

Botany House Limited

# Jalna Residential Care Home

## Inspection report

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## 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 18 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 significant improvements had been made to medication. However, we made some recommendations around fridge temperatures and storage of medicated creams.

Risk assessments did not always include appropriate strategies and we found conflicting information in care plans which were not always reflective of people's needs. This was a breach of regulation 17 (2) (c) Good governance. At the last inspection there had been a breach of regulation 17 (2) (b) in relation to monitoring and auditing, so this was a repeated breach of regulation 17 Good governance.

Improvements had been made to recruitment and the application forms had been changed following the last inspection to reflect a full employment history. However, we found some issues with references from previous care employment, which the manager chased up during the inspection. We made a recommendation around this.

People told us they felt safe and they were happy living at the home. One person said, "Its marvellous here for what I need. They look after me and bring me my meals." The home was clean and tidy. People told us staffing levels were appropriate.

The service had a new manager in place, who was in the process of applying to be the registered manager. Although she had not been in post long, we were reassured that some improvements had taken place. Audits, accidents and incidents analysis and statutory notifications were now taking place. Morale had improved at the service and one staff member told us, "I've never been trained as much and never been allowed to do as much. She's empowering! I've never been more happier in my work."

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 requires improvement (published 10 October 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 been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to ongoing concerns from the last inspection. 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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jalna on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

This service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

This service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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, a medicines inspector 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

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 current manager was in the process of applying to register 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. We spoke with the manager 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 six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager and care workers.

We reviewed a range of 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 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.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always organised to ensure 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 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however further improvements were still needed.

### Using medicines safely

- Management of medicines had significantly improved.
- Medicines were administered safely and at the times people needed them.
- Protocols to guide staff as to when to administer medicines prescribed 'when required' were up to date and person centred.
- Medicines were stored securely
- Medicine audits were effective in improving the standard of medicines management.

However, we made some recommendations to further improve practice in this area.

We recommend staff record the actual time of medicine administration if different by more than one hour from the normal medicine round time

We recommend staff keep daily records of the minimum and maximum medicine fridge temperature and the temperature of the medicine storage room.

We recommend staff ensure that medicated creams are applied by appropriately trained staff and stored with other medicines. Staff should keep accurate records of the use of emollient creams.

### Assessing risk, safety monitoring and management;

- Risks to people's health, safety and wellbeing were not always managed safely. Risk assessments were on file but they did not always include appropriate strategies.
- Care plans were not always accurate and not reflective of people's needs. For example, we found conflicting information around whether a person had epilepsy. Food and fluid charts were not accurate and staff were recording different things in different places which made it difficult to monitor outcomes.
- On a tour of the building, we tripped over a ramp. We identified this as a hazard and were advised that this would be addressed immediately.

Due to poor governance of the service people were placed at risk of harm. The provider had failed to maintain an accurate complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (2) (c) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Recruitment processes were not always safe. We looked at three staff recruitment files and found that one person's previous employment in care had not been checked. We discussed this with the provider, who chased up references during inspection and implemented a safer recruitment policy that had to be signed off by the manager.
- Emergency procedures for keeping people, staff and others safe, were in place. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.

#### Systems and processes to safeguard people from the risk of abuse

- The manager had improved safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. The manager had investigated historic safeguarding's and incidents were now being reported to the appropriate authorities.

#### Preventing and controlling infection

- Infection control was managed safely.
- People were protected from the risk of infection and staff understood their roles and responsibilities.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were used as a learning opportunity to prevent future incidents where possible.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent and this impacted on the safety and reliability of the service provided. Although some recent improvements had been made, leadership at the service needs to be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection the provider had failed to ensure that systems were in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (2) (a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider is still in breach of regulation 17.

- Although the new manager had implemented new auditing systems, since the last inspection, there was scope for further improvements, in terms of picking up the issues found on inspection. Governance systems had not been fully embedded at the service.
- We found a breach of regulation 17 (2) (c) around maintaining accurate, complete and contemporaneous records in relation to care plans as we found conflicting information.
- Some improvements relating to the monitoring at the service had taken place, but this needed to be sustained.
- Managers and staff were clear about their roles.
- Notifications about incidents that affected people's safety had been sent through in a timely manner.
- Accidents and incidents were being analysed to minimise the risks of future incidents.
- Auditing systems had been improved. We saw evidence of audits and provider audits taking place.
- Supervisions and team meetings were being undertaken regularly under the new management.
- The manager was in the process of applying to be the registered manager.

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

- Feedback from healthcare professionals was not always positive. We received some historical concerns around delayed healthcare support for one individual. We raised this with the manager, who agreed to follow this up as a priority.
- The manager and provider worked in partnership with local commissioners and social care professionals to improve standards of care. From the care records, we could see the manager worked with healthcare professionals such as GPs, district nurses and other health professionals.

- People were engaged and involved in the service. The service had sought the views of people they support and family members through questionnaires and residents' meetings.
- Staff meetings were held and staff told us they could make suggestions for improvement.

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

- The manager had organised person-centred care training, to help support the staff team to provide improved outcomes for people.
- People and their relatives told us they were happy and found the new manager approachable. One person said, "She's lovely isn't she."
- The culture of the staff team was more positive than at the previous inspection. One staff member told us, "Morale is good now. We are getting now to have one big team. The Jalna girls. "
- Staff told us they felt empowered by the new manager and had the opportunity to learn skills. One staff told us, "She's great, she's available 24/7."

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 registered manager and the provider had policies and procedures around the duty of candour responsibility if something was to go wrong. They had notified CQC and the local safeguarding authority of significant events and incidents in the home.
- The manager worked with people and relatives when things went wrong to make improvements where they were able.

Continuous learning and improving care

- At the last inspection we saw little evidence of audits being undertaken, analysis of incidents and statutory notifications were not taking place. At this inspection we found significant improvements in all these areas. However, further areas of improvements, as discussed, were necessary and the manager acknowledged this.
- The manager had implemented staff recognition awards, for dedication, reliability and hard work. This had helped to improve morale at the service.
- Lessons learned were shared with staff. For example, we saw the need for confidentiality re-iterated during team meetings.

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  The provider did not ensure that accurate records were kept in relation to people's care needs.