CareQuality Commission

Botany House Limited

Jalna Residential Care Home

Inspection report

285b Manchester Road
Burnley
Lancashire
BB11 4HL

Tel: 01282431182

Date of inspection visit:
28 August 2019

Date of publication:
09 October 2019

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
Jalna is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

People's experience of using this service and what we found
We found that improvements were required to medication to improve the safety of administration. Although improvements had been made in some areas, progress had been slow. Safeguarding alerts had been raised around concerns relating medication not being in stock and errors occurring. Concerns around medication had been a recurrent theme and had been highlighted by professionals visiting the service.

Improvements around recruitment were still taking place at the time of the inspection. The application forms did not state a full employment history. However, the provider ensured that this was updated by the end of the inspection.

People told us they felt safe and the home was clean and was welcoming. The provider had invested in the service, purchasing new carpets. People told us they felt the staffing levels were generally appropriate.

The service did not currently have a registered manager in place. There had been difficulties retaining managers and the current manager was absent. The manager had told us at the last inspection that they would be implementing weekly and monthly audits. We saw little evidence of audits being undertaken. No analysis of accidents and incidents were taking place to identify patterns and themes. Statutory notifications to us were not taking place.

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 2 July 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about medicines and leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained 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 safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate the risks and this has been effective.

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

Enforcement
We have identified breaches in relation to medicines and leadership at this inspection.
Please see the action we have told the provider to take at the end of this report.

Since the last inspection we identified that the provider had failed to display the correct rating on their website. This is being dealt with separately outside of the inspection process.

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**

Care Quality Commission

Jalna Residential Care Home

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.

Inspection team
The inspection was carried out by two inspectors and a medicines inspector.

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

The service did not currently not have a manager registered with the Care Quality Commission. A registered manager 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. The manager who had been appointed at the time of the last inspection was absent. We spoke with the care-coordinator, acting manager and provider about the leadership at the service.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before our inspection we reviewed all the information we held about the service and completed our planning tool. This included notifications the provider had sent us. A notification is information about

significant events which the provider needs to send to us by law. We also contacted the local authority to seek their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used information from the action plan sent to us following on from the last inspection.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, acting manager, care coordinators and care workers.

We reviewed a range of records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked around the premises to make sure they were safe and hygienic.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The acting manager told us they had located one month's audits and they would send them to us. At the time of writing we had still not received these.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely
At our last inspection the provider had failed to ensure that medicines were being managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● Medicines were not managed safely. Safeguarding alerts had been raised around concerns relating medication not being in stock and errors occurring. These safeguarding's had not been notified to CQC.
● The provider had only just introduced daily audits, one of which we found had been missed. Staff did not have medicine competency checks and did not always follow good hygiene when handling medicines.
● There were inconsistencies among staff approach. A daily stock check record was in place, but this was not maintained by all staff.
● Recording was not clear. Drug allergies were not always clearly recorded and room and fridge temperature records still did not include the maximum and minimum temperature.
●The medicines policy was not updated since last inspection. It did not reference to the most up to date medicines legislation.

We found no evidence that people had been harmed however this placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
At our last inspection the provider had failed to operate and establish safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

● We looked at the recruitment files of 2 staff who had started since last inspection. We also looked at a blank application form. We observed that the application forms stated a ten-year employment history. This meant that there were gaps in the employment history and not all checks had been carried out in line with

the regulations. We raised this with the provider who thought that this had been addressed following on from the last inspection. However, the date on the action plan sent to us stated a completion date of 30 August 2019, which was two days after the inspection. We received an amended copy of the application form by the end of the inspection and reassurances that full employment histories of all staff would be undertaken by the agreed date.
● We observed one job applicant had been given full access to the resident's confidential records online and was left unsupervised in the communal area with residents. This applicant was known to the acting manager. The applicant confirmed that they had not been through the interview process and had not been through the appropriate recruitment checks. We raised this with the provider as a serious concern.
● We observed that in the absence of the manager, senior staff were trying hard to balance providing care and their management responsibilities. This meant that the morning medication round was delayed and staff told some people were delayed in getting up. No residents we spoke with raised any specific concerns around staffing. We raised this with the provider who agreed to look into staff deployment.
● At the last inspection we were told an informal on call system was in place for out of hours and staff were unsure who to contact. At this inspection we were advised that it had now been formalised and staff were clear who to call in an emergency.

Systems and processes to safeguard people from the risk of abuse
● We became aware of five safeguarding concerns that had occurred since the last inspection. These had not been notified to us. One of these had been a safeguarding alert around the safety of medicines which was currently being investigated by the local authority. The provider failed to notify us of incidents affecting people's health, safety and welfare. This is being dealt with outside of the inspection process.
● People told us they felt safe and were satisfied with the care and support they received. One person told us, "It's great here. I feel safe. Everything is good."

Assessing risk, safety monitoring and management
● Staff had carried out assessments to monitor and manage risks. These included moving and positioning, nutrition and hydration and skin integrity.
● The environment and equipment were safe and well maintained. At the last inspection we raised concerns around security at the front of the building and this had since been addressed. The manager had carried out environmental risk assessments and had developed personal emergency evacuation plans. The plans set out the support each person would need in the event of a fire.
● The provider had made appropriate arrangements to carry out safety checks on electrical and gas installations.

Preventing and controlling infection
● People were protected from the risk of infection. The home was clean and tidy. New carpets in the corridors had been installed since our last inspection.
● Staff had completed training in preventing and controlling the spread of infection and an infection control champion had been appointed. Disposable protective aprons and gloves were available to help reduce the risk of infection.

Learning lessons when things go wrong
● The provider had some learned lessons from previous incidents and had put safety measures in place. They had sourced a from door security system that was compatible with fire regulations to ensure people were kept safe. However, accidents and incidents were still not being analysed for patterns, which meant that risks of future incidents were not being minimised.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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
● At the last inspection we noted notifications about incidents that affected people's safety or welfare had not always been sent through to us in a timely manner. At this inspection we were aware of least five incidents that we had not been notified of. Providers must notify us of all incidents that affect the health, safety and welfare of people who use the service. This is so that where needed, we can take follow-up action.The provider failed to notify us of incidents affecting people's health, safety and welfare. This is being dealt with outside of the inspection process.
● We checked the provider's website and noted that the correct rating was not displayed. The website stated that the service had been rated as good. At the last inspection the service was rated as requires improvement. Providers must display on their website details of CQC's website, the most recent rating and the date it was given. This is being dealt with outside of the inspection process.
● At the last inspection accidents and incidents were being recorded but were not being analysed for trends. At this inspection we found that incidents were still not being analysed for patterns and we were aware of one incident that had not been recorded. We recommend that the provider ensure that all accidents and incidents are recorded and analysed to minimise the risks of future incidents.
● We observed people not employed or checked by the provider had been allowed access to the confidential information about the residents. The applicant was known to the acting manager and they were left unsupervised with the residents in communal areas. They also had access to the security code in the building.

We found no evidence that people had been harmed however, auditing systems were either not robust enough to ensure good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they felt supported. Supervisions had previously been undertaken by the manager. Staff confirmed that that providers and the manager of the sister home had been available for support, in the managers absence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

● At the last inspection we were informed management changes had just taken place. There had been a history of registered managers staying for short periods at the service, which had affected the consistency of care. At this inspection, the manager was absent and we had asked for reassurances around the leadership of the service.

● The provider had moved away from the area, but told us that they had moved back, so that that they could oversee management arrangements and support staff until the manager was back in post.

● People told us they were content at the home. One person said, "The owners are lovely, I want to stay here. I want to be here forever."

● The provider understood the duty of candour and were aware of their responsibilities. This meant that the provider had policies to guide them around their responsibilities when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; Working in partnership with others

● The provider had ensured service user and relative satisfaction surveys had been sent to people. They confirmed once they had been returned the findings would be analysed and acted upon.

● Team meetings were taking place more regularly. A staff team meeting took place on the day of inspection. We also saw champions within the service had been appointed and one staff member had responsibility for coordinating activities.

● Staff told us they felt motivated in their role and reported that morale was good. One staff told us, "All the staff are lovely, we get on really well." They had a good understanding of equality and diversity issues. One person we spoke with confirmed this, saying, "The staff treat me with such dignity and respect. They treat me as an individual."

● We saw evidence that some residents meeting had taken place and we were assured that these would take place regularly.

● The service worked in partnership with other agencies, such as medicines team, advanced nurse practitioners, the local GP and social care professionals. We observed one person who was feeling unwell and staff had arranged for her to be seen by the advanced nurse practitioner.

Continuous learning and improving care

● An action plan was submitted to us following the last inspection. However, progress had been slow and not all actions had been completed as stated.

● The provider told us they were keen to improve care and told us they would do whatever it takes to ensure standards were upheld. We saw that the provider had carried out an audit in July 2019 and an action plan had been developed.

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 ensure that medicines were managed 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 that systems were in place to ensure good governance.