

Jeesal Residential Care Services Limited

Salcasa

Inspection report

Coltishall Road
Buxton
Norwich
Norfolk
NR10 5HB

Tel: 01603278268
Website: www.jeesal.org

Date of inspection visit:
03 August 2021

Date of publication:
13 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Salcasa is a residential care home providing care and support to people with a learning disability and/or autistic people. The service can support up to five people. At the time of the inspection there were five people living in the home. Salcasa is a single storey building with a large garden and an attached annexe.

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

Quality monitoring systems and governance in the service was not effective. There was a lack of clear guidance for staff on how systems should be used. Support plans were not always accurate or up to date. There was a lack of recorded information relating to risks that affected people. This had reduced the ability of the management team to assess and monitor risks. Where such information had been recorded no formal audits or oversight was in place to help monitor and assess potential risks. The electronic care record system was not being consistently used as it did not always work or did not meet the needs of the service. This meant staff were duplicating information and there was a risk information could get missed due to two systems operating.

Not all risks relating to people and the environment had been assessed or responded to robustly. However, the impact from this was minimal due to the support provided by the stable, consistent and knowledgeable staff team. Principles of healthy eating and support around this were not embedded in the service. The management team confirmed this was an area they were continuing to work on and had recently introduced some new measures around this. Some historic safeguarding incidents relating to 2019 had not been reported to CQC or the local authority. We were confident from speaking with the registered manager that this was a historic concern and similar incidents would be reported if they had occurred more recently. Recruitment checks were in place which included assurances of good character, however gaps in employment history had not always been fully explored.

People were supported by staff who knew them well and had a good understanding of their individual needs and risks, including how to monitor and mitigate them. Medicines were managed safely, and people received their medicines as prescribed. There was enough staff to meet people's needs. People were protected from the risk of infection and were living in a clean sanitary environment. Incidents that occurred in the service were reviewed and staff were supported to learn from these.

There was a person-centred ethos in the service and people were supported to achieve good outcomes. People were supported by a positive cohesive staff team who worked well together. Relatives were happy with the support provided and the communication from the service regarding this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Systems were in place to help support people to be involved in their care and support. The care delivered met people's individual needs. During our conversations with staff and the management team they demonstrated a person centred and inclusive ethos.

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

Rating at last inspection

The last rating for this service was good (published 19 February 2019).

Why we inspected

This was a focused inspection to check on a specific concern we had about the provider's governance systems and oversight of the service.

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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led and safe sections of this report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Salcasa 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Salcasa

Detailed findings

Background to this inspection

The inspection

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

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with five relatives and six members of staff. This included, the deputy manager, a team leader, two senior support workers, and two support workers. The registered manager was not at the service at the time of the inspection but attended the inspection feedback meeting on 16 August 2021.

We reviewed a range of records. This included three people's care records and three people's medication records. A variety of records relating to the management of the service, including audits and records relating to health and safety were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The majority of environmental risks were assessed and responded to. However, we identified several taps where the hot water was recorded as over 60 degrees. The location of these and one-to-one support for all people did reduce this risk. However, no action had been taken in response including an assessment of risk relating to this.
- Following this being raised with the management team, they shared copies of the risk assessments they had put in place and confirmed external contractors had been arranged to reduce the temperatures.
- We identified a lack of clear and up to date written information on how to manage people's individual risks in some instances. However, the impact from this was minimal due to the stable, consistent and knowledgeable staff team.
- People's food records did not evidence staff were always supporting principles of healthy eating. The management team confirmed this was an area they were continuing to work on and had recently introduced portion control plates to aid staff understanding and support consistency.
- Staff we spoke with had a good understanding of people's individual needs and risks, including how to monitor and mitigate them. A relative told us, "The service provides wonderful consistent staff who are extremely skilled and an excellent manager."

Systems and processes to safeguard people from the risk of abuse

- There had been no recent safeguarding concerns or incidents raised in the last year. We identified three safeguarding incidents relating to 2019 that had not been reported to us or the local authority.
- We discussed this with the registered manager. They informed us that an inspection in July 2020 of another service they are registered to manage identified similar issues. They told us they had reviewed incidents at Salcasa following the inspection of the other service but had not gone back to 2019. The registered manager assured us they had learnt from this inspection and were confident of what they needed to report externally going forward.
- Information on how to raise and report safeguarding concerns was on display and available to people, visitors, and staff. Staff we spoke with told us they felt confident they could raise concerns to the management team.

Staffing and recruitment

- There was enough staff to meet people's needs. Staff we spoke with confirmed this. One said, "We are always sufficiently staffed, we don't really have sickness at all." The management team had a good overview of staffing requirements in the service.

- We checked the recruitment files for three staff members, and found the necessary checks were in place. This included checks with the Disclosure and Barring Service (to help providers make safe recruitment choices) and seeking assurances of good character. However, for one staff member a full written history of employment had not been gathered which helps to identify gaps in employment which may need to be followed up.

Using medicines safely

- Medicines administration records were accurately completed and showed people had received their medicines as prescribed.
- There was information in place for staff on how to administer people's medicines this included for medicines prescribed on an "as required" basis.
- Staff had received training in medicines administration and had their competency to do so assessed.
- Regular medicines audits were in place to ensure medicines were administered and managed safely and in line with best practice guidance.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- An incident reporting system was in place. Staff reported incidents on the provider's electronic care system which were then reviewed by members of the management team.
- We reviewed a sample of these reports and saw the management team supported staff in talking through the incidents and applying any lessons learnt. Staff we spoke with confirmed this took place.
- Each month the registered manager reviewed the incidents and produced a written analysis of this that identified any trends or themes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- There was a lack of recorded information relating to the management of some people's risks which reduced the ability of the management team to assess and monitor risks. For example, staff were not consistently recording when they had supported people to reposition themselves when they were at risk of skin breakdown.
- Whilst some audits and quality monitoring checks were in place these had not effectively ensured issues were identified and actions taken in response, for example in relation to hot water temperatures. The checks in place did not evidence management sign off or oversight.
- There were no formal audits on people's support plans or other records relating to people's care, such as food and fluid charts. We identified issues with care records being inaccurate and out of date.
- There was a lack of clear guidance and direction at provider level which had impacted on the service delivery. For example, staff told us the electronic care system was not always reliable and did not always meet the service's needs. This had resulted in the service using both paper and electronic care records which compromised the ability to oversee service delivery and monitor risk. A staff member told us, "[Electronic system] has always felt like it's in a transition ever since it's been introduced, half the things we have like charts and stuff can't be put on there."
- The issues with the electronic system had also meant that recording of information was sometimes duplicated and the systems for monitoring service delivery was confusing as information was recorded in different places. A staff member told us, "The only frustrating part of it is you are having to double document, it's a little bit time consuming."
- There was a lack of written information or guidance for staff on how things should be reported or recorded. For example, incidents where people were experiencing episodes of distress were not always reported via the electronic care system incident report but were recorded on behaviour charts. There was no written guidance within people's care records on what information should be reported on which system.
- A service improvement plan was in place, but this had been completed reactively, following issues raised at a recent local authority visit and our inspection, rather than proactively looking at supporting continuous development of the service.

The provider had failed to have effective governance systems in place to ensure compliance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive person-centred culture in the service. Staff spoke caringly and positively about the people they supported.
- The stable and consistent staff team knew people well and this helped underpin the person-centred support provided. The staff team were cohesive and supportive of each other; staff confirmed they worked well together.
- Relatives told us they were happy with the service and that the support provided had achieved good outcomes for people. One relative told us, "My [relative] has an excellent rapport with the staff, they know my [relative] very well and have supported my [relative] to vastly improve their communication to the extent that I can have a conversation with them. This is something I have not been able to do in the past."
- There were systems in place to engage and seek people's opinion on the care provided. This included a key worker system, regular monthly reviews with people of the support provided, as well as regular group meetings.
- Staff told us the management team were open and supportive. A staff member said, "I can't imagine a better management." There was opportunity to discuss the service and support provided via regular staff meetings.

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

- Incidents that had occurred since 2019 had been reported to external parties as required.
- Relatives told us they were contacted about the care provided, including any concerns. One said, "We are contacted when there is an issue and because there are so few issues we are not contacted very often. That said, we have a good relationship with the home".

Working in partnership with others

- The service worked in partnership with others, such as health care professionals, to help ensure they met the needs of people using the service.

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 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider had failed to have effective governance systems in place to ensure compliance. Regulation 17 (1)