

Botany House Limited

Jalna Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Jalna Residential Care Home on 2 and 3 May 2018.

Jalna Residential Care Home provides accommodation and personal care for up to a maximum of 22 older people, some of whom are living with dementia. The service does not provide nursing care. At time of the inspection there were 22 people accommodated in the home.

At the last inspection in November 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. However, we made a recommendation regarding the safe management of people's medicines.

People received their medicines when they needed them. Staff administering medicines had received training and supervision to do this safely. However, further improvements were needed to ensure people's medicines were managed safely at all times.

People were happy with the care and support they received. They told us they were happy and did not have any complaints. Staff understood how to protect people from abuse. A safe and robust recruitment procedure was followed and arrangements were in place to make sure staff were trained and competent. People considered there were enough staff to support them and staffing levels were monitored to ensure sufficient staff were available.

The information in people's care plans was sufficiently detailed to ensure they were at the centre of their care and risks to people's health and safety had been identified and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

People had 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. Staff respected people's diversity and promoted people's right to be free from discrimination. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible. The home was a clean, safe and comfortable place for people to live in with further improvements planned.

People's nutritional needs were monitored and reviewed and people were given a choice of meals. People had access to a range of appropriate activities. There were effective systems for assessing, monitoring and developing the quality of the service being provided to people. People and their relatives were consulted around their care and support and their views were acted upon.

Further information is in the detailed findings below.

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 has changed to Requires Improvement.

Accident and incident monitoring had improved to ensure people's safety. Further improvements were needed to the way the information was analysed to help determine whether there were any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences.

People's medicines were administered by trained and competent staff but further improvements were needed.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Jalna Residential Care 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 comprehensive inspection took place on 2 and 3 May 2018 and the first day was unannounced. The inspection was carried out by one adult social care inspector and an assistant inspector on the first day, and one adult social care inspector on the second day.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with four people living in the home, two visitors, three members of staff, the registered manager, the assistant manager and the directors. We also spoke with a healthcare professional and a business advisor who had regular contact with the home.

We had a tour of the premises and looked at a range of documents and written records including five people's care records, four staff recruitment files, training records, medication records, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision. We also looked at a recent report from the clinical commissioning group medicines optimisation team

(March 2018). Following the inspection visit we asked the provider to send us some information which was forwarded in good time.

Is the service safe?

Our findings

People told us they felt safe in the home. They said, "Staff are so nice to me" and "I am very happy living here. I am well looked after and safe." One person commented, "I feel safe. I never have anything to be afraid of." Relatives expressed satisfaction with the service and told us they had no concerns about the safety of their family members. During the inspection we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient.

We looked at how the service managed people's medicines. Prior to the inspection we were made aware of some concerns following a visit from the clinical commissioning group medicines optimisation team. The team had visited the service and provided advice and support to management and staff.

We saw staff had access to a full set of policies and procedures. We found there were safe processes in place for the receipt, ordering and disposal of medicines. Care staff who were responsible for the safe management of people's medicines had received training and, checks on their practice had been completed. We observed staff provided careful, patient and considerate administration of people's medicines. However, we found further improvements were needed.

We sampled four people's medication administration records (MARs) and found they were clear and accurately completed. Medicines that were prescribed 'as needed' were supported by clear guidelines; at the time of our inspection the assistant manager was updating the guidelines following a recent audit. Any handwritten entries on the MARs were witnessed to ensure accuracy. However, we noted some bottled and boxed medicines were not dated when opened; this would make it difficult to monitor whether medicines were being given properly. There were records to support 'carried forward' amounts from the previous month although we found two that were incorrect; the assistant manager identified how the shortfalls had occurred and took appropriate action to address the issue. The provider and assistant manager agreed to follow this up and ensure staff followed safe procedures. We noted there had been gaps in the recording of external medicines such as creams. The assistant manager had recently taken responsibility for the management and auditing of medicines; there had been some improvement noted.

We recommend the service obtains and follows recognised guidance in relation to the safe management of people's medicines.

People were identified by a photograph on the MAR which reduced the risk of error and any allergies were recorded which meant staff and health care professionals were aware of any potential hazards of administering certain medicines. People had consented to their medication being managed by the service. There was a system to ensure people's medicines were reviewed by a GP which would help ensure people were receiving the appropriate medicines.

There were safeguarding adult's procedures and whistle blowing (reporting poor practice) procedures for staff to refer to. Staff understood their role in safeguarding people from harm and had received training in this area. The registered manager was aware of her responsibility to report issues relating to safeguarding to

the local authority and the Care Quality Commission. Staff had received additional training on how to keep people safe which included the use of equipment, fire safety, infection control and first aid. Prior to the inspection we were told staff were using inappropriate moving and handling practices. During the inspection we observed people being moved safely.

Staff had access to a set of equality and diversity policies and procedures and some had received training in this area. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

We found potential risks to people's safety and wellbeing had been assessed and recorded. The assessment information was based on good practice guidance in areas such as falls, skin integrity and nutrition which ensured best outcomes of care, treatment and support were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner without restricting people's freedom, choice and independence. Records showed the assessments were regularly reviewed and updated in line with changing needs.

Environmental risk assessments had been undertaken in areas such as fire safety, the use of equipment and the management of hazardous substances. We discussed developing additional assessments in areas such as stairs, use of stair lifts, transporting soiled linen through communal areas and storage of equipment on corridors. In addition, we noted the fire risk assessment needed to be updated.

We found records were maintained of accidents and incidents. The registered manager was aware of incidents and accidents in the service; they were discussed in order to identify any lessons learnt and to minimise the risk of reoccurrence. Appropriate referrals had been made to GP's, the falls team and the district nursing team; we also observed alarm mats in use for two people who had been identified at risk of falls. However, the records needed to be further analysed to determine whether there were any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences. We discussed this area for further improvement with the registered manager. Emergency plans were in place including information on the support people would need in the event of a fire.

We looked at the arrangements for keeping the service clean and hygienic. Domestic staff were employed and cleaning schedules were up to date and fully completed. We found all areas to be clean and odour free. There were infection control policies and procedures for staff to refer to and staff had been trained in this area. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection.

The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out on all systems and equipment. All records seen were complete and up to date. We also saw the gas safety certificate, portable appliance testing (PAT) certificate and the electrical certificate were all within date.

Prior to the inspection we were told safe recruitment processes were not being followed. We looked at the recruitment records of four members of staff and found appropriate employment checks had been completed before they began working for the service. Recruitment and selection policies and procedures were available. The provider assured us that the recruitment and selection procedures and the application form would be updated to reflect the requirements of the current regulations.

Prior to the inspection we were told there were insufficient staff and people had to wait for staff attention. During the inspection we observed people's requests for assistance were promptly responded to. People

told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way; they made positive comments about the staff team. We looked at the rotas and noted staffing levels were consistent with enough staff available to meet people's needs. In addition to the care staff, the provider also employed an administrator, cooks, domestic staff and a maintenance person. We were told agency staff were not used.

We found people's records were stored securely, were accurate and reviewed in line with their changing needs to reflect the care they were receiving. Records in relation to the management of the service were maintained and were accurate and kept up to date.

Is the service effective?

Our findings

People told us they were happy with the service they received and felt staff had the skills and experience needed. They said, "It is lovely here; I couldn't wish for anything better" and "[Family member] only needs to ask; the staff are lovely." A healthcare professional told us, "The residents seem happy enough."

We found the service was working within the principles of the Mental Capacity Act 2005 (MCA), and conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in this subject which would help improve their understanding of the processes relating to MCA and DoLS. We were told seven applications had been submitted to the local authority for consideration and information relating to any agreed restrictions was included in the care plan. A register was held of the applications and progress with the local authority was regularly checked.

People's capacity to make specific decisions regarding their care and support had been assessed. This meant people's best interests or choices would be considered. People's consent to care was recorded and we observed staff asking people for their consent before they provided care and treatment; staff told us they understood the importance of gaining consent from people. Where people had some difficulty expressing their wishes they were supported by their relatives or an authorised person.

Seven people had a do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. The person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time.

We looked at how the service trained and supported their staff. Staff received a range of training that enabled them to support people in a safe and effective way. A training plan was in place to ensure staff received regular training updates. All staff had achieved or were working towards a recognised care qualification. Staff spoken with confirmed their training was useful and beneficial to their role.

Staff were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff were also invited to attend regular meetings and received an annual appraisal of their work performance.

New members of staff participated in a structured induction programme which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff told us communication about people's changing needs and the support they needed was good.

Records showed key information was shared between staff and staff spoken with had a very good understanding of people's needs and the management of the home.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People confirmed they were offered meal choices, had been involved in the menu planning and told us they received plenty to eat and drink. They said, "We have good cooks; that makes all the difference", "There is a choice. I am very satisfied with the meals. I cannot complain at all; they are very tasty" and "The meals are very nice." A visitor commented, "[Family member] has never eaten so healthily."

During our visit we observed breakfast and lunch being served in the lounges and dining room and in other areas of the home if people preferred. We observed people enjoyed their meals and were supported and encouraged to eat their meals at their own pace. We overheard much laughter and friendly conversations during the lunchtime period. We observed drinks being offered throughout the day; we discussed offering fresh fruit and snacks to people during the day.

Information about people's dietary preferences and any risks associated with their nutritional needs was shared with kitchen staff and maintained on people's care plans. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding their healthcare needs. One person was concerned that people did not move from their chairs in the lounge. They said people ate their meals and participated in activities and some didn't move from their chairs all day. We discussed this with the provider and assistant manager who assured us they would monitor this.

People living in the home had access to ongoing healthcare support. The nurse practitioner and district nursing team regularly visited the service and monitored the care and treatment of people in their care. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. People considered their health care was managed well.

Appropriate information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. People were accompanied by a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known by staff and taken into account and care was provided consistently when moving between services.

We looked at how people's needs were met by the design and decoration of the home. We found the home was comfortable, warm and well maintained. Aids and adaptations had been provided to help maintain people's safety, independence and comfort. Clear and appropriate signage was in place. The provider advised that further improvements were planned to provide a more dementia friendly environment such as improved signage, plain carpets and the use of colour coded doors and toilet seats; we will monitor this at the next inspection.

Is the service caring?

Our findings

People told us they were treated with care, respect and kindness and were complimentary of the support they received. They said, "They are so kind and always have smile on their faces" and "I feel I am very nicely cared for." A relative confirmed there were no restrictions placed on visiting and they were made welcome in the home. A health care professional said, "Staff do their very best for people." A member of staff said, "They are part of our family."

Comments received by the home highlighted the caring approach taken by staff. People's comments included, 'Our already large and very close family became bigger. Thank you for your care and kindness' and 'Thank you for the love and care you all showed [family member]. And for the support you have given me. You were so good to [family member].'

The overall atmosphere in the home appeared calm and peaceful. We overheard banter, laughing and encouragement during our visit. We observed staff interacted in a caring, friendly and respectful manner with people living in the home. There was a key worker system in place which provided people with a familiar point of contact to support good communication. Staff were aware of people's communication needs; they described how they used different methods to ensure they communicated effectively with people.

We observed people were treated with dignity and respect and without discrimination. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection and doors were closed whenever personal care was being delivered. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

From our discussions and observations it was clear staff understood the importance of treating people equally and promoting people's right to be free from discrimination. Information about people's spiritual or religious needs had been recorded in their care plans and ministers from various churches visited the home to support people's beliefs.

People were dressed appropriately in suitable clothing of their choice. People confirmed there were no rigid routines imposed on them that they were expected to follow. Records indicated people's choices such as in respect of times of rising and retiring to bed; we noted their choices were respected by staff. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. One person had been provided with a notice board in their bedroom which was updated by staff each day; this helped the person to remember meal times, routines and significant dates.

We observed people being asked for their opinions on various matters. They told us they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were supported to be comfortable in their surroundings and were able to personalise their bedrooms with their own belongings and possessions.

People were encouraged to express their views by means of daily conversations, completing satisfaction surveys and at residents' meetings. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. Staff were knowledgeable about people's individual needs, backgrounds and personalities.

People were provided with a copy of a welcome pack on admission to the home which provided an overview of the services and facilities available in the home. The website was reflective of the service and facilities provided.

Is the service responsive?

Our findings

People were happy with the care and support they received; they made positive comments about the staff and about their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints. People said, "I am very happy but would tell the staff if I wasn't" and "They ask me if I'm happy with things. I can speak up and will do if I have to." A health care professional said, "People are happy; staff are very good at picking up any changes in people's health." Relatives commented, "Everything is excellent", "I am happy with [my family member] here. If it comes to me needing to go into a home, I want to come to Jalna" and "I cannot fault anything."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. Before a person moved into the home assessments of their physical, mental health and social needs were undertaken and people, or their relatives, were invited to visit the home before making any decision to move in.

Each person had an individual care plan which included useful information about their care and support needs, their capacity to make decisions, preferences and routines. This information helped ensure they received personalised care and support in a way they both wanted and needed. However, we noted some information in respect of choices and medicines had not been updated on the electronic care planning system. We were assured this would be reviewed.

People's care and support had been kept under review and there was an effective system to ensure the records were updated on a regular basis. There were systems in place to ensure staff were kept informed about people's changing needs. Staff considered communication was good.

Where possible, people had been consulted and involved in developing and reviewing their care plan. People said they were kept up to date and involved in decisions about care and support. However, it was not clear from the records how people, or their relatives, were formally involved in reviews of their care. Areas for improving this aspect were discussed with the assistant manager and provider during the inspection.

Daily reports provided evidence to show the care and support people had received and how they had spent their day; these were written sensitively and respectfully. We also noted records were completed as necessary for people who required aspects of their care monitoring, for example, with personal hygiene and nutrition.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns and this was displayed around the home. However, we noted people were incorrectly advised to contact the Care Quality Commission (CQC) in the first instance and the policy did not include the contact information for external organisations such as local commissioners or the local government ombudsman. The provider assured us this would be addressed.

The information in the PIR indicated the service had received no complaints in the last 12 months. We had received two complaints about this service since the last inspection visit. We reviewed aspects of the complaints during this inspection, such as information in respect of choices of rising and retiring, safe moving techniques and safe staffing. People told us they were able to discuss any concerns during resident meetings; they told us they were resolved at that time. We noted a number of complimentary comments had been received about the service.

People were supported to follow their interests and take part in activities. People told us they enjoyed the activities. A relative said, "There are monthly entertainers. [Family member] enjoys them but tends not to get involved in other activities. Staff are very good they will sit and chat." Another visitor said, "They need more going on." There was a weekly activities planner, which included a variety of activities including chair exercise, bingo, crafts, sing-alongs, games and professional entertainment. Outside activities included occasional visits to the local park, cafes and shops. A relative told us they had sat in the gardens enjoying the sunshine and an iced lolly. In addition people were able to participate in twice weekly baking sessions. We were also told young children from a nearby primary school visited the service to participate in shared activities.

Throughout the two days of our inspection visit we observed people involved in craft sessions, participating in chair exercises and enjoying a sing along. We observed other people relaxing and chatting to staff, visitors to the home or each other. People also told us about their plans for a party to celebrate the royal wedding; they were colouring flags and had made wall decorations in preparation. During our visit we overheard much laughter and banter between staff and people in the home.

Where possible, people's choices and wishes for end of life care were being recorded, kept under review and communicated to staff. Where people's advanced care preferences were known, they were shared with GPs and ambulance services. The service had developed good links with specialist professionals and staff were supported to develop their knowledge, skills and confidence to deliver end of life care. There were systems in place to ensure staff had access to appropriate end of life equipment, training and advice.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. We noted the service had internet access to enhance communication and provide access to relevant information for people using the service, their visitors and staff. This enabled people to have on-line contact with families and friends. The provider had purchased a smart speaker with voice recognition for one person who was registered blind; this system had enabled the person to independently play music, access audio books and newspapers and make contact with their family and friends. This had enhanced the person's life and provided them with more independence. E-learning formed part of the staff training and development programme. Alarm mats were used to alert staff when people were at risk of falling and staff were able to access remote clinical consultations to access prompt professional advice.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print. The provider confirmed the complaints procedure and service user guide could be made available in different font sizes to help people with visual impairments. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

Is the service well-led?

Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at Jalna Residential Care Home and with the way it was managed. One person told us, "The place is run well and is organised. Everyone knows what they need to do and everything gets done." A visitor said, "It is a nice place. Everyone is pleasant. It is well managed." Staff made positive comments about the management team. They said, "They are brilliant; they are always there at the end of the phone" and "If anything they are like family."

There was a manager in post who had been registered with the commission in March 2018. 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.

The registered manager had responsibility for the day to day operation of this service and for another service located in the town of Haslingden, Lancashire. Following the inspection we were notified that the assistant manager would be applying for registration with CQC. The management team consisted of the directors (provider), the registered manager, the assistant manager and the administrator. The directors, the assistant manager and the administrator participated in this inspection as the registered manager could not be present. However, the registered manager had set out planned improvements for the service in the Provider Information Return. This demonstrated they had a good understanding of the service and how it could be developed and improved.

We noted during the inspection, the management team was visible and active within the home and they interacted warmly and professionally with people, relatives and staff. People were relaxed in the company of the management team and it was clear they had built good relationships. From our discussions it was clear they were committed to the continuous improvement of the service. A management consultant had been involved in supporting and developing the registered manager with improvements.

There was an effective governance framework in place to ensure that quality monitoring was reviewed and regulatory requirements were managed correctly. The registered manager monitored the quality of service by using a wide range of regular audits and spot checks. These included audits of the medicines systems, support plans, staff training and supervision, infection control and fire systems. The provider conducted regular checks to monitor the registered manager's practice. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

People felt their views and choices were listened to and they were kept up to date. They were encouraged to share their views and opinions about the service. This was achieved by daily conversations, meetings and annual satisfaction surveys. A satisfaction questionnaire had been distributed in November 2017. We looked at a sample of the returned questionnaires and noted people were satisfied with the service. However, we noted that whilst the registered manager was aware of the feedback, the results and any action taken had

not been shared with people. We were assured the results would be displayed on the notice board.

Staff told us they felt valued and worked well together as a team. Staff members spoken with said communication was good and they felt supported. They also told us that morale was good; they said, "It's brilliant everyone gets on." Staff said they felt they could raise any concerns or discuss people's care. They were aware of the lines of accountability and who to contact in the event of any emergency. Regular staff meetings had taken place and records showed they had been kept up to date and were listened to. Staff were provided with job descriptions, contracts of employment and had access to policies and procedures which would make sure they were aware of their role and responsibilities. The provider had recently introduced an employee of the month award, as an incentive to deliver good practice.

We found there were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. In August 2017 we sent a letter to the provider as we were concerned about the lack of notifications. During this inspection we checked on any action taken. Our records showed that notifications had been submitted to CQC and other agencies. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home. This was to inform people of the outcome of the last inspection.