

Jeesal Residential Care Services Limited

Lilas House

Inspection report

5 Cadogan Road
Cromer
Norfolk
NR27 9HT

Tel: 01263510803
Website: www.jeesal.org

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Lilas House is a residential care home providing personal care to six people with a learning disability and autism.

Lilas House is accommodation for six people across three floors. People have their own bedrooms with shared bathrooms. The ground floor has a kitchen, dining room and living area.

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

People were at risk of harm due to the lack of effective systems in place to identify when people were at risk. Staff lacked knowledge and did not follow key care plans and risk assessments, which identified fundamental information to ensure people were supported in a safe way.

Infection prevention control measures were not effective, and practices meant that people were at risk of infections. Staff did not use safe practices when using personal protective equipment. There were widespread concerns with the environment people were living in, living conditions were not acceptable and posed a risk to people's safety and comfort.

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, effective and well-led. The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were not always shown respect and dignity when being supported by staff and there was a lack of meaningful things that people enjoyed doing.

The registered manager and provider did not promote the principles of right support, right care, right culture which meant staff were not knowledgeable in how to truly support people to have an empowered life.

Quality assurance systems were not effective and did not identify the issues we found. We were not confident the provider had an open and honest culture and used language that was respectful to people.

Professionals were involved in people support and felt the registered manager engaged when required. People and relatives felt happy with the staff that supported them.

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 17 October 2017).

Why we inspected

We received concerns in relation to the provider and their locations. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective 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.

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 people's safety whilst eating and drinking, infection control and environmental repairs. People having support that is not truly person centred and the overall management oversight of the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Lilas 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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Lilas 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior

care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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.

Assessing risk, safety monitoring and management

- People were at risk of harm due to the lack of effective training and systems in place. One person had a risk of choking and staff did not support the person in line with the speech and language guidance. On the day of the inspection visit we asked the registered manager for immediate assurances to ensure they were safe. When reviewing records eight days later, we found staff were still putting the person at risk and giving them food that was not in line with the guidance. This meant the person continued to be put at significant risk.
- Risk assessments detailed peoples' support needs, however, when speaking with staff they were not always confident in the content of these. For example, how to support people who had positive behaviour risk assessments.
- In addition, following the inspection visit, we followed up on staff's knowledge of the individual who had a choking risk. We spoke with five staff and one of these staff were able to confidently describe how to support the person safely. All staff were reliant on staff who had worked with the person for a long time, however these staff had not identified the ongoing risky foods that had been given.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to speak about how they would report concerns to management relating to abuse. Staff said they felt comfortable raising concerns and received support for this. There had been no recent safeguarding concerns raised within the home. However, it was evident there were significant concerns to the environment and keeping people safe that had not been reported by staff or the registered manager.
- Relatives spoke about how they felt their family member liked living at the service and felt safe. One relative said, "[Person] is happy and has been there for three years. [Person] was at [Service name] belonging to Jeesals beforehand and she has come on a lot more since then."

Preventing and controlling infection

- We were not assured the provider was using personal protective equipment (PPE) effectively and safely which did not promote safe hygiene practices. We saw a staff member not wearing a mask and staff not using gloves in a safe way when supporting people. For example, staff moved throughout the home wearing gloves and not changing these frequently.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Throughout the pandemic staff were working across different places. This did not mitigate the risk to people and staff.
- We were not assured that staff were adhering to the provider's infection prevention and control policy.

People were not protected from avoidable incidents which could result in avoidable harm. There was a lack

of adherence to guidance about infection prevention and control. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff went through a recruitment and selection process. There was not always evidence of full employment history and checks.
- There were enough staff to support people with their immediate support needs. Rota's confirmed that staff levels were consistent on a daily basis.

Learning lessons when things go wrong

- Where safeguarding's and risks emerged, the registered manager did not gather the information to look at the trends and themes. This meant the registered manager and staff team were not able to learn from these concerns. This meant people continued to be at risk within the home.

Using medicines safely

- People received medicines when they needed them. Medicines were stored correctly, and staff kept records.
- Staff had training to in how to manage medicines and this was competency assessed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant the effectiveness of people's care, treatment and support did not achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- During the inspection we found widespread concerns with the environment people were living in. The living conditions were not acceptable which posed a risk to people's safety and their right to being supported that promoted their dignity and respect. Although some of the improvements had been identified by the registered manager, these works had still not been completed and other works had not been identified as essential.
- A toilet door had a stable door design where the top of the door could be opened from the outside whilst someone was in the toilet. Although, we did not see this happen during the inspection visit this design did not promote people's privacy and dignity.
- We found exposed pipes and wires, damage to paint work, repairs needed to be made to flooring and frayed carpets.
- In parts of the home we found a strong odour of urine. People spent considerable amounts of time in this environment and had to live with smelling this odour and no action had been taken to minimise the impact on people.

The provider had failed to ensure people lived in a safe, and well-maintained environment and inadequate systems and processes in place to ensure the environment was clean. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported in line with best practices and were not given true control and choice of their day to day living. For example, snacks were locked away in the staff office and were not accessible to people. When speaking with staff they indicated this was a historical restriction.
- Records showed people had the opportunity to discuss what they wanted to eat for their meals, however during the visit we observed people asking for permission to have something to eat and drink. This did not show people had control of their home and access to food and drink. One person said, "Is it ok to have a drink?" Another person said, "Can I have something to eat?"
- People were not supported in a way that respected their human rights. We found people to have limited things to do during the day that was meaningful to them. For example, over a 14-day period one person had four short walks out, meals were at the dining room table and then stayed in their room for the rest of the time, with limited interaction with other people. This put the person at risk of social isolation. Another

example, one person spoke about how they wanted their hair cut and said staff had told them not to. "[Staff member] said I am not allowed to get my fringe cut. I should get what I want."

- People were not supported in a way that respected their dignity. On the day of the inspection we found that people were not called by their names but nicknames that were overfamiliar or infantilised people. This was not identified as a wish from the person.
- Some people said they had gone out on trips; however, this was planned outings that occurred whereby a number of people who are supported by the provider would visit. For example, people had recently been to the zoo.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had mental capacity assessments where it was felt the person did not have capacity to make a particular decision, however there were restrictions and controls in place by staff that did not look at the less restrictive option.
- The registered manager had applied for DoLS for people; however, it was evident the process was not fully understood as an application was put in where a person had full capacity and there was not a requirement to deprive the person.

The provider did not deliver care that was person centred and did not respect people independence. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not have all the training to prepare for their role and did not give them the necessary skills and knowledge to support people safely. For example, staff did not have dysphagia training when supporting someone with dysphagia.
- Staff completed multiple web-based learning courses; however, the registered manager did not check people's skills, knowledge and understanding following this.
- When speaking with staff they felt they had the skills and training to do their role and they had support from the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to make appropriate referrals to relevant professionals. The registered manager

spoke about continuing to work with professionals to develop staff skills and how to support people effectively.

- A professional gave an example of where people were supported with a specific appointment, and felt people were being supported in line with their support needs., "[Registered manager] at the time was incredibly receptive to recommendations and keen to interact with me. [Registered manager] was aware of the persons needs and how they may influence the persons behaviour."

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
Continuous learning and improving care.

- The provider and registered manager had limited and ineffective governance systems which failed to identify concerns relating to staffing knowledge, poor infection control measures and development of a positive culture.
- Audits completed by the registered manager relating to the environment had identified improvements needed, however these had not been addressed in a timely way, resulting in people living in an environment that was not comfortable or safe.
- The provider and registered manager did not analyse accidents and incidents that occurred which meant that learning was not identified or shared with in the staff team. For example, one person had three falls in four days and there was no analysis into why this was occurring. Further records we reviewed found the person to have a urine infection in which the falls could have been an indication of this.
- The registered manager managed two service in close proximity, however, had been required to support a further two services. The registered manager told us that although they wanted to continue with this to ensure people and staff had that support, this had impacted on the service they were responsible for.
- The registered manager did not have knowledge of the principles relating to right care, right culture and right support. This was evident as people were not being supported to have full control of their day to day lives.
- Lessons learnt were not shared effectively. The provider had not been proactive in sharing experiences and did not share learning found across the organisation where similar concerns had been found. Limited steps had been taken to implement changes across the provider's services.
- In addition, the registered manager had not ensured they sustained improvements following the immediate actions identified by CQC on our visit in the matter of choking risks. This demonstrated an insufficient commitment to continuous learning and improving care and left people at risk of receiving poor standards of care.
- The providers website did not follow CQC guidance on how to display their CQC rating, which was conspicuous and obvious to the public. In addition, we found a video on the website which did not promote dignity and respect for people using the service as staff refer to a person by name offering their personal information.
- We found the language used within the organisation did not promote the right culture. For example, the

registered manager referred to people by local authority funding rather than their names. The provider used language such as there being, "Available beds" when talking about people's home.

Systems were either not in place or robust enough to identify improvement needed in relation to person centred support and management of safety in the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives felt the registered manager was approachable and responsive. One relative said, "The manager comes back to me quickly, they are always helpful. I am really happy with them."
- Overall, people and relatives felt staff had the right values to support them. One person said, "All the staff are very nice." One relative said, "[Person] gets on well with [Staff member]. They are always laughing and giggling."

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

- People were involved in weekly resident meetings where they were able to discuss what they enjoyed doing and what food they would like to eat for the coming week. However, documentation did not show that where people were suggesting outings this was actioned.
- Staff felt they could make suggestions and they were listened to and that it was a good place to work. One staff member said, "I feel supported. If I come to [registered manager], it is normally sorted within the week. [Registered manager] will make time for you. We do have regular team meetings, we had one yesterday. Every other month, I get an hour for a supervision. We also have annual development plans. I definitely feel listened to, I am the suggestion maker. It all gets taken on board. The staff team will always try and implement new ideas."

Working in partnership with others

- The registered manager told us they had regular communication with health professionals. Guidance and involvement from health professionals was sought. One professional said, "I am always kept updated either by email or phone to any changes that may occur. Any paperwork I require is emailed over immediately. The reviews are always person centred as are the care plans." Another professional said, "Yes [register manager] and [deputy manager] are always happy to engage and have a good awareness of the people in the home."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not deliver care that was person centred and did not respect people independence.

The enforcement action we took:

See DT

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from avoidable incidents which could result in avoidable harm. There was a lack of adherence to guidance about infection prevention and control.

The enforcement action we took:

See DT

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure people lived in a safe, and well-maintained environment and inadequate systems and processes in place to ensure the environment was clean.

The enforcement action we took:

See DT

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to identify improvement needed in relation to person centred support and management of safety in the service.

The enforcement action we took:

See DT