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not well managed to ensure people received them safely or effectively. People were not communicated with effectively and their choices were limited. Staff practice was inconsistent and they were not well supported in their roles. People's independence was not supported. People were not always supported by staff they knew as staff consistency and numbers varied. People's care was not planned and delivered in line with their current or changing needs. People's care was not reviewed regularly. People's activities and trips out of the home were limited. There was a complaints procedure in place but complaints were not well managed. We also found the provider to be in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to ensure that they had notified us of all significant events as required by law.

We found the provider to be in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive consistently high quality care. There was a lack of consistent management and leadership of the service. The systems in place designed to monitor the quality of the service and its compliance with the law were not effective. After the inspection, we used our enforcement powers and served a Warning Notice on the provider. This was a formal notice which confirmed the provider had to meet this legal requirement by 11 November 2015.

We also recommended the provider reviewed guidance about best practice in and application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards as people could not be assured that others close to them were involved in making decisions for them if people were unable to themselves.

At this latest inspection we found all the necessary improvements had been made. Our Warning Notice had been complied with.

We spoke with one person at length about their service and had more limited communication with two other people. We also used our observations and discussions with people's relatives and staff to help form our judgements.

Staff understood people's needs and provided the care and support they needed. The home was a safe place for people. One person said, ""It does feel safe living here. All of the staff are nice to me." One relative said, "It's a safe place. We have no concerns about safety at all."

People interacted well with staff. Staff knew people and understood their care and support needs. People made choices about their own lives. Various forms of communication were used if people were unable to use speech. People took part in various activities and trips, were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good and people received good support from health and social care professionals whose advice was acted upon. People's care was regularly reviewed.

Staff had built close, trusting relationships with people. One relative said, "All of the staff are just so interested in [name]. They have really taken the time to get to know her."

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff were well supported and well trained. Staff morale was good. Staff spoke highly of the care they were able to provide to people. One staff member said, "There has been a real focus on person centred care. That's what we aim for. It's all about seeing each person as an individual."

There was a management structure in the home, which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good ●

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service. Complaints were handled well.

Is the service well-led?

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good ●

Jasmine

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 checked 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 12 and 16 January 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included action plans which had been completed by the provider in response to the shortfalls found at the last inspection. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We looked at the 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.

Most people had communication difficulties associated with their learning difficulty. We spoke with one person at length about their service and had limited conversations with two other people. We also spoke with two relatives who were visiting on the first day of our inspection.

We spoke with five care staff and the registered manager. We observed care and support in communal areas and looked at three people's care records. We also looked at records that related to how the home was managed such as three staff files, staff training and staff meeting records, staff rotas, health and safety checks and quality assurance audits. Following our visits we contacted four relatives to gain their views on the quality of the service.

Is the service safe?

Our findings

The service was safe. At the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not well managed to ensure people received them safely or effectively.

At this inspection we found there were safe medicine administration systems in place. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis. All medicines were stored securely. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. Staff crushed one person's medicines before offering them to the person. The person's GP and a pharmacist had agreed this practice was safe and effective.

One person looked after their own medicines. They said "I look after all my own medicines and sign a sheet to say I've taken them." They explained to us what medicines they took, when they took them and what each one was for. Staff helped other people with their medicines. One staff member on duty administered medicines; they only helped one person at a time. This reduced the risk of an error occurring. Staff received appropriate training and a competency check before they were able to give medicines. Staff training records confirmed this.

Medicines were dispensed and administered in people's own rooms. Medicine administration records were accurate and up to date. Medicines were stored at a safe temperature and those which required dating when first used had been dated. This ensured they were safe to use. Staff returned unused medicines to the local pharmacy for safe disposal when no longer needed. Staff from the pharmacy who supplied medicines to the home carried out an audit in November 2016 and found medicines administration systems to be safe.

People were protected against the risks of potential abuse. One person said, "It does feel safe living here. All of the staff are nice to me. I have a call bell for emergencies." Two other people were able to say "Yes" when we asked if they felt safe. People looked relaxed and comfortable with their peers and with the staff who supported them. Relatives we spoke with felt it was a safe place. Comments included "It's a safe place. We have no concerns about safety at all", "Yes it is a very safe place to live" and "Very safe place."

Staff spoken with said the home was a safe place for people. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. The home had a policy, which staff had read, and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member said, "Yes, it's definitely a safe place to live."

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For

example the risks for one person being responsible for their own medicines had been assessed. Another person went swimming during our inspection; the risks for this activity had been thoroughly assessed.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The PIR stated staff now used "Assistive technology for one person who was experiencing falls." At this inspection we saw a sensor mat was in use which alerted staff when this person stood so they could offer support immediately. This person's falls had reduced since this equipment had been used. We read people's safety and other safety issues were also discussed at team meetings and senior meetings. This helped to ensure the safety of people, staff and visitors was promoted.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plan if they needed an emergency admission to hospital or if they needed to evacuate the home in the event of a fire. The home had plans in place for emergencies, such as a failure of utilities. These plans had just been checked by the registered manager as adverse weather was expected during our inspection.

There were enough staff to meet people's needs and ensure their safety. One person said "Staff are always checking on me. Staff are here all day and night." The registered manager told us any vacant shifts were covered with permanent staff working additional hours or with relief staff. Agency staff were no longer used. This was confirmed by the staffing rotas we looked at. One staff member said "We always have enough staff to meet people's needs and keep them safe. We have regular staff; we never use agency staff now." This meant people were supported by staff they knew well and who understood their care needs.

The PIR stated the provider had a "Safe and robust recruitment process." We found staff recruitment was managed safely. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen also confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

The service was effective. At the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulations 10 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not communicated with effectively and their choices were limited. Staff practice was inconsistent and they were not well supported in their roles. We also recommended the provider reviewed guidance about best practice in and application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. At the last inspection we found people could not be assured that others close to them were involved in making decisions for them if people were unable to themselves.

At this inspection we found people used various methods to communicate their wishes and choices. Staff encouraged people to make decisions and respected the choices people made. Communication was achieved through speech, pictures, signing, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. One person used sign language to communicate with staff; we saw staff were confident in using and understanding sign language. Staff also interpreted people's body language and used clear and simple sentences to help them communicate with people. People's care plans contained details about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy, if they were in pain and when they needed personal care.

Staff practice was consistent during both days of our inspection. People were provided with consistent support and responses from staff. For example, people's preferred communication methods were used irrespective of which staff were supporting them. People's mealtime support was consistent on both days. We read consistency of approaches and their importance were discussed at team meetings. This helped to ensure the people's individual needs were met.

People were supported by staff who were provided with training to develop the skills and knowledge they needed to meet people's needs. New staff completed a thorough induction when they started work. This provided them with the basic skills and training needed to support the people who lived in the home. We saw the induction programme was linked to the Care Certificate. (The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.) Two newer staff told us their induction was very thorough.

Staff told us they had ongoing training they needed to ensure they were able to meet people's needs. Comments included, "The training is good. They make sure it's all up to date" and "The training is really good." We viewed the training records for staff which confirmed staff received training on a range of subjects. This included, equality and diversity, health and safety, first aid, person centred care and how to care for people with epilepsy.

Staff told us they felt well supported working at the home and morale was very good. There had been lots of

improvements in staff support during the last year. There were monthly team meetings. These were now held out of the home; staff cover from the provider's other services was arranged so all staff could attend. Staff told us this was a very good idea. One staff member said "We have a team meeting every month. All the team are there now. They are good; you can talk about anything you like." Records of meetings we read confirmed this.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff told us supervision was very important to them as they enabled them to discuss their work, their training needs and any concerns they had. Each staff member spoken with said they were regularly supervised. One member of staff told us "We never really used to have supervisions last time you came. They are good now; you have them about once a month." Each member of staff also had an annual appraisal to support them in their professional development.

People's rights were protected because the correct procedures were followed when people lacked capacity to make decisions for themselves. No one living at Jasmine was able to make complex decisions independently. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any restrictions placed on people should be regularly reviewed.

Staff had received training on the MCA and knew how to apply this in their day to day work. One staff member told us "There has been a real focus on the MCA. People making their own decisions as much as they can and who to involve if they can't." We heard staff asking for people's consent before they assisted them on both days of our inspection. For example, when supporting people with meals and drinks and with personal care. When complex decisions had been made, such as medical interventions, we found staff had a good understanding of the process. When people had lacked capacity to make a decision for themselves, a best interest decision had been made on their behalf. For example, one person had been in poor health. Decisions about treatment had been made by others in their best interests. This had included staff from the home, medical professionals and an independent advocate (to help represent the person's views)..

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had submitted DoLS applications for all the people living at the home because they would not be safe if they did not have certain restrictions in place, such as having to be accompanied by staff when going out. Applications which had been authorised did not have any conditions to be complied with. Two DoLS applications were still being assessed. This meant people's legal rights regarding their liberty had been protected.

People's changing needs were monitored to make sure their health needs were responded to promptly. Relatives told us staff understood their family member's health care needs and provided the support they needed. They said staff were good at picking up signs that people were unwell or in pain. One person's health care had been changed so staff from the home could provide appropriate care rather than the person

needing to be admitted to hospital on each occasion. This meant the person could now remain at home, which they preferred. One relative said, "They are very good with all things health related. Very vigilant."

People were well supported by health and social care professionals. They saw their GP, dentist and optician when they needed to. People had an annual health check and were immunised against influenza if they chose to be. The service also accessed specialist support for people, such as from a speech and language therapist, psychiatrist, continence nurse, epilepsy nurse and psychologist. Care plans were in place to meet people's needs in these areas and were reviewed regularly.

Staff were aware of people's dietary needs and preferences. One person said "I choose what to cook and I do my own food shopping. Staff help me a little with cooking." Two other people were able to say "Yes" when we asked if they liked the food in the home. We saw people had a varied and healthy diet. Staff monitored people's food where required to ensure they received enough nutrients every day. Meals were based on people's preferences. Each person chose their own weekly menu. Some people were at risk of choking on food or drinks. They needed them prepared in a specific way to reduce the risks. We saw this was always done in line with each person's care plan. One relative said "[Name] has his own weekly menu. He needs his food pureed as he can choke on any lumps. Staff always prepare his food the right way here."

We observed mealtimes on both days of our inspection. People who were able to eat and drink independently were encouraged to do so. People used adapted cutlery if this helped them, such as cutlery with large handles. People who needed help were supported one to one by a member of staff. Staff were kind and considerate; they understood the support each person required. People were not rushed and staff spoke with them throughout. Staff checked people had enough to eat and drink, by asking "Have you had enough?" or "Would you like anything else?" There was plenty of humour and friendly banter between people which was clearly enjoyed by all. This helped to make mealtimes an enjoyable, social time.

Is the service caring?

Our findings

The service was caring. At the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's independence was not supported. People were not always supported by staff they knew as staff consistency and numbers varied.

At this inspection we found people were encouraged to be as independent as possible. One person said, "I do a lot of things for myself. I'm working on my independence skills. I look after my own medicines, do my own washing and keep my flat clean. I have a bus pass; sometimes I go out on my own and sometimes staff go with me." One relative said, "[Name] likes to be active. He really likes to walk, which he can do on his own. Staff just need keep an eye on him, which they do. It's very important for him to keep mobile."

Staff described how they helped and encouraged people to maintain their independence and they were aware of the importance of this. We observed staff prompting and encouraging people to do things for themselves rather than doing things for people. For example, people were involved in food preparation, they took their own cutlery back to the kitchen and removed their own clothes protectors after their meal. People were encouraged to take things at their own pace and were not hurried or rushed. One staff member told us "We involve the person, make sure they get involved. It's so different to how it was before."

People were treated with kindness and compassion. One person said, "The staff are very kind; they are nice to me. Staff always check on me and support me." Two other people said "Yes" when we asked if they liked the staff and if staff were kind to them. Relatives told us staff were kind, compassionate and caring. Comments from relatives included "The staff here are all lovely and caring", "I can't fault the staff, they are all very nice and caring" and "All the staff seem very caring towards [name]."

People required ongoing care and support from staff; some had very complex care needs. Staff clearly knew people well. They were able to explain what was important to each person such as how to provide care, the risks to the person, their family members, their personal space and favoured activities. One relative said "All of the staff are just so interested in [name of person]. They have really taken the time to get to know her." Another relative said "[Name of person] is quite complex but staff have really got to know him. He seems very happy here."

Staff talked positively about changes at the home, such as being more consistent in how they supported people, people going out more and improvements in staff support. They felt these had benefitted both people who lived at and worked at Jasmine. Comments included, "Staffing is better. We don't use agency staff now so all staff know the people here" and "I can't tell you how much it's changed. We have consistent staff now and morale is really good." Staff rotas confirmed people were supported by consistent staff; no agency staff had been used.

People and their relatives were involved in planning care. One relative said "We are always involved. Communication is good and staff always discuss things with us." People made choices about their day to day lives. One relative said, "They don't make [name] do anything he doesn't want to do." People chose when they got up and went to bed, their meals and what personal care they wanted. People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person had a care co-ordinator and care team (named staff responsible for ensuring care needs and goals were met) who reviewed each person's plan of care each month to look at what was working well and what was not. This helped to ensure people's care needs were met.

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned and they had been provided with specialist training. Staff were able to show us how they met individual needs of people with religious beliefs, for example supporting one person to go to attend services at a church of their choice and to receive visits from friends from this church..

Staff spoken with were aware of the need to maintain confidentiality. Personal records were stored securely. People's individual care records were stored in their own rooms; they were accessible to staff when they needed them. Staff were able to tell us how they respected people's privacy for example by knocking on people's doors and asking if they could go in. They also told us how they recognised the importance of people having their own private time and personal space.

Relatives told us that they were able to visit their family members at any time. They were always made to feel welcome and there was always a homely atmosphere. One relative said, "We are always made very welcome when we come. There's a lovely atmosphere here." Another relative told us, "I always make a point of visiting unannounced. Whenever I visit [name] always seems very happy and well cared for."

Is the service responsive?

Our findings

The service was responsive. At the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulations 9, 10 and 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some people's care was not planned and delivered in line with their current or changing needs. People's care was not reviewed regularly. People's activities and trips out of the home were limited. There was a complaints procedure in place but complaints were not well managed.

At this inspection we found people participated in the assessment and planning of their care as much as they were able to, although this was limited by their communication difficulties. Others close to them, such as their relatives or other professionals involved in their care, were therefore consulted. One relative told us "The staff do ask us about [name's] needs and listen to what we say. They check things with us. It's good."

We looked at three people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. People's moves to the home had been carefully planned. One relative said, "We looked at about three homes; this was by far the nicest. We have been involved at every stage, asked about [name's] needs and helped plan the move here. We had a meeting about a month after he moved in just to see how things were going. He seems very happy here."

Information from assessments had informed people's plan of care. Care plans included people's life history, their interests, likes and dislikes, communication and support needs. Risks to people were clearly explained as part of their care plan. Some plans were very detailed; where people had particularly complex care routines they liked to follow, these were recorded. Care plans we looked at were accurate and up to date. The care provided matched the plan; for example we saw one person's physiotherapy session was provided in line with their care plan. Regular reviews were held which the person and their relatives attended. One relative said, "I go to the reviews. The last one was the end of last year. It went very well; everyone was very happy with the care. No concerns at all. They sent me the minutes as well."

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff recorded information about people at the end of each shift. These records included the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care.

People chose a range of activities and trips out of the home. People were able to choose what activities they took part in and suggest other activities they might like. One person said "I do lots of things really. I like going out; I'm going out tonight. When I'm at home I like watching TV or reading magazines." Two other people said "Yes" when we asked if they were happy with the activities they took part in. Relatives said their family members chose to do things they enjoyed and felt people were well supported in choosing activities and outings. One relative told us, "[Name] likes to go out. He has his own car which is here now; staff take

him out in that. He goes out shopping or for lunch."

Each person had good levels of staff support; they had one to one staffing at times. People were able to plan their day with staff. Some activities were pre planned whilst others were more 'ad hoc'. On both days of our inspection the home was busy, with people going out into the community. People also spent time at home. Records showed people went swimming, for walks, shopping trips and meals out. One staff member said "People do so much more now. It's so much better for them. On some days the house can be empty; everyone is out."

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was visited by friends from a local church. Relatives visited people at the home; two relatives were visiting on the first day of our inspection. People also visited or stayed with their relatives. One person said "I see my family. I've got my own mobile phone so I arrange to see them. Sometimes I go for the day but I stayed with them over Christmas." One relative said "I speak to [name] on the phone. She visits me as well. She came home on Christmas Day which was lovely. She looked so well."

When relatives were unable to make or receive visits they told us staff helped their family member keep in touch with them. One relative said, "[Staff] keep me well informed of [name's] welfare, either by phone or emails. They have also sent me photos. When I call they sound warm and kind and are able to give me information and updates. I get the feeling when we talk on the phone that Jasmine is still a small family unit, which is lovely." Another relative told us, "I don't see [name] that often. They do keep me well informed though."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person said "I'm happy. If I wasn't I would talk to any of the staff. If it was a big issue I would talk to [the registered manager]." Not all the people at Jasmine were able to raise concerns or complaints verbally but would be able to express they were unhappy or upset in other ways. One relative told us "[Name] would show you if he was unhappy; believe me you would know." Another relative said "[Name] would be very stressed if she was unhappy. She has never got stressed about anything. When she visits me she is always happy to go back to Jasmine so I know she is happy there."

Relatives told us they knew how to complain or raise concerns more informally. One relative told "I can't think of anything I'm unhappy about. If I wasn't happy I would talk to staff. I know I can complain if I needed to." Another relative said "We know we can complain, but there is nothing to complain about at all. We are very happy with [name] living here."

The PIR stated there had been three written complaints in the last 12 months. We therefore looked at how each of these complaints had been dealt with. They had been taken seriously and investigated in line with the provider's complaints policy. Each complainant had been responded to in writing (apart from one anonymous complaint) and the registered manager had checked each person was happy with how their complaint was resolved. Where possible, action had been taken to prevent a recurrence.

Is the service well-led?

Our findings

The service was well led. At the last inspection on 1 and 3 June 2015 we found the provider to be in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of consistent management and leadership of the service. The systems in place designed to monitor the quality of the service and its compliance with the law were not effective. We also found the provider to be in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to ensure that they had notified us of all significant events as required by law.

At this inspection we found the service was well managed. The registered manager was supported by the provider's local network manager (who oversees a small number of the provider's services). The network manager provided both formal and informal support, such as supervising the registered manager and helping the service improve in identified areas. The provider also had their own divisional team who supported services to improve. This team had supported Jasmine, meeting regularly with the registered manager and network manager to discuss and support the improvements needed identified at our last inspection.

The registered manager was supported in the home by three senior members of staff. The roles and responsibilities in the management team were well defined. The registered manager and senior team met every month to ensure good standards of care were maintained, necessary improvements were carried out and staff were well supported. The registered manager regularly worked alongside staff 'on shift' to support people. This gave them an insight into how people's care needs were being met and the ongoing support and training staff needed. One staff member said, "It's great having [the registered manager] here. Everything has changed now and her coming in was the key to it; someone who really knows what they are doing. In the four years I have worked here, this is the best it's ever been."

The registered manager said they had a good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us, "It's a nice place to work. We are a team and everyone is listened to. There's a good staff team here who work well together."

The registered manager was keen to continue to improve the service further; they encouraged people, relatives and staff to share their views and ideas. One person said, "Staff talk to me and check I'm happy. They help me make plans for the future. They listen to what I want." Relatives said they would like the opportunity to meet together and therefore coffee afternoons had been introduced for family and friends to attend. This was an informal way for them to meet each other, meet staff and share their views. One relative told us, "Communication is good. If I suggest anything they take note of it." The provider had their own feedback forms which people or visitors could fill in. These were sent direct to the provider, then shared with staff. One recently completed by a visiting health professional stated "All the residents looked happy and

well supported. Everyone was professional in their approach."

The registered manager kept a record of compliments the service had received. We read a selection of these. These complimented the home on various aspects including having a "Really lovely atmosphere", "How excellent the staff at Jasmine are" and "The care and respect shown to residents is excellent."

The service had a positive culture that was person centred, open and inclusive. The key aims of the service were described in the home's mission statement. These included ensuring people had a person centred service, ensuring people were part of their community and people were encouraged to be as independent as they could be. Staff had adopted these aims. One staff member said, "There has been a real focus on person centred care. That's what we aim for. It's all about seeing each person as an individual."

Effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager completed monthly quality audits of the service. This included areas such as safeguarding, care planning, staffing, staff training and health and safety. An action plan was written where areas for improvement were identified. These audits were sent to the provider's local network manager for review. This staff member then carried out their own auditing visit and produced their own report. Where audits had identified shortfalls action had been taken. For example, improvements had been made to staff supervision frequencies and staff appraisals. Improvements needed to the environment had been costed and the work planned.

The service worked in partnership with external health and social professionals to ensure people were well cared for. Records were kept when people saw professionals. We saw their advice or guidance was acted upon, such as a speech and language therapist's eating and drinking guidelines.

Staff worked hard to ensure people maintained links with the local community. Jasmine was a well established home, part of the local community, situated close to the town centre. People were supported to use community facilities, such as local shops and cafes. People went into town with staff during our inspection.

Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All accidents and incidents were entered onto a computer system and the registered manager explained that these were reviewed regularly so that any patterns or concerns could be identified. The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.