

Ms Marie McCann

# Jasmine Manor

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 21 October 2015 and was carried out by two inspectors. Two more visits by two inspectors took place on 23 October 2015 and on 28 October 2015 to gather further evidence.

Jasmine Manor is registered to provide accommodation care and support for up to 13 people. It is not registered to provide nursing care. At the time of our visit eight people were living there. Seven of the eight people were living with dementia.

The owner was the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's views about how safe, effective, caring and responsive Jasmine Manor was varied. People who lived there were not always positive about the service and we witnessed some things which showed they were not always being treated with respect. Current relatives and regular visitors were all very positive about the service. A relative of a previous resident was not satisfied their mother had received safe and appropriate care whilst at Jasmine Manor.

# Summary of findings

We have a number of concerns about the care and support provided at Jasmine Manor which put people at risk of receiving poor care and we concluded the service was not well led.

Allegations of abuse had not been reported to Hampshire County Council under safeguarding protocols. Risks identified in the environment had not been addressed in a timely way. We shared some concerns we had with Hampshire County Council and with Hampshire Fire Service to ensure people were being properly protected.

The staffing structure was fragile and staff recruitment procedures were not thorough.

People had not always been referred to health services when their needs had changed. People did not always like the food and one person had been given a diet, which according to a specialist assessment, was not appropriate for them. There was contradictory information about whether people had capacity to consent to their care. This demonstrated staff did not have a good understanding of the Mental Capacity Act 2005 and put people at risk of receiving care which was not in line with this legislation.

People were not always treated with respect. Although we witnessed some kind interactions, some verbal and written descriptions of people's actions and behaviours were at times judgmental and unsympathetic. This demonstrated a lack of understanding of the needs of people living with dementia and other mental health conditions.

Although care planning was detailed and information about people's care needs were updated regularly, other records relating to people's care and support needs were not always accurate. We could therefore not be certain people were receiving the care and support as described.

Staff spent time talking with people, looking through magazines and playing board games with them but opportunities to pursue other activities were limited. The environment was not well adapted to meet the needs of people living with dementia.

The complaints procedure was not robust which meant people could not be assured their concerns would be properly addressed. Quality monitoring processes were not always effective in identifying areas the service could improve upon.

Staff received regular training and supervision and the registered manager and deputy were available and welcoming to visitors and relatives. Relatives confirmed they felt welcomed when they visited the service.

We found nine regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached and you can see what action we have told the provider to take at the back of this report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures.' The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe

Allegations of abuse were not being consistently responded to.

Environmental risks had not been managed in a timely way.

The staffing structure was fragile and did not give the registered manager time to run the home safely.

Medicines were being appropriately managed.

**Inadequate**



### Is the service effective?

The service was not effective.

The provider had not worked effectively with health care professionals to ensure people received effective care.

Staff did not have a clear understanding of the Mental Capacity Act.

**Inadequate**



### Is the service caring?

The service was not always caring.

People were not always treated in a dignified and respectful way.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

The range of activities people could pursue was limited and the environment was not well adapted for people living with dementia.

The complaints system was not robust.

Care plans were detailed and had been reviewed and updated regularly.

**Requires improvement**



### Is the service well-led?

The service was not well led.

Some records were not accurate which meant we could not be assured people were receiving the care and support detailed in their records.

Quality assurance processes were not robust.

The registered manager was available and accessible to people.

**Inadequate**



# Jasmine Manor

## 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 21 October 2015 and was unannounced. We returned on 23 October and 28 October 2015 to complete the inspection.

The inspection team consisted of two inspectors on each of the three days.

Before our inspection we reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements

they plan to make. We also checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service.

We spoke with seven of the eight people living at the home and observed care and support being provided in communal areas. We spoke with the registered manager, deputy manager and one care staff. We also spoke with a two visiting health care professionals. We contacted two social care professionals and another health care professional on the phone to find out their views about the quality of the service. We spoke with visitors and relatives for six of the people living at Jasmine Manor. We looked at seven people's care records, six staff files and other records relating to the management of the service.

The last inspection was in May 2014 when we found the service met all standards with the exception of the standard relating to infection control. We visited again in September 2014 and found the required improvements relating to infection control had been met.

# Is the service safe?

## Our findings

We were not confident people received safe care.

We considered how risks to people were managed. Environmental risks had not been properly addressed. We observed some fire doors did not shut reliably and one fire door to the laundry did not shut at all. A fire risk assessment from an external consultant dated August 2014 had rated the overall risk of the building as high. Staff said action had been taken to address this so we asked for further documentary evidence to be sent to us. We were not provided with any further documentary evidence. We discussed our concerns with Hampshire Fire Service who subsequently visited and told the home they must work to an action plan to ensure they met with fire safety law.

We saw a boiler had a written sticker on it which said it had last been inspected in January 2011. The sticker said “not on contract – visual (check) only”. We asked for any updated boiler service certificates to be sent to us but we did not receive any. We concluded this boiler had not been serviced since at least before 2011.

This was a breach of 12 (2)(d) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as providers must ensure the safety of their premises and the equipment within it.

Risk to people’s personal health and wellbeing were assessed and mainly addressed, such as whether people were at risk of losing weight or of falling and measures had been put in place to reduce the impact of the risk identified. People had pressure relieving equipment such as cushions and mattresses where it had been identified these were needed.

We asked people who lived at Jasmine Manor what they thought about living there. Some remarks they made and some expressions indicated they were not always happy. We asked one person if we could press their alarm call bell to test if it was working. They said yes, “if we protected them.” The call bell worked. The person concerned did not appear to be particularly worried, but also said about pressing their alarm call “I have done it twice and a male came up and he wasn’t very happy about it”.

Relatives of current residents and regular visitors to the home were all satisfied the service was safe, one relative for example said their mother had put on weight since being at Jasmine Manor and said they were confident they would know if there was anything wrong.

A relative of a previous resident said they did not believe their mother had received safe care at Jasmine Manor and provided us with information about how their mother’s health and wellbeing had improved since moving to a different service.

We considered how people were being protected from avoidable harm and abuse that may breach their human rights. On the first day of our inspection visit we asked the registered manager to tell us who was living at Jasmine Manor and we asked her to describe what their needs were. She described one person who had made allegations about staff pushing them around when staff were not touching them. Whilst we found no evidence to support this person’s allegations during our visits, there are clear protocols about what action needs to be taken when such allegations are made. Any allegation needs to be reported to the local authority under safeguarding processes and to CQC as a significant event, and this had not been done. We reported this person’s concerns to Hampshire County Council to ensure they were aware of this.

This was a breach of Regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of any allegation or evidence of such abuse.

We considered whether there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. At the time of our visit eight people were living at Jasmine Manor. The rota showed two staff were on duty every day and one waking staff was on duty during the night with another sleeping in to provide additional support if necessary.

The registered manager had provided information about the service to us, at our request at the end of August 2015. This is something we ask all providers to do at times. We asked how Jasmine Manor was meeting the five key areas we inspect and what improvements were being planned for the next twelve months. The registered manager said one improvement planned was to appoint two full time

## Is the service safe?

experienced and competent senior care coordinators as soon as possible and to employ a cook and a cleaner within the next 12 months. At the time of our inspection in October 2015, no appointments had been made, or were imminent.

There were no domestic staff and so all staff were responsible for cleaning, cooking and laundry as well as for meeting people's care needs. The registered manager said there were eight staff employed and we saw from rotas that some agency staff were used to fill in any shortfalls in shifts.

We looked at staff rotas for six weeks. These showed at least two staff were on duty 8am to 8pm and there was a waking staff and a sleeping staff on duty each night from 8pm to 8am. The rotas showed one of three staff were responsible for leading every shift at all times. These key staff were the registered manager, the deputy and one night staff. The registered manager and deputy were working at least 60 hours a week, and sometimes more. We were told there was one other additional staff member who was able to lead a shift as they could administer medicines but rotas we saw showed this person was on annual leave for all of the six weeks. We concluded there was a fragile staffing structure as it was unclear who would take control of the service if any one of the three people were not available.

Although staff had time to sit with people during the day we found at key times such as lunchtime people did not receive the assistance they required. For example, during one lunchtime one staff was serving a meal, another staff was assisting a person to eat in their room. This meant there were times when people were unsupervised, this included a person who resorted to eating with their fingers and who needed prompting not to put too much food into their mouth at one time.

We looked at staff records to check if safe recruitment practices were being followed. Staff had completed police checks and had completed an application form before they started work. The application form did not always include a full employment history or any explanation of gaps in people's employment. Although two references had been obtained, references were not always from people's most recent employer. It is important that employers follow robust recruitment procedures to ensure suitable staff are being employed.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff managed medicines for everyone who lived at Jasmine Manor. Medicines were supplied by a local pharmacy and delivered in blister packs every 28 days. The packs were colour coded to differentiate between the different times of day the medicines needed to be dispensed. Medicines were stored safely in a secure cupboard. Medicines were recorded on a medicine administration record (MAR) and were signed for when given. We looked at the MAR charts for people living at the home. We found they had been kept up to date and there were no gaps. Only two of the eight medication records reviewed contained photographs to identify people. This increased the risk of people not receiving their prescribed medicine, particularly if they were being administered by staff who did not know them well, such as an agency staff. Medicines were disposed of safely. Refused or unused medicines were logged and sent back to the pharmacy.

# Is the service effective?

## Our findings

Visitors were happy the care provided for their relative was effective and said staff contacted them when needed to keep them informed about how people were. One relative said staff were “pretty switched on.”

Two people were not referred quickly to relevant health services when their health needs had changed. During our first visit on 21 October 2015 we observed one person had a wound on the side of their leg which had recently been bleeding because there was dried blood on their sock. Records for this person for 20 October 2015 said their skin was intact and said they had cream applied to their leg twice a day. We discussed this wound with staff on 21 October 2015 and they said “yes, we are putting cream on that”. This was not a new wound as it had a black scab on it. No health care professional had been informed about it until the person’s GP was called on 21 October and visited on 22 October 2015. We were not confident this person would have been seen by a healthcare professional at this time if we had not raised the issue with staff on 21 October 2015.

Another person had been admitted to the home with a specific medical problem. This had been documented on their discharge notes from hospital. Staff were monitoring this person and had called district nurses three days after they had been admitted because they were concerned about their wellbeing. They had not done this promptly and had not reported their concerns to a health care professional when they had visited the home the day before to see a different person. Timely care planning had not taken place to ensure the health safety and welfare of service users.

This was a breach of Regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must work actively with others to make sure that care remains safe for people using services.

We looked at how people were supported to have sufficient to eat and drink and to maintain a balanced diet. Food stocks were mainly tinned goods and frozen foods. There was a fruit bowl but this was kept in the kitchen and was not readily available to people. One person said they didn’t know what food they were getting until it came and said “A bit more fruit might be nice.”

People’s weight was monitored and one person who had been assessed as being at risk of malnutrition had been provided with a dietary supplement which staff encouraged them to drink. Staff said one person often needed assistance with their meals and had a pureed diet. We saw this was provided for them.

We observed three lunchtimes in the dining room. Five people ate their meal there. We asked people if they were enjoying their meal. One person said “I’m eating it because there’s nothing else. It’s not good here, it’s just not, but I’m hungry so what do you do?” We asked the same question to another person who just smiled and continued to push their food around the plate. We heard one person saying to another the food “wasn’t up to much”.

On one of the days we visited we saw one person struggling to eat chips and on another day putting a large piece of chicken in their mouth, not chewing it and then putting some more food in their mouth as well. This person’s care plan stated they had a swallowing problem and needed a soft diet. They had been assessed by a speech and language therapist in March 2014 who recommended staff should offer food of a pureed texture. The person had a review of their care plan in September 2015. This said the person had a previous history of dysphasia, now resolved and said they tolerated solids very well. Dysphasia is the medical term for people who have swallowing difficulties. The plan said to cut up their food into bite size pieces. We did not see any further consultation with the speech and language therapist to change the person’s diet from pureed to solid. The contradictions in this information put this person at unnecessary risk.

This person had not been provided with safe care as the provider had not done all that was reasonably been provided with a specific diet in line with their assessment. This was a breach of Regulation 14(4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We considered whether consent to care was always sought in line with legislation and guidance. The Mental Capacity Act states if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person’s behalf must do this in the person’s best interests. People’s capacity to consent to aspects of their care had been assessed. However information within these assessments and information contained within people’s plans of care was sometimes



## Is the service effective?

contradictory. For example, one person had been assessed as lacking capacity to make decisions about washing and dressing. In a review of their care it stated they were able to make their needs known very well and they were oriented to time place and person. Staff told us this person did have capacity to make decisions about their care. However their care plan said it had been devised in their best interests. The inconsistencies in the information demonstrated the staff did not have a good understanding of the Mental Capacity Act and were not applying it appropriately.

This was a breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 as the registered person was not ensuring care was provided only with the relevant consent or if a person was unable to give consent because they lacked capacity to do so, they were acting in accordance with the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to

care homes. These safeguards protect the rights of people using services by ensuring that if they lack capacity to consent to their care any restrictions to their freedom and liberty have been agreed by the local authority. For people assessed as not having capacity to consent to their care there had been no applications to the local authority under DoLS

We looked at what knowledge skills and support staff received to carry out their role and responsibilities. New staff had completed common induction standards training which covered key areas staff should know quickly such as safeguarding, personalised care and health and safety. Staff said training was refreshed regularly. We saw training certificates to indicate regular training took place. Staff said that supervisions were held every three to six months and records supported this.



# Is the service caring?

## Our findings

We asked one person what it was like to live at Jasmine Manor. They said “Ok I suppose, not hilarious- It’s all the shouting and nagging”. They were unable to say what they meant by this. Another person said, “Horrible here. They don’t care about you”. They also said “sometimes they can be ok, sometimes not”. We observed people reacted differently to different members of staff. They reacted more positively to some than others.

We observed people being treated with kindness and compassion during our visits for example staff spent time reassuring people when they became distressed and talked to them calmly when they were asking after their family members who were not present. A visitor described the home as friendly and welcoming.

We observed the registered manager talking with people in a kind way but when we asked her to describe people’s needs she did not always talk about people in positive and respectful terms, describing how one person could be “aggressive towards staff” another person was described as “manipulative”.

Language used in people’s records was not always respectful either, for example one person was described as being, “keen to have a wash daily and has not shown any resistance to date” and said they were “not at risk of absconding at present”. Another person was described in their daily records as being “very rude verbally, very bad mannered, despite being treated with great respect, language is disgusting and most offensive”. People’s personal emergency evacuation plans ( which are plans to help to ensure the means of escape in case of fire provided for all people who may be in a building are both adequate and reasonable) described how some “ may faff and hinder” if they needed to be assisted out of the building in the event of a fire.

We observed one person being assisted by staff to go to the dining room for lunch. They were wearing poorly fitting trousers which fell down as they walked along the corridor. They were pulled up by the staff accompanying them. We

saw they had they also had holes in their top clothing. This person managed to eat by themselves using their fingers. When staff were present in the dining room they offered them a fork to eat with and they were encouraged to use it. When staff left the room they resorted to eating with their fingers again. They had dropped food down their front and it was not a dignified experience for them. We observed them eating with their fingers each lunchtime we were at the service. Staff were not present to support them to eat in a dignified way.

People who needed assistance managing their continence had, according to their care plans an allocation of four continence pads daily. We visited one person in their room. It smelled strongly of urine. We discussed this with the registered manager as with good care this should not happen. The registered manager said it was difficult because this person was doubly incontinent.

This showed people were not always treated with dignity and respect and was a breach of Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was some evidence that people were involved in some aspects of planning their care, for example staff had listened to what was important to one person and had ensured their room was arranged the way they wanted it to be – which made it look more like their own home.

People’s care needs had been discussed with their family. Relatives said they were welcomed to the home and we observed they were quickly offered a hot drink when they visited, although the offer of a hot drink was not extended to people who were living at the home who were in the lounge at the same time.

People could talk with their relatives and visitors in private if this was their wish, either in the person’s bedroom or in a quiet communal area. Staff respected people’s wish for privacy and people said staff knocked on their door and waited for permission before they entered their room. One person liked their own space and was very clear about the things they liked to be around them this was respected by staff.

# Is the service responsive?

## Our findings

People had their care and support needs assessed before they moved to the home and had the opportunity to visit whilst they were considering a move. One family whose relative had just moved in said for example, “We came here a couple of weeks ago and liked it immediately, it’s so homely”. They said they were asked “stacks of questions, (about the person’s needs) We were here about two hours”. People told us they were encouraged to be involved in the care and support of their relative.

Records contained an initial assessment of needs. From this information a plan of care was devised. Care plans covered all aspects of people’s needs such as communication, personal hygiene, continence, falls, tissue viability and nutrition. Care plans were reviewed every month and records showed they were discussed with people or where this was not possible with their family. Care plans detailed what people could do for themselves as well as what they needed help with.

Staff said they worked closely with families to build peoples’ life stories so they could understand how to engage with them effectively. Staff had a good knowledge about people’s history and family relationships.

We asked staff how people were supported to follow their interests and take part in social activities. They said they asked people what they would like to do each day. They said, “It’s all very much led by them (the resident’s); it’s all about whatever they want to do”. At the time of our inspection staff interacted with people in the lounge by playing games with them such as, Jenga and Connect 4. Staff sat next to people talking with them and one person was colouring in a picture with crayons. We asked staff if anyone came in to the home to provide entertainment. We were told no one came in to the home. We asked if people could go out if they wanted to. Staff said one person went shopping at least once a week accompanied by a member of staff and people went out with members of their family

whenever they wanted to. Although we observed staff accompanying one person into the garden which the person clearly enjoyed, all of the other activities we observed were of a sedentary nature. Activities available did not take into account sensory stimulation or gentle exercise options. The registered manager said “They are happy to just sit here most of the time”.

The environment was not well adapted for people living with dementia. For example, there were notices on display referring to Webber House which was the previous name of the service. One such notice was on the door to the garden. This could be confusing for people with dementia.

We asked how complaints were managed. Staff said, “We audit complaints and learn lessons from them”. The complaints log seen recorded the last complaint had been made in July 2011. Staff confirmed they had not received any complaints but described how one family had made a suggestion as they had wanted their relative’s floor covering changed and this had been done.

However, we saw a record of one incident where a family member had raised a concern which had not been recorded as a complaint and we were aware of complaints made by health care staff which were also not recorded. The service could therefore not demonstrate how concerns received had been investigated and whether this had resulted in any difference to how care and support was provided to people.

This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered person must establish and operate effectively an accessible system for identifying, receiving recording handling and responding to complaints by service users and other persons in relation to carrying on of the regulated activity.

There was a complaints procedure on display and visitors confirmed they knew how to make a complaint if they needed to.

# Is the service well-led?

## Our findings

Records were not accurate or trustworthy. The information provided by the service before our visit said, “We operate in an open and honest culture.” We found a number of inconsistencies in the record keeping which meant records were not always accurate or robust. We arrived at the service one day at 07:45. We did this specifically to speak with the night staff before they finished their shift at 8:00 but we were told by the registered manager they had already gone.

We observed there were trays laid out for breakfast for four people. The registered manager told us who the trays were for and explained they had not wanted to have their breakfast yet. We looked at these people’s records. People had food charts which recorded what they ate each meal and the amount they ate. These had already been filled in for three people for breakfast that day, saying they had eaten all or most of their breakfast. The daily report sheets also recorded people had eaten their breakfast- the timing of this record was written as 8:15 The daily report had been completed by the staff on night duty, but we had been told by the registered manager they had already left when we arrived at 07:45.

We spent time with people each lunchtime and observed what they were eating. On 23 October we noted people did not eat very much. When we returned on 28 October to continue with our inspection we checked the food chart for one person we observed had not eaten much of their lunch on 23 October. According to their food chart they had eaten all of their lunch that day.

One person had a body map for a wound. This described a discoloured area where in fact the area was scabbed and in places the skin was broken. These inconsistencies made it difficult for us to be assured records were fit for purpose and that care provided was in line with the care described in records. We therefore we could not be assured people were receiving the care and support they needed.

This was a breach of 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records need to be an accurate and complete record of people’s care and treatment.

There were some quality monitoring checks in place but these were not always effective in ensuring they drove continuous improvement. For example, there was a

monthly fire safety check which was completed by the registered manager. The most recent one completed in October 2015 had not identified any action was needed. This was clearly not the case as the most recent fire risk assessment had identified the risk to the premises was high and it was evident all remedial work had not been completed. Similarly there was no evidence as to when a gas boiler had been serviced – the most recent record being a visual check in January 2011.

We observed some broken fittings in the building, for example one person had a broken light fitting by their bed and another had a tap on their sink which was not working. The registered manager was not aware of these. These defects had not been picked up by quality monitoring audits and therefore could have posed a risk to the safety, welfare or comfort of the people concerned.

We found other areas required improvement. For example, the laundry was dusty and had a broken floor tile. The ironing board had a ripped cover. Some food in the fridge was opened but not marked with the date and some yogurt was two days past the use by date.

This was a breach of 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As there should be regular health and safety risk assessments of the premises and equipment. The findings of the assessments must be acted upon without delay if improvements are required.

When we visited the home was very warm. One person said they were too hot and said they were going into the garden for some fresh air. We saw another person was sitting in the dining room with sun streaming in on them. A member of staff said they were too hot and opened a window. One person said “much better” One visitor said, “This place is usually freezing. Have you not noticed them all wearing thick jumpers”? We asked staff if they monitored the temperature of the home and they said there was a thermostat on the heating which controlled the temperature. However the variations in the temperature showed there were not effective systems in place to ensure any monitoring was well controlled.

The registered manager did not use her time effectively in the management of the home. The registered manager was the owner and they were supported by a deputy manager. The registered manager spent most of their time assisting people with their care, cooking and cleaning. They also

## Is the service well-led?

spent time sitting and talking with people. Rotas showed they had some allocated office time and we observed the deputy manager came in on their days off to help with care planning. As such the registered manager and deputy were

visible and available to people who lived at Jasmine Manor and to their visitors. A staff member said the manager was, "Approachable, very easy going and quite helpful". They said "She will try her best to help out if she can".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of any allegation or evidence of such abuse.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**Recruitment procedures must be established and operated effectively.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

**Where a person is assessed as needing a specific diet this must be provided in line with that assessment.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The registered person was not ensuring care was provided only with the relevant consent or if a person was unable to give consent because they lacked capacity to do so, they were acting in accordance with the Mental Capacity Act 2005.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Service users must be treated with dignity and respect.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person must establish and operate effectively an accessible system for identifying, receiving recording handling and responding to complaints by service users and other persons in relation to carrying on of the regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

There should be regular health and safety risk assessments of the premises and equipment. The findings of the assessments must be acted upon without delay if improvements are required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service provider must ensure the premises used by them are safe to use for their intended purpose. Where responsibility for care and treatment of service users is shared with other persons timely care planning must take place to ensure the health safety and welfare of service users.

#### **The enforcement action we took:**

Warning notice

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records of people's care need to be accurate and complete.

#### **The enforcement action we took:**

Warning notice