

# Jeesal Residential Care Services Limited

## Creswick House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Creswick House is a care home providing personal care and support for up to 14 people with a learning disability, autistic people including mental and/or physical healthcare support needs. At the time of the inspection, there were nine people living at the service. The service was split into two units, with the first floor accommodating three people, and the ground floor unit the remaining six. The ground floor unit offered care and support to people requiring care on one level, to aid mobility and physical healthcare needs. Those people living on the first floor were more independent. Each unit had its own main entrance, and designated staff teams on each shift.

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

People were not always supported by sufficient numbers of suitably trained staff. There were concerns identified in relation to the management of people's medicines. Staff were not consistently implementing safeguarding training and procedures into their practice. This did not demonstrate that incidents effecting people's safety and well-being were being addressed appropriately and shared as required with CQC and the local authority safeguarding team.

Risks posed to people, for example in relation to the condition of the environment, which needed to be cleaned and repaired, and the prevention of the spread of infection were not well managed. Improvements to the condition of the care environment were required. Such shortfalls were not being identified through audits and checks in place, to ensure people received consistently safe standards of care and support.

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 not able to fully demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update): The last rating for this service was Good (published 23 April 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the standards of care and support being provided to people living at the service. A decision was made for us to inspect and examine those risks. 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 deteriorated to Inadequate.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creswick House on our website at [www.cqc.org.uk](http://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 safe care and treatment, safeguarding people from risk of harm and abuse, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not well-led.

Details are in our well-Led findings below.

# Creswick House

## 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

Consisted of one inspector.

#### Service and service type

Creswick House 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

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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with and interacted with five people who used the service and observed care being provided in communal areas. We spoke with four members of staff including the registered manager, deputy manager, and care staff.

We reviewed a range of records, including six people's care records and four medication records, as well as observing some of the medicine round. We looked at six 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We sourced feedback from a healthcare professional who was in regular contact with the service and supported a person living at the service.

# 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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always being kept safe. Incidents for example between people living at the service, or where a person had placed themselves at risk of harm, were not consistently being reported to the local authority safeguarding team.
- Where the service had reported safeguarding concerns to the local authority, these had not routinely been reported to CQC in line with the registered manager's regulatory responsibility. This resulted in missed opportunities to seek appropriate support and mitigate further risks. This practice also did not demonstrate openness and transparency about incidents.
- We could not be assured that staff were implementing safeguarding training into practice to keep people safe and protected from harm, by reviewing incidents to determine what could be put in place to mitigate risk of reoccurrence.

Reporting measures were not in place to protect people from risk of harm and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Care records were not always updated following incidents, to look at where improvement or changes could be made.
- People's care records contained detailed information, although some information was out of date, as regular reviews were not in place. For example, following an admission to hospital to ensure guidance was still accurate.
- Inconsistencies in how risk information was communicated to people needed to be improved to improve their understanding.
- Improvement to environmental risk management was required. For example, people had access to risk items including, unsecured prescribed creams, hand sanitiser, which was not risk assessed on an individual basis, to prevent the risk of consuming items or using them inappropriately.
- Improvement to fire risk management was needed for people who smoked. People held lighters, and we found incidents where intentional fire starting had happened. No additional safety measures such as use of fire retardant bedding and curtains were in place at the time of the inspection to mitigate some of the risks.
- Gaps in bowel, food and fluid intake and daily records were identified. This was of particular concern where corresponding care plans identified the importance of monitoring these aspects of people's care.
- Not all medicine management folders, which contained medicine administration records (MAR),

contained photographs. This did not ensure staff were able to check they were giving medicines to the correct person. There were new staff in post, and the service used agency staff who may not be familiar with people.

- People's medicines management records did not contain copies of as required (PRN) protocols to support safe use of PRN medicines, and to ensure all other care options were tried first.
- One person had medicine in patch form. Staff were not consistently completing the administration records to show that the first patch had been removed, before being replaced, or the location of where the new patch was applied on the body. This risked the dosage of medicines being incorrect.
- One person had allergy information written in pencil on one MAR, but this information was not recorded on their other MAR charts to ensure staff were aware of this risk.
- A person required eye drops to be administered four times a day, but there was a four-day gap on the MAR where the drops were not given, and no explanation recorded on the MAR or corresponding daily notes. This resulted in the person's needs not being fully met.
- Improvements to cleanliness and the condition of damaged surfaces to aid infection prevention and control were needed throughout the service.
- Limescale was found on taps and showerheads. The service's legionella risk assessment identified the need for regular de-scaling to be in place, to manage associated infection control risks.
- Staffing levels were impacting on the staff's ability to keep on top of cleaning, as well as the other demands on their time. This had been recognised by the provider and registered manager, who were looking at appointing a dedicated housekeeper, however this was not in place at the time of the inspection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date; however, inspection findings identified concerns around its implementation into practice.

Risks relating to the health and welfare of people, including the management of their medicines were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we observed worked methodically and adhered to the provider's medicines management policies and procedures.
- One person told us that the staff gave them their medicines on time and were gentle when applying creams to their skin.

### Staffing and recruitment

- The service recognised that at the time of the inspection, they were at times experiencing low staffing levels. Whilst contingency plans were in place, staffing levels were found to be impacting on people's safety. Allocated one to one care hours were not always being met.
- Low staffing levels was impacting on standards of care provision, for example times where medicines had been given late, or people had not received correct care due to agency staff being unfamiliar with their needs. A lack of detailed handover to agency staff had resulted in a recent incident we identified during the inspection process.
- Some people struggled with changes in staffing levels, and required consistency in their care provision, therefore presence of different staff or short notice changes was impacting on those people, with changes in their behaviour and feedback from people being recorded in the incident forms.
- There were gaps in staff mandatory training and competency checks as well as in staff supervision.



Risks relating to staffing levels and skill mix and the impact this had on people's care was identified. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- Inspection findings did not demonstrate that there were lessons being learnt from incidents and accidents happening at the service. As many of the incident forms were not signed off by the registered manager, this did not ensure outcomes were being reflected on, and consideration was being given to ensure changes in practice.
- Learning at other locations under the same provider were not being shared with the registered manager as a way of learning and prevention of reoccurrence at a provider wide level.

# 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

- The provider did not have good oversight of incidents. Many of the incident forms were awaiting sign off by the registered manager. There was a lack of provider level mechanisms in place to ensure this was completed along with any further actions taken in a timely way to keep people safe from harm. We were not assured based on reviewing records, and inspection findings that people were being kept safe.
- Low staffing levels was impacting on staff workloads and morale. Despite this staff were observed to be professional and kind. However, lack of staff stability had impacted on some people and had triggered their anxiety and impacted on their well-being. Incident forms recorded that people had verbally expressed their concerns regarding staff changes, as part of the incident debriefing process but this was not effectively being addressed by the senior leadership team. The registered manager and deputy managers were providing hands on care, which took them away from their managerial roles and responsibilities.
- Audits and checks were not robust and had not identified risks and areas of concern found during this inspection visit. This also resulted in an overall deterioration in rating since the last inspection and breaches of regulation. Practice did not demonstrate that the registered manager or provider fully recognised their regulatory responsibilities.

The service needed to make improvements to the governance arrangements in place to drive quality and standards of care at the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider told us they had not received any complaints or concerns.

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

- The condition of the accommodation did not ensure people received person-centred care. It also resulted in people not respecting their environment.
- Some people had a hobby or interest and staff supported this to be fulfilled. For example, one person kept and cared for chickens. Another person loved birds and animals and had a collection of books and magazines they enjoyed looking at and used as a source of engagement with staff. However, this practice

was not found to be consistent for each person living at the service.

- Staff spoke compassionately about working with people, their relatives and healthcare professionals to provide quality end of life care planning and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were familiar with the registered manager, and core staff team. We observed people raising concerns, giving feedback or sourcing information from staff. However, this was easier for those people who were able to easily communicate their needs.
- We received positive feedback from a healthcare professional who works collaboratively with the service. They stated that. "The manager is very responsive and communicative, and we have a good working relationship. I have never had any concerns about the care provided to the person I work with. The staff and manager have always made me feel welcome and have always been happy to show me around the building and the garden without any qualms."

Working in partnership with others

- The registered manager had a good working relationship with the provider and felt well supported. However, this was not reflected in the findings from our inspection, which did not demonstrate sufficient oversight by the provider.
- Staff worked closely with health and social care professionals, knowing when to seek specialist input to support changes in people's health and care needs.