Affinity Trust

Jasmine Lodge

Inspection report

Ilex Close
Northiam
Rye
TN31 6DW

Tel: 01797252614

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Jasmine Lodge is a residential care home providing personal care for up to 6 people. At the time of inspection there were 4 people living there. The service was a detached bungalow with a large garden within a small rural village. People had their own bedrooms. There were shared bathrooms, eating and living areas. The building had been adapted to meet the needs of people with physical disabilities. Some people had specialist needs associated with mental health and epilepsy.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:
Risks to people were not always managed safely. Medicines that were prescribed on an as required basis were not always managed safely. Staff did not always have the information needed to support people in line with their current needs. However, the systems in place ensured that people were protected from abuse and improper treatment. Jasmine Lodge was kept clean. There were enough staff to safely meet people's needs. Emphasis had been placed on ensuring that staff had the skills, knowledge, and experience to meet people's needs.

A person was enjoying increased independence following an operation to improve their eyesight. 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.

Right Care:
The service's minibus had been off the road for at least 6 months so this had an impact on the number and quality of outings that could be provided. We observed that staff worked with people in a person-centred way to involve them as far as possible in all activities that were carried out around the home. This included laundry and cooking. Records of activities were basic and lacking in detail. Staff were caring in their approach and people responded warmly to them. We saw people smiling and responding with happy faces when staff spoke with them. Staff ensured people's privacy was always maintained.

Right Culture:
Staff felt supported by the registered manager and team leader, but they felt they were not present in the home enough. The registered manager also felt stretched in the role with competing priorities. Staff told us

they did not feel supported by the organisation.

Staff had not attended regular supervision meetings, but team meetings had been used to try to improve staff morale and staff all told us they worked well as a team and were generally happy in their work.

Following the last inspection extensive support had been provided initially to address the shortfalls we found. However, the frequency of auditing has meant that matters identified during this inspection in areas such as medicines management and fire safety had not been picked up. The provider had also introduced new electronic systems for care planning and storing records; some of the matters raised as part of our inspection were directly related to a lack of close monitoring. However, it is recognised that it is still early days with the new systems and processes.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 4 August 2022) and there were breaches of regulation. We served the provider Warning Notices under Section 29 of the Health and Social Care Act 2008. The notices require the provider to become complaint with breaches relating to risk, abuse, dignity, and governance.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jasmine Lodge on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified continuing breaches in relation to safety and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Jasmine Lodge

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by an inspector.

Service and service type
Jasmine Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jasmine Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave a short period notice of the inspection because some of the people using it sometimes find visitors to the service stressful and they needed time to prepare. In addition,

because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection
We spent time observing how staff interacted with people to help us understand the experience of people living at the service. We spoke with the registered manager, the team leader and 2 staff members. We looked at range of records relating to the home, which included records relating to health and safety, and the management of the home. We spoke with 2 people's relatives and received correspondence from 2 visiting professionals. We looked at 4 people's care plans, audits, training data, 2 staff recruitment records, quality assurance records and meeting minutes. We have continued to seek clarification from the provider to validate the evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor, and manage risks to people's' health and safety and to provide safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

● Risks were not always well managed. There were no clear procedures to support 1 person with specific areas of anxiety. A person was displaying a new anxiety, but this was not detailed in their positive behavioural support (PBS) plan. Chemical intervention was sometimes used when it was not clear from records that appropriate measures had always been taken to support the person in the least restrictive way.
● Choking support plans had been completed for each person but these were not on the electronic system. Two people would not have been able to receive treatment for choking in the conventional way. It was not clear that the risks assessments had been seen by an appropriately qualified professional. A staff member was able to tell us how they would support a person if they were choking, and this was in line with the guidance provided.
● The home's evacuation procedure had not been reviewed and was not safe. Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency. However, the evacuation plan involved taking people to the service's minibus and the minibus had not been at the home for at least 6 months. This would be more difficult at night as there were only 2 staff on duty and 3 of the 4 people would require 2 staff to evacuate them from the building.
● Fire drills were carried out twice a year. There had been some staff turnover so not all staff had taken part in a drill. Although staff knew the procedure for evacuation, staff had not considered that there was no minibus to evacuate to. It was noted that the last drill had taken at least 16 minutes.

The provider had failed to assess, monitor, and manage risks to people's' health and safety and provide safe care and treatment. This is a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Some people had increased risks associated with epilepsy and bowel management and there were detailed guidelines of the actions to take in emergency situations.

● People at Jasmine Lodge lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliances safety. Water temperatures were monitored regularly.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

● Medicines were not always safely managed. There was not clear guidance for staff to follow for medicines prescribed on an 'as required' (PRN) basis. For example, a person's PRN protocol referred staff to the PBS plan, but the plan did not include reference to the current anxiety the person experienced. Incident reports and daily records although completed, did not demonstrate if any actions had been taken by staff before they resorted to medication.
● We could not be assured that prescribed creams and gels were applied correctly. For example, a person was prescribed 3 creams and a gel. There were no body maps for 2 of the creams and the registered manager was not clear where they should be applied. The gel was prescribed as a PRN, but this had not been used. We asked the registered manager if the person would be able to say if they were in pain. They said yes, but they were not sure if they would be able to locate the pain to a specific area.
● People's medicine records did not provide staff with enough detail to administer their medicine at the right time. For example, a person was prescribed a strong pain relief medicine. We asked how staff knew the person was in pain but were advised the person had a high pain threshold and they would not know other than if they were unsettled. The registered manager told us the person showed no signs that they were in plan. Although the person's medicines had been reviewed regularly this had not been discussed.

The provider had failed to manage medicines safely and this is a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action and met with 1 person's psychiatrist and GP to review their medicines. There was a clear plan of what creams to apply and where, and when they should be used. There was also a plan to administer a milder form of pain relief before resorting to stronger medicine. In addition, the local medicines optimisation for care homes (MOCH) team had visited and discussed another person's pain relief and further discussions were to be held with the person's GP.

● Since the last inspection the home had changed their system for storing medicines. All medicines were stored in individual storage cupboards in people's bedrooms and a monitored dosage system was now used. This had significantly reduced the number of errors that had occurred.
● There were safe procedures to ensure medicines were correctly ordered and if unused, returned. There was guidance for staff on how each person liked to receive their medicines.
● Staff had received training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

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

● We found the service was working within the principles of the MCA. Applications for legal authorisations to deprive people of their liberties had been made and one had been granted and the conditions were met. The home was awaiting a decision on the other applications.
● Restrictions were not always recorded. Whilst restrictions such as lap belts on wheelchairs and locks on doors were recorded, we noted that everyone was restricted from caffeine. The registered manager and staff were not aware how this decision had been reached and no best interest meetings had been held in respect of this. This is an area for improvement.
● Where there was reason to believe people lacked mental capacity an assessment had been carried out. Some people had been assessed as needing support in making decisions relating to dental care and medical interventions, best interests' meetings had been arranged to seek the views of people, their relatives, and professionals. Records were kept of the outcomes. Staff told us they always sought agreement from people before carrying out any support and we saw this during our inspection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes protected people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise signs of abuse. They knew how abuse should be reported, and all said that they were confident in the home's safeguarding procedures.
● People were not able to tell us if they felt safe, but we observed people to be relaxed and content in their surroundings. A person's relative told us, "I think (people are safe). I keep an eye of on it. I speak with [Person]'s keyworker, and they keep me up to date. [Person] seems happy."

Learning lessons when things go wrong

At the last inspection the provider had failed to ensure lessons were learnt. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of this area of regulation 12.

● Lessons were learned from incidents. The service had significantly reduced the number of medicines errors. The service had reviewed how they managed people's medicines and now used a monitored dosage system. This had significantly reduced errors.
● The registered manager told us they had looked at why 2 people appeared to sustain bruising. Following

observations of how they used equipment and how they both moved about the home they were able to ascertain the mostly likely causes of the bruising. The registered manager had arranged for a person's equipment to be reassessed to reduce the likelihood of further bruising.

Staffing and recruitment

● There were enough safely recruited staff on duty to meet people's needs and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends.

● Staff had received training appropriate to their roles and to ensure they could meet the specific needs of the people living at Jasmine Lodge. This included training in epilepsy and positive behavioural support.

● There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● There were no restrictions on visiting and people could receive visitors in accordance with current infection prevention and control guidance.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

● People were supported by staff who knew them very well. Staff used a warm and caring approach and they regularly checked to make sure people's needs and wishes were met. They knew people's likes, dislikes, and backgrounds. A staff member told us, "We treat people as we would like to be treated. We use a person-centred approach in day to day living and make sure people get involved in making choices where they can."
● Staff supported people in different ways to make sure their needs were met. We observed staff supporting 2 people who were refusing their meals. The staff members swapped around, and a person still refused their meal. However, the staff member then added a sauce to the meal and the person happily ate the meal. A staff member commented, "Sometimes [Person] will choose not to have their meal but then if a different staff member supports them, they will eat their meal."
● Relatives were positive about the approach of staff. A relative told us, "Some of the staff are really very caring and they go above and beyond to support people to meet their health needs."

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

At our last inspection the provider failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

● People were supported to make choices around their activities and meals. However, records provided limited information in relation to people's choices for meals.

● We saw staff communicating very effectively with people, noticing when they wanted to move to a different room, identifying when they wanted a drink or when they wanted to move on to another activity.

Respecting and promoting people's privacy, dignity, and independence

At our last inspection the provider failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

● Staff ensured people's privacy, dignity and independence was always promoted. Staff included people in what they were doing. A staff member told us, "We always knock-on people's doors before we go in. We talk to people and let them know what is happening and when we provide care, we always keep the curtains closed for privacy."
● People's care plans clearly described what people could do independently and the areas they needed support. The care plan detailed the steps each person could do independently and how staff needed to support them to become more independent. For example, when a person's washing needed to be done, the staff member took the person to their bedroom to collect the washing and the person was able to observe their clothes going into the washing machine.
● Since our last inspection, a person had an operation which had improved their eyesight. Staff told us this had made a massive difference to the person. They had regained a lot of confidence they previously enjoyed. They were moving about more independently and were enjoying watching television and showing much more interest in their surroundings.

Requires Improvement

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

At our last inspection there were failures to ensure quality assurance and governance systems were effective, that risks to people's safety were identified and managed safely, that records related to the provision of support for people were adequately maintained, and that service performance was evaluated and improved. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

● Although extensive work had been carried out to address matters raised in the last inspection report, this had not been sustained. Following the last inspection an action plan was drawn up and additional support was provided to the home for a period of time to address the issues. However, the frequency of audits and reviews meant that some matters were not identified in a timely way. For example, medicines audits and analysis of incidents were carried out every three to four months, so matters identified as part of this inspection had not been picked up.
● The registered manager told us they felt stretched in the role. They were registered for 2 homes. A new electronic system had been introduced that staff were still adjusting to and needed support with. Some people had complex health and support needs that were changing and needed to be reviewed regularly. There had been a death in both homes that meant time needed to be spent supporting people and staff.
● A lack of transport impacted the number and quality of activities people could experience. The service's minibus had been off the road for at least 6 months which resulted in 3 people being unable to regularly access the local community. In the interim they borrowed a bus from another service to facilitate appointments. The manager and organisation had escalated the request and it was confirmed following the inspection that the part required had been received.
● Records were not always fully completed, and guidance was not always followed. For example, a person was provided with drinks in a way that was not in line with the SaLT guidelines and could potentially have left the person at risk of choking. Following our inspection, we contacted the SaLT team who visited and confirmed they were working with the home to change the wording so that the person and the staff were safeguarded.

● Not all the information required by staff had been entered onto the new electronic system. For example, SaLT guidelines were separate and choking support plans were also not on the system. A staff member told us, "The new systems are not easy to use, information might be there, but we can't always find it."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The staff did not always feel supported which impacted the culture at the home negatively. There was insufficient management presence in the home. The registered manager's working hours were divided between 2 homes. They were supported by a part time team leader whose time was also divided between both homes. Some of the management hours were worked from home.

● Staff had not received supervision in line with the organisation's policies and although competency assessments were carried out, these were done informally and not recorded. Staff provided mixed feedback about the service. Comments included, "No I don't feel supported. The cutbacks on management are too much and it feels pressured. When they are here, I feel very well supported but there is regularly no one here and if you call the on call it might be a manager in another area who manages supported living and they do not know people at Jasmine Lodge," and "Our managers are brilliant, but they are not here enough. Communication is not as good as it should be."

● The organisation was changing the way in which they sought feedback from people, relatives, and staff. The registered manager told us a new system would be introduced that would include holding a series of 'get together' events and providing tangible plans to follow up on ideas and contributions. We were not given any timescale for these events. In the interim there were no systems to seek feedback. A relative told us, "The last inspection report was not good. I know the organisation cannot give details, but I was upset by the report and would have liked some reassurance that the matters raised had been sorted and improvements made."

There were failures to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, and service performance was evaluated and improved. This is a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Staff meetings were held 2 monthly and demonstrated that staff were kept up to date with matters relating to Jasmine Lodge and that guidance and support was provided on a range of matters including how to provide person centred care, how to report safeguarding matters and how to use the new electronic systems.

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 registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.

● The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. Two people's relatives told us staff communicated well with them and they were kept informed of any changes in the health or wellbeing of their loved ones.

● The registered manager understood their role and responsibilities to notify CQC about certain events and incidents.

Working in partnership with others

● The registered manager had positive working relationships with health and social care professionals, the

community learning disability teams, and the local authority to ensure people's health and care needs were met and best practice maintained. A health professional told us, "Management knew [Person] very well, had planned for our visit and were pro-active in working with us to find solutions."

● A social care professional described the registered manager as 'caring, knowledgeable and committed', and said the organisation had been 'engaged in our partnership to ensure an open communication and achieving better outcomes.'

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess, monitor and manage risks to service users' health and safety, and to manage medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure quality assurance and governance systems were effective.