

Sage Care Homes (Jasmin Court) Ltd

Jasmin Court Nursing Home

Inspection report

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Date of inspection visit:
18 December 2018

Date of publication:
26 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 December 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 19 April 2018 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 9, Person-centred care; Regulation 17, Good Governance; and Regulation 18, Staffing.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least good. During this inspection we found the registered provider was no longer in breach of Regulation 17 and 18. However, we found further breaches of Regulation 9 and a breach of Regulation 12, Safe care and treatment.

Jasmin Court 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. Jasmin Court is located in north Sheffield and is registered to provide accommodation for up to 50 older people who require nursing and/or personal care. Accommodation is provided over two floors, accessed by a lift. A dining room and two lounges are situated on the ground floor of the home. There were 26 people living at Jasmin Court at the time of this inspection.

There was not a registered manager at the service. The service was being managed by an interim manager and the regional manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed and administered in a safe way.

Drinks were offered to people throughout the day, however these were left on tables beside people who required support from staff to drink. This support was not always given and we saw people with several full cups of untouched drinks left beside them.

There was a limited range of activities on offer to people living at Jasmin Court. Some people and their relatives told us they would like more activities and of a wider variety.

We saw the signage and decoration of the premises could be improved and updated to better meet the needs of people living there.

Not all the quality assurance and audits systems in place to monitor and improve service delivery were

effective.

From our observations we saw there were enough staff employed to meet people's care and support needs in a timely way. However, people and their relative's views on staffing levels were mixed.

Safe recruitment procedures made sure staff were of suitable character and background.

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in this area. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

Systems were in place to ensure people were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained.

People told us they enjoyed the food served at Jasmin Court, which we saw took into account their dietary needs and preferences. People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

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

People and their relatives told us the staff were kind and caring. We saw positive interactions between people, their relatives and staff throughout this inspection. Staff knew people and their preferences well. People told us they were treated with dignity and respect.

There was a complaints policy and procedure. This was clearly displayed in the reception area.

People's care records reflected the person's current health and social care needs. We saw these were evaluated monthly.

The registered provider had policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 9, Person-centred care and Regulation 12, Safe Care and Treatment.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed and administered in a safe way.

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

Staff knew how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

Is the service effective?

Good ●

The service was effective.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The interim manager and care staff had an understanding of the Mental Capacity Act 2005 and understood what this meant in practice.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always given the support they needed to have a drink. Staff did not always notice when drinks were left untouched.

People and their relatives told us the staff were kind and caring.

People's privacy and dignity was respected and promoted.

Is the service responsive?

The service was not always responsive.

There was not a range of activities or outings available to people to participate in.

The service had an up to date complaints policy and procedure. People and their relatives told us they were confident in reporting any concerns to the interim manager.

People's care records reflected their current care and support needs.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

During this inspection we found two breaches of the Health and Social Care Act 2008. The interim manager had made some improvements since the last inspection however these needed to be fully actioned and sustained.

There was not a registered manager in post. People and staff told us the interim manager and regional manager were supportive and approachable.

The service had quality assurance systems in place, and policies and procedures which reflected current legislation and good practice guidance.

Requires Improvement ●

Jasmin Court Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 December 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, one specialist advisor and one Expert by Experience. The specialist advisor was a nurse with experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience in caring for older people and people living with dementia.

Before the inspection, we asked the registered provider to complete 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 used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before our inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield Council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group. They told us they continued to jointly monitor the service and support the registered provider to improve as they had concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with six people who lived at the home and three of their relatives. We also carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of life at

Jasmin Court. We spoke with one visiting health professional. We met with the interim manager and regional manager. We spoke with seven members of staff. We spent time looking at written records, which included three people's care records, four staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

The service was not always safe. Medicines were not managed safely. We observed the morning medicines round undertaken by the registered nurse on duty. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw the nurse signing people's MARs before they had administered their medicines. For example, we saw a daily medicines patch, which needed to be applied to the skin, was signed for prior to being placed on the person's skin. We also saw the nurse placed a person's medicines into a pot as they had been informed that the person was no longer in their room. The nurse had already signed the MAR to state the person have been given their medicines. The nurse then proceeded to give the medicines to the nursing assistant and asked them to give it as they were busy. We asked the nurse about this practice and we were told that as they knew people so well, they knew what medicines they had and when.

We saw medicines documentation did not always correlate with information on the person's MAR. For example, we saw one MAR stated that the GP had given instruction that there was no need to check the pulse rate for the person being administered digoxin. Digoxin is used to treat heart failure. We were unable to find evidence from the GP to support this instruction.

Some people are prescribed 'as and when required' medicines (PRN). We saw the nurse recorded one person had refused their PRN pain relief, however they hadn't asked the person if they were in pain. We asked the nurse about this and they told us that they knew they should have asked but were too busy.

We saw some people were prescribed time specific medicines. We saw these was not always given to the person at the appropriate time. We asked the nurse about this and they told us that they were behind time that day. We did see the nurse was frequently being interrupted by staff and people throughout the morning medicines round. We also saw occasions where the medicines trolley was left unattended and unlocked.

We saw some people were prescribed insulin. Insulin is used to reduce the blood sugar levels of a person with diabetes. We looked at the care record of one person diagnosed as having diabetes and it stated that any concerns should be reported to the specialist nurse or GP. On three separate days in the previous three months the person's blood sugar levels were recorded as falling below the normal range. Insulin on these days had still been given. There was no record of follow up or contact with the specialist nurse or GP.

We checked the treatment room and found appropriate stock levels of medicines. The room and fridge temperatures were recorded daily and were within safe limits.

As the registered provider had not complied with the proper and safe management of medicines this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Recruitment procedures were safe. We checked four staff recruitment files to see if the process of recruiting

staff was safe. All four had been recruited in the last twelve months. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character.

We saw there were enough staff employed to help keep people safe. On the day of the inspection there were six care workers, a registered nurse and nursing assistant employed to meet people's care needs. This was in addition to the interim manager, three domestic staff, an administrator, the maintenance operative and catering staff. Care and nursing staffing usually worked twelve hour shifts from 7am to 7pm and 7pm to 7am, with an additional fifteen minute handover period.

However, people and their relative's views on staffing levels were mixed. Comments from people included, "Sometimes they're short of staff and then they get the agency ones [staff] in", "Sometimes there's enough [staff] but other times there's not" and "It takes them [staff] an hour to get a bed pan sometimes. They say there's other people for them to see to." Relatives told us, "If they're short of staff they make them up with the agency ones [staff], I think they try to get the same ones" and "It does seem as if the staffing [levels] are improving now."

There were effective systems in place to help protect people from abuse. Staff spoken with confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like and what they would do if they suspected abuse had taken place. They were confident any concerns they raised would be taken seriously by management. The interim manager kept a record of safeguarding concerns raised with the local authority. We saw the concerns had been investigated or were in the process of being investigated.

We saw the interim manager kept a record of any accidents and incidents. A summary of all accidents and incidents for the month was held on file. The interim manager had introduced a 'lessons learnt' file. They were using this to collate their learning from incidents, to track frequency and record what had been done to reduce the risk of repeat events.

The service was responsible for managing small amounts of people's money. We saw the administrator kept an individual financial record for each person. We checked financial records and receipts and found they detailed each transaction, the money deposited and the money withdrawn.

There had been a recent outbreak of norovirus at the home. Norovirus is a stomach bug which causes diarrhoea and vomiting. Lessons had been learnt from the initial poor management of this outbreak in the interim manager's absence. We saw the interim manager was undertaking hand cleanliness audits, as well as using staff supervisions to focus on infection prevention and control. At each staff handover the interim manager had introduced a good practice question for staff to discuss and respond to. At the time of this inspection the handover questions were around infection prevention and control.

We checked all floors in the home which included communal bathrooms, toilets, dining area and lounges and found them to be clean. We saw plastic gloves and aprons were used by all staff at appropriate times throughout this inspection. Staff told us they had sufficient equipment to meet people's needs and reduce the risk of the spread of infections.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 19 April 2018 when we found a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the registered provider had not ensured staff had received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. During this inspection we found improvements had been made in this area and was no longer in breach of this regulation

Staff told us they completed an induction which included completing mandatory training, such as safeguarding vulnerable adults, and health and safety. Care staff also shadowed more experienced members of staff. The interim manager told us mandatory training was completed via eLearning and staff confirmed this to be case.

The registered provider had a supervision policy. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. Every member of staff we spoke with told us they received regular supervision and we saw written records of these meetings taking place. Staff told us they felt supported by the interim manager. Comments from staff included, "I don't have any issues with [name of interim manager], she tells us what we need to do and always checks things" and "[I am] up to date with all mandatory training. I would report any concerns straight away to [name of interim manager], she would always listen."

Comments about the food served at Jasmin Court were positive. People told us there was always a choice and alternatives if none of the choices suited. Visitors were welcome to eat with their relatives and we were told they often did. Comments from people included, "The food is lovely, we get a choice. [At breakfast time] it's a choice of cereals and toast, or a cooked breakfast", "The foods alright, there's plenty to eat and drink" and "The food is lovely, there is plenty." A relative told us, "The food is very good."

We observed people's experiences at breakfast and lunch time. Lunch was late being served to some people. We were told this was because one of the hot trolleys was broken. The dining tables were set prior to people being seated and the food served looked appetising and plentiful to us. We saw people were asked what they wanted to eat. Where people required support to eat we saw this was done in a dignified and unhurried way. Staff sat next to the person at eye level and chatted with the person.

Kitchen staff worked to a menu plan that we saw included a variety of meals options. Some people had specific dietary needs for health or cultural reasons and we saw these needs were catered for.

We saw people were supported to access on-going health and social care support services. People and their relatives told us there was a regular GP visit every Wednesday. Relatives told us, "The doctor comes every Wednesday morning and there's no problem seeing them. [Name of relative] does get escorted to the dentists a lot" and "[Name of relative] is well cared for. [Name of care worker] always goes with [relative] to hospital appointments."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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.

We saw there were restrictions on people's freedom to leave the home as key codes were required to enter and exit the building. This meant some people's liberty at Jasmin Court was potentially being restricted. The interim manager understood her responsibilities under the MCA and we saw she kept a progress record of all DoLS applications. Where these been authorised, we saw the registered provider was complying with any conditions applied to the authorisation.

From our conversations with staff it was clear they understood the importance of giving people choices and the importance of gaining consent before providing care and support. Throughout the inspection we saw care staff asked for permission and explained what they were doing before supporting the person. For example, using the hoist or offering clothes protectors at meal times.

The care records we looked at demonstrated people's mental capacity had been considered. Where a person lacked capacity, we saw records of best interest meetings taking place regarding potentially restrictive care and support interventions. For example, where a person lacking capacity had bed rails in place. This meant the registered provider was compliant with the MCA.

The premises looked tired and in need of redecoration. There was some signage of rooms to aid people living with dementia.

Is the service caring?

Our findings

The service was mostly caring. People told us, "Oh yes they [staff] care", "They [staff] know what they're doing, I just trust them" and "They [staff] look after me and they try to encourage me to do things."

Comments from relatives included, "You know, they [staff] treat them all as individuals", "They [staff] treat people as individuals and they certainly do treat people with respect. Especially the nurses and the seniors [senior care staff]", "I'm here every day, I'd see if anything was wrong", "They [staff] are very caring people" and "I'm here every day, sometimes twice a day. The atmosphere, the care and attention, everything is good."

We checked progress the registered provider had made following our inspection on 19 April 2018 when we found a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because the registered provider had not ensured that service users always received appropriate care and treatment. After our previous inspection, the registered provider sent us an action plan stating, 'The staff at Jasmin Court will focus on the care needs of each individual resident. This will be achieved by putting the resident central to everything that is done within the home.'

During this inspection we saw plenty of drinks were offered to people throughout the day, however these were left on tables beside people who required support from staff to drink. This support was not always given and we saw people with several full cups of untouched drinks left beside them. For example, in one person's bedroom we saw they had been given a beaker of juice with their breakfast. This remained untouched all morning. After lunch had been served we saw the untouched juice was still there and a full cup of cold tea was next to it. One visitor told us they had complained when they found a build-up of full cups in their relative's room. A sign reminding staff about supporting the person with their drinks had now been placed in their room as a prompt.

As the registered provider did not always have regard to the person's well-being when meeting their nutritional and hydration needs this was a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Person-centred care.

Staff were able to tell us what it meant to treat people with dignity and respect. People and their relatives told us staff respected their privacy and dignity. We saw staff respected people's privacy by knocking on their door before entering their room and closing doors on toilets and bathrooms when people went in. We heard staff explaining to people what they were doing when supporting them with personal care.

We observed caring interactions between staff and people. For example, whenever the hoist was used to support people to move this was done with care and sensitivity, staff talked with the person explaining what they were doing.

We heard friendly conversations between people, relatives and staff. It was clear staff knew people well. We saw people's relatives and friends were welcomed by staff, and people we spoke with told us their friends

and relatives could visit at any time. Comments included, "I'm always made very welcome here [Jasmin Court]", "We're always made welcome here, they [staff] make me a cup of tea when I want one" and "I visit anytime and am made welcome. The staff make me a cuppa [drink]."

We did not see or hear staff discussing any personal information openly or compromising people's privacy. Staff we spoke with understood the need to respect people's confidentiality and we saw care records were locked away when not in use. One person told us, "They [staff] always keep my affairs private."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender. Our observations of care, review of records and discussion with the interim manager and regional manager showed us the service was respectful of people's rights.

All the staff we spoke with told us they enjoyed working at Jasmin Court and would be happy for a relative to live there if they needed this type of care and support. Comments from staff included, "I would recommend this home and would be happy for family to live here", "I think we [staff] all do our best and want the home to continue to improve" and "I am happy here. I like to care, I see residents as my family. I want to be treated well when I am older. [I am] part of team and we know what to do to make people happy, we listen and talk to them. It is a good team."

Is the service responsive?

Our findings

We checked whether the service provided meaningful activities and social opportunities for people. We did not see any activities on the day of the inspection, however staff told us some did take place. We were told bingo and dominoes took place nearly every day. However, we were not told of any other regular activities being made available to people. Some of the people we spoke with told us they preferred their own company in their rooms rather than join in group activities. One person told us, "There's nothing much to do, but I'm a poor mixer. I don't fit in." A relative said, "[There are] activities for them [people], they play bingo most days and then there's dominoes."

In the reception area we saw information was displayed regarding an upcoming Christmas show for people, their relatives and staff. A 'friendship group' was also advertised as taking place once a month.

We saw people's religious needs continued not to be met as part of everyday practice. There had been a local church involved with the service in the past, but this had stopped by the time of our previous inspection in April 2018. The interim manager told us she was planning to reintroduce links with the local church in the near future.

As the registered provider had not provided care and treatment which reflected people's preferences this was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

Most people and their relatives spoken with told us they had no need to complain. Everyone told us they would speak to the interim manager or any member of staff if there was anything worrying them. Comments included, "If I wasn't happy, I'd tell them [staff]" and "I would tell them [staff] if there was anything wrong."

The registered provider had an up to date complaints policy and procedure in place. This was displayed in the reception area. The procedure described what action the manager would take to investigate and respond to any complaints and concerns raised. It included information on who to contact if a person was unhappy with the initial response to their complaint. We saw the interim manager kept a record of complaints, their response and the outcome. There were three recorded since the previous inspection in April 2018 and these had been dealt with. We also saw recent thank you cards complimenting staff displayed in the reception area.

All the care records we looked at followed a similar format. This included a summary of needs at the beginning which informed the reader how many care staff were needed to support the person and any equipment required. The care records also included a recent photograph of the person, past medical history and medicines on admission. More detailed information followed regarding people's care and support needs in all areas of daily living such as 'physical well being/condition,' 'mental state/ cognition' and 'sleeping and rest'. Any associated risks were recorded with information on how best to support the person to reduce the risk. For example, we saw risk assessments were completed for skin integrity, nutrition and falls.

We saw the care records were person centred and contained information about the person's social history, and likes and dislikes. We saw each section was evaluated monthly. Care staff told us they read people's care records. We saw any significant changes in a person's care and support needs were also shared at staff handovers between each shift.

Is the service well-led?

Our findings

The manager had left the service at the time of our previous inspection in April 2018 and they had already been absent for a period of time prior to leaving the service. At the time of this inspection, the service was being managed by an interim manager and the regional manager. The interim manager had worked at the service for nearly 18 years, initially undertaking night shifts and more recently working as the deputy manager. The interim manager was also a registered nurse.

People and their relatives spoke highly of the interim manager. Comments included, "[Name of interim manager] is very good. She keeps them [staff] on their feet" and "[Name of interim manager] is very good, she knows her job."

We checked progress the registered provider had made following our inspection on 19 April 2018 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had not ensured systems and processes had been established and operated effectively to ensure compliance with regulations. During this inspection we found improvements had been made in this area and was no longer in breach of this regulation.

Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the interim manager had a range of audits covering all areas of service provision, such as medicines audits, care record audits and infection control audits. However, the medicines audits had failed to identify the significant issues we found during this inspection.

The interim manager told us she undertook a walk around the home most days to check the premises and speak with people and staff. We saw these were recorded. The interim manager told us she also continued to work alongside the care staff and had undertaken a shift the previous weekend. One member of staff told us, "[Name of interim manager] is very approachable and always around." Care staff also told us they were asked to take turns to attend the weekly 'flash meetings' the interim manager held with senior staff to discuss progress on areas requiring improvements.

We checked that maintenance records for the premises were regularly undertaken with satisfactory outcomes. Water safety and legionella testing, bed and mattress checks, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed.

We checked whether people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. The interim manager held regular meeting with people, their relatives and staff. 'Resident and relatives' meeting were held four times a year. We saw the minutes from the previous three meetings and the most recent were displayed in the reception area.

The interim manager told us a meeting with staff was overdue and she was in the process of arranging one.

The most recent had been held in August. The interim manager told us she held a 'manager's surgery' every Wednesday afternoon and made sure she was available to people, their relatives and staff during this time. One member of staff told us, "[Name of interim manager] is approachable and she will listen to you if you have any concerns. I think [interim manager] is doing a great job."

We reviewed the service's policy and procedure file. The registered provider had created the same policies and procedures across all their services. We saw they covered all areas of service provision relating to both the people who lived at Jasmin Court and the staff that worked there.

The regional manager told us she was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The regional manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to this inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home.

During this inspection we found two breaches of the Health and Social Care Act 2008. The interim manager had made some improvements since the last inspection however these needed to be fully actioned and sustained. As a result, this service continues to be rated as requires improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider did not always have regard to the person's well-being when meeting their nutritional and hydration needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not complied with the proper and safe management of medicines.</p> <p>The registered provider had not provided care and treatment which reflected people's preferences.</p>