

Delam Care Limited

Jasmine

Inspection report

125 Regent Road
Hanley
Stoke On Trent
Staffordshire
ST1 3BL

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jasmine provides personal care support to adults who have a learning disability, or a mental health condition.

The home was a domestic style property. It was registered for the support of up to six people. Although five people were living in the home only one person was in receipt of regulated activity with regards to being supported with their personal care.

The building was situated in residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's outcomes were exceptional. People were encouraged on a daily basis to build their level of independence and were supported to move through the service if appropriate, enabling them to live independent lives. This meant people were supported to manage and embed daily living skills.

Jasmine was very homely, and people were at the heart of decisions which were made to improve the environment of the service. Staff encouraged people to feel they had the autonomy to make decisions for themselves, which included how and where they wanted to spend their time.

People's risks were monitored, and robust plans were in place to ensure they could be as independent as possible and take positive risks. People were encouraged to feel part of the wider community and could choose when to go out with the support of staff where needed.

People were encouraged by dedicated staff who supported them to be in control of planning of their own care. People were highly valued as individuals and their opinions were respected. People were able to drive their own care plan and were empowered to state how they liked their care to be delivered, including their preferences, which staff truly respected.

People's health needs were effectively monitored, and people were supported or encouraged to attend routine appointments to ensure their health needs met. People were supported by an inclusive team around them whereby staff and other external professionals played an integral part in their lives.

People were encouraged and supported to take part in sociable events. Jasmine had a positive culture and staff demonstrated respect and understanding of working in people's home environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 07 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jasmine

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Jasmine is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was currently going through registration process with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to the presenting needs of the person who was the receiving regulated activity we were unable to speak

to them about their experience of using the service. However, we did review their care records. We spoke with three members of staff including the manager, assistant manager, and team leader.

We reviewed a range of records. This included one person's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from harm and abuse.
- Staff had received training and knew how to recognise and report any concerns. One staff member told us if senior managers were not around they would feel confident in reporting concerns to the local safeguarding authority and to the care quality commission (CQC).
- Safeguarding was an agenda item for discussion in both staff meetings and resident meetings. This gave staff and people the knowledge and understanding of what to do if they had safeguarding concerns.
- The service had reported concerns to the local safeguarding authority when concerns had been raised and they worked in partnership with them to ensure people were safe.

Assessing risk, safety monitoring and management

- People had their risks assessed and care plans had been developed to support them. For example, these included risks associated with eating and drinking, physical health, mental health and personal care.
- Risk assessments were designed to give staff guidance in how to best support a person. Each risk assessment was colour coded which detailed their level of risk for example, high, medium or low. For example, one person's risk assessment detailed how staff needed to assist them in choosing the correct footwear, due to the risk them tripping or falling over the laces.
- Each risk which had been identified and documented were complimented with a risk intervention plan. These highlighted the level of risk to the person and gave staff guidance to mitigate the risk of avoidable harm.
- People had Personal Emergency Evacuation Plans (PEEPs) in place which would ensure people were able to leave the building should an emergency occur.
- Regular checks were carried out to make sure the environment and equipment remained safe.
- There were risk assessments in place relating to health and safety and fire safety and a contingency plan was in place which included emergency numbers for staff to use should there be an emergency.
- The manager said, "I can see positive risk taking is being done on a day to day basis they [people] are enabled to do what they wish to do, people go out all the time risk assessments are in place, people can have personal alarms. We would not discourage any one for taking a risk because that is part of life."

Staffing and recruitment

- The service recruited enough staff to safely support people's needs.
- Staff told us they felt there were enough staff to support people. Plans were in place to bring in other staff from adjoining services should there be a short fall in staffing levels.
- Staff were safely recruited, and appropriate checks were carried out on staff to ensure they were of good

character before commencing employment.

Using medicines safely

- Medicines were managed and administered by staff who were trained and assessed as competent to carry out the task.
- New staff would undergo a period of training and shadow those who administered medicines before being signed off as competent for administering medication.
- People received their medication when they needed them.
- There were protocols in place for 'as required' medicines which supported staff to recognise signs of when people may need the medication, should people not be able to communicate this for themselves. This also detailed the outcome for the person should the medicines be administered.
- People's medicines were documented well in their care plans. People's medicines records included information to what the medication was prescribed for, giving staff a greater knowledge and understanding.
- As people were able to freely spend time away from the home there was a medicine booking in and out system in place, this allowed the home to clearly track medicines.
- Medicines were audited on a weekly basis and staff had their competency checked.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff understood how to protect themselves and people from the risk of infection and followed the providers procedures.
- Staff had access to personal protective equipment (PPE).
- Staff received infection control training, which was refreshed on an annual basis.
- The service had an infection control audit in place, which included, deep cleaning and checking in areas such as toilets and the kitchen.
- The home had received a five-star rating from the Food Standards Agency (FSA) meaning the home had good food hygiene.

Learning lessons when things go wrong

- The service had a log of accidents and incidents and learning was taken from these to mitigate any further occurrences.
- Lessons learnt was a topic of conversation during staff meetings, meaning there was a good line of communication and all staff were kept up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs and choices assessed before a placement was offered at Jasmine.
- Staff ensured they had a full history of the person which enabled the development of people's care plans.
- Staff had a good understanding and knowledge of the people they were supporting. This included their needs and preferences which were detailed in their care plan.
- Staff we spoke with were able to demonstrate their knowledge of people which we saw reflected in the care plans.
- People were given the opportunity to develop their care plans in conjunction with staff and other professionals should they wish to, and we saw this was documented in the care files.

Staff support: induction, training, skills and experience

- People were supported by staff who had training and skills to meet their needs.
- A staff training matrix was in place, which detailed what training staff had received and when mandatory training was due for renewal.
- Staff received regular supervision which gave them a platform to discuss learning points and the support that was provided to individual people who lived at Jasmine.
- Staff had their practice observed, this was carried out unknowingly, meaning staff were observed within a natural setting. Staff received feedback during their supervision sessions.
- New staff completed an induction and training programme, including a period of shadowing established members of staff before embarking on lone working.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and reviewed.
- Care plans contained information about people's preferences and risks, and detail of how best to support them. For example, we saw in one person's care plan they may go off their food and drink when they become unwell and staff needed to monitor this.
- Where people had specific dietary requirements, advice was sought from professionals such as Speech and Language Therapists (SALT) and dieticians to provide effective outcomes.
- We saw one person was at risk of choking and staff told us they needed to be supervised during meal times. We saw this in practice.
- Staff were encouraged to support people's nutritional needs using the 'Eat Well' plate guidance which was developed by the Department of Health.
- The dining experience was very positive and calming. A staff member sat at the dining table with people

and ate their lunch with them and engaged in meaningful conversation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People saw health professionals to meet their health needs. These included, GP's, dentists, opticians, chiropodists, psychiatrist and psychologists.
- People had health action plans in place, these detailed appointments they had attended and outlined the outcome of the appointments. For example, we saw one record stated, routine visit to the dentist, no evident problems, dentist said they do not need a replacement bottom set of dentures as her teeth are fine.
- People's health and wellbeing was monitored and understood by staff. One staff member said, "There is open communication amongst all staff, if there are any changes we make sure all staff are aware. Care plans are updated, staff read and signed them to say they had read them. This is to ensure we all work with the same consistent approach and that we are all following the care plans."
- Individual hospital passports were in place, which meant if people needed to attend hospital, staff were able to access a one-page profile which detailed important information to hand to the emergency services, such as, allergies, medication and communication needs.

Adapting service, design, decoration to meet people's needs

- Jasmine had a warm homely feel and was free from malodour.
- The home had recently had the communal areas redecorated. Staff stated people were actively involved in choosing the colour scheme and wall paper.
- People had access to their own personal bedrooms and were able to personalise them to their liking.
- People had access to a downstairs bathroom and toilet.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training about MCA and knew how to support people in a way that respected their rights.
- We observed staff gaining consent before assisting people.
- People's capacity to make decisions had been considered and mental capacity assessments had been completed for people. This was documented in people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance to allow people to make their own decisions and lead their own care, One staff member said, "Take [person's name] for example they have a morning routine where they like to put one thing at a time on their window sill, this is what they like and how they do it, it is their choice. They should be able to do what it is they want to do and have their care how they want to receive their care. There could be a quicker way and easier way to support getting them to get ready but that is the way they like it."
- We observed people were able to express their views and being involved in making decisions, for example, people were able to decide what they wanted for their breakfast and lunch.
- Staff understood the importance of people being able to make decisions about their care. One staff member said, "People are given the autonomy and freedom to make choices, we encourage people to make their own choices regardless of any limitations", and "People should do what it is they want to do and have their care how they want to receive their care, people are not rushed."

Respecting and promoting people's privacy, dignity and independence

- There was a strong focus on promoting people's independence and the ways in which staff worked with people created a culture of independence.
- Care plans were detailed which gave staff knowledge in relation to what people could do for themselves. We saw one care plan described how staff should continue to encourage the person to be independent as far as possible with their personal care when unwell, and how the level of encouragement aided their recovery.
- We observed staff interactions with people to be exceptionally kind and respectful.
- Staff respected Jasmine was a home for people and it was there place of work, this created an environment which was homely. One staff member said, "You treat people how you would want to be treated yourself or a family member if they were in a care home. This is our work place but above all this is their home and you have to respect that at all times."
- We saw people were able to come and go freely and visit their friends in neighbouring homes which were adjoining Jasmine. The manager said, "People come and go of their own free will, or they are supported by staff if needed."
- People were fully supported to be independent and staff worked with people to achieve their desired goals. For example, one person had achieved their goals of being able to attend health appointments independently, they were supported by staff to complete simple tasks which then built up to them making calls with confidence to book appointments. The overall outcome had positively improved their life and they felt more positive having achieved a level of independence within this area.

- Staff understood the importance of working with people to promote their independence. One staff member said, "Our main things is their level of independence and once they have reached it knowing their capabilities and not putting too much on them that could pull them back, it is important to have no expectation of people. We are patient for people to regaining their independence."
- The manager expressed how proud they were of the staff team, they said "People are encouraged to do their own breakfast and lunch and are encouraged to be independent. The level of independence is paramount; people are really encouraged, the staff do not just jump up and do it they will encourage people to go and do it for themselves. People have not been institutionalised or deskilled, people are encouraged to build skills and to lead an independent life. I do feel the team are wholly responsible. The team really do encourage people to be independent."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's right to change their mind. For example, we observed one person change their mind several times about wanting to do their favourite activity. Once they had decided they wanted to take part in the activity the staff member supported them.
- Care plans contained profiles of people and recorded key professionals who were involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests.
- Care plans were devised and reviewed in conjunction with people and were personalised giving clear explanations to what people could and could not do for themselves and what assistance people required which had been agreed by them.
- Staff recognised people could become unwell which could affect their mental health. To support people during these times specific care plans had been implemented, for example, we saw a person had a care plan which related to the different support needs they had when they became unwell. They detailed how the persons mobility became impaired and there was a need for two staff to support them during personal care.
- People were offered personal one to one time and staff recorded actions that came from these.
- The manager said, "I feel people are supported individually with equality and I feel most certainly their rights are upheld they [people] make choices on every aspect of their life, where they are going, who they are going with, what they want to eat, they have regular resident meetings and plan their own menus."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preference

- People were fully empowered to make decisions about their care and to tailor their care to enable them to achieve their personal aspirations. The service had an enabling approach to support people to understand their own care needs and to contribute to solutions.
- One person with complex health needs and sensory impairment was supported to identify aspects of their care that could be improved. For example, during times of this person becoming unwell they were admitted into an acute setting, which staff recognised this was detrimental to their recovery. To overcome this staff worked with this person and in partnership with another professional to explore ways in which they could prevent them going into this setting and identified ways to adapt their living environment, so they could be cared for at home during these times.
- Staff were extremely focused on people's abilities. They were innovative in their approach with people, going the extra mile to develop strategies to support them in achieving their desired goals and aspirations.
- For example, one person who was reluctant to go outside of the home was supported by staff to take small walks around the perimeter of the home on their own. Gradually building up the walks to further afield; around the block, to the local shop and then around the park. This enabled the person to become a more active member of the local community and enhanced their personal sense of well-being.
- One member of staff explained how this person had been supported and had transitioned through the service and what that meant to that person. They said, "[Name of person] was very reluctant to do anything for themselves for many years and lacked motivation due to their mental health. Staff were having to wash their hair, do their laundry, clean their room and prepare all meals. Staff have worked extremely hard over the years, encouraging [name of person] with motivation, supporting them to set small goals which started with small tasks, such as independently drying their hair. [Name of person] is now independent and has achieved their goals and outcomes and is now independent and looking at moving back into the community after all these years." The exceptionally person-centred enabling approach adopted by staff enabled people to increase in independence and confidence and therefore reduce their reliance on paid support.
- Staff empowered people to do things that they did not previously think were possible. For example, one person initially presented with extreme lack of motivation. They would rarely leave their room and took no interest in their personal care. Staff worked with this individual setting small achievable goals in consultation with them and used motivational techniques to support them. This person said, "I may not always believed it, but doing this has helped with my anxieties and it occupies my mind, giving me something to focus on. I now venture out further with my relative, shopping and for meals out." They stated how they had 'got their independence back'.

- Person centred care was fully embedded throughout the service and were captured in care plans. Staff demonstrated the importance of putting people at the centre of their own care. We asked one member of staff what they thought person-centred meant to them, they said, "To me it is having a person-centred approach to each individual and you work with them individually, involving them as much as possible in their care."
- Care plans were live documents and updated in accordance to people's changing needs. Staff supported and encouraged people to be part of their own reviews which included a time for people to reflect on their achievements. People evaluated their accomplishments and reflected on the positive impact and how this had enriched their lives.
- People had individual daily person-centred journals in place, which gave a high level of detail. They described things such as, what they had achieved during the day, how they presented describing their mood, the support they had from staff, activities they had taken part in, appointments they had attended, and any presented health needs.
- Care plans detailed information about people's preferences and what was important to them and staff went the extra mile to support people in their preferred way. For example, one person's care plan described how they liked their hair, and how staff needed to support them in applying mouse every morning to retain the curls and stop it from going frizzy. This demonstrated staff had a great deal of respect for people they were supporting and delivered care in a way they liked.
- People could choose where they wanted to spend their time, when they wanted to get up or go to bed and when they wanted to eat their meals, giving them as much control over their own lives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a strong focus on ensuring people did not consistently isolate themselves. Staff supported people to maintain and reinvigorate relationships with people that were important to them.
- The staff and management team were passionate in ensuring they empowered people to lead their own care to achieve positive outcomes. The team leader said, "We are literally all about promoting a positive culture here, for example [person's name] when they first came here, they had little contact with their family, and they isolated themselves, spending every day in their room. Staff have consistently reminded [name of person] how their goal was to become independent and encouraged them to take ownership of their life. Now they do their own shopping on their own, they socialise with other residents and they are back in contact with their family, spending nights away from Jasmine."
- The home had a very sociable feeling, people were interacting with one another and could choose where to spend their time.
- A member of staff said, "Yes, we do activities in the house, like tonight we are playing bingo, it is a quiet house, people go out. If people are not out and about they go into the other houses to socialise, they do everything they want to do. In residents' meetings if they said they want to go on a day trip we will implement that the following month."
- People's care plans detailed their hobbies and interests. For example, one person's care plan stated they liked music, singing, arts and crafts, shopping and having conversations and talking to their relative on the phone. We observed this person interacted well with staff having meaningful conversations while doing their craft work whilst being supported by staff. Their care plan also documented how they like to spend time with their best friend who lived in the adjoining home, we observed them coming and going throughout the day.
- People were able to go on holiday. One person's care plan detailed how they liked to go and visit their relative and spend time with them. As their relative lived out of area this meant staff needed to support them getting there by train or by car and how they were prone to travel sickness, and how they would need support to have a prescription of travel sickness tablets.

- People were very much part of the wider community and were able to access the local shops and nearby town should they choose to.
- Staff informed us of a person who had completed a 'friendships and relationships' group and how proud they were they had passed the course, as prior to course they were extremely vulnerable. The staff believed this impacted on them being enabled to live more independently, and gaining more independent skills such as, cooking and the ability to understand the concept of money.
- People were supported to attend events such as gay pride which took place in a local park.
- Staff had received training in discrimination, equality and diversity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been taken into consideration and were detailed in their care plans. For example, one care plan stated, 'The best way to work with me: be patient and give me time, talk clearly and give me time to process, I am not an early person I need time to wake up, keep me busy and ensure I have a structure to my day.' We observed this person was treated in exactly that way during the inspection.
- We observed staff were exceptionally kind and caring and there was positive interaction with people. Staff spoke to people in a compassionate way and were extremely patient when they communicated with people. Staff gave people eye contact and spoke clearly to ensure people understood.
- People's care plans highlighted how people could express pain when they were unable to verbally communicate, and signs staff should be aware of. For example, facial expressions would change or crying.
- People had access to easy read documents and we saw one person's health action plan was presented in an easy read format.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record, investigate and respond to any complaints raised.
- We were unable to obtain if people who were in receipt of regulated activities could understand if they knew how to make a complaint, however, we did see people were able to express what they wanted, and staff responded in way pleasing to the individuals.

End of life care and support

- There was no one nearing the end of life at the time of inspection.
- Care plans showed there had been discussions with people about their preferences and end of life plans were in place. The plans described choice of music how they would like their service, what flowers they would like, how they would like their memorial setting and where they would want their belongings to go.
- End of life plans were reviewed on an annual basis.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was successful in delivering person-centred support as set out in their vision and values. People were put at the heart of the decision making which was apparent. People were seen progressing and their lives improving, which lead to staff reducing support they provided to people as they moved on to live more independently.
- There was an extremely positive culture at Jasmine, it was warm, welcoming and inclusive and people could be assured they were supported by a passionate and motivated staff team.
- The service was continually being developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Records showed staff had listened to people and actions were implemented, which impacted on people's quality of life.
- People were encouraged to have aspirations which were documented, and staff supported people as far as possible to achieve their outcomes.
- A team leader understood the importance of being open and honest, they said, "The residents are aware they can view their files and we write our daily notes in front of them and they can question us. They have a right to access and will ask why you are writing certain things. Staff too they are aware they can access their files."
- The manager had a clear understanding of their role and responsibilities. They had not been the manager at the service long and stated there had been no complaints or concerns raised, but they did ensure us they were aware of their responsibilities in regard to the duty of candour. They said, "I would follow the process I would follow the regulation and be open and honest about what happened."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a manager who was currently undergoing their registration us.
- The management team had robust and effective governance tools in place to ensure the service was safe for people to live in.
- Audits were fully embedded into the service which were regularly reviewed and updated.
- There was a clear staffing structure in place and staff we spoke with were clear about their roles.
- The manager was accessible and ensured they spent time with people, getting to know them and their support needs and preferences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were consistently valued. Throughout the inspection we observed staff seeking people's opinions about what they wanted to do. People were supported at their own pace.
- People were involved in regular residents' meetings where staff would actively encourage people to feedback and actions were implemented on the back of suggestions or requests.
- People were supported to use local community facilities to promote good community relationships, equality and inclusion.

Continuous learning and improving care

- There was a culture of continuous learning at the service and staff were open in sharing ideas.
- Quality assurance systems were used. For example, observations of practice supported staff with continuous learning which in turn had positively impacted on people who lived at Jasmine.

Working in partnership with others

- Staff at Jasmine had built valuable relationships with external professionals, such as, Community Mental Health Team (CPN), and Social Workers. Both staff and external professionals worked collaboratively together for the benefit of those they were supporting.