

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 effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Jalna Residential Care Home is a residential home registered to provide accommodation and personal care for 22 people aged 65 and over. At the time of the inspection, 21 people lived at the home.

### People's experience of using the service

People told us they felt safe and they were well cared for. They told us the staff were very kind. People liked living in the service and the home had a warm, friendly atmosphere. Staff understood how to safeguard people from abuse and report any concerns.

Recruitment was not managed safely. The application forms did not state a full employment history and we found references from previous care employment were not always taken up. We also found that improvements were required to medication to improve the safety of administration. Concerns around medication had been highlighted in the previous inspection and from professionals visiting the service.

The security of the building was a concern, as one person had wandered away from the home earlier in the year and was found by a member of the public. We observed that security measures put in place at the time of the incident were no longer in place. We were told that was due to advice from the fire service. We requested that the provider look into alternative systems which are compatible with fire regulations to ensure people were kept safe.

People told us the food was very good and they were supported to eat a nutritionally balanced diet. However, although people were given of choice of where to eat their meals, there were limited facilities for people to sit at dining tables. This meant that some people were sat in the same chairs for prolonged periods of time.

The home was clean and was welcoming. We observed some maintenance issues which were in the process of being resolved, such as a bathroom that was out of order. We looked at training records and noted that not all staff had completed the providers mandatory training. However, we were assured by the manager that appropriate training had been planned for all staff.

People told us the staff were very kind and thoughtful. We observed staff to be kind and caring. We saw they treated people with dignity and respect

Some activities were taking place and we observed a game of bingo during our inspection. However, some people told us that they wanted more to do more activities. We observed that the service was using technology effectively in that they had purchased an Alexa and people could play music of their choice from different eras.

People told us they felt the staffing levels were generally appropriate.

Staff monitored people's healthcare needs and ensured people had access to appropriate healthcare

services. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The service did not currently have a registered manager in place. There had been difficulties retaining managers and a new manager had just started in post. At the time of the inspection, the manager was in the process of applying to CQC to be registered. We saw evidence of some recent audits being undertaken. Although accidents and incidents were recorded on the electronic system, there did not seem to be any analysis of incidents taking place to identify patterns and themes.

An informal on call system was not in place for out of hours. This needed to be formalised and the documented on the rota. Staff told us they felt supported and morale had improved at the service. All people we spoke with praised the new manager who they said was very approachable. People also spoke fondly of the providers who they said were also very supportive. The providers visited the home regularly and knew the people at the home well.

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:

At the last inspection the service was rated good. (published 9 June 2018)

Why we inspected:

This inspection was prompted by information of concern.

Enforcement:

We have identified breaches in relation to medication and recruitment 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 monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide 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 with dementia that 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 service had a manager registered with the Care Quality Commission but this person had since left the service. There was a new manager in post who had applied to become the registered manager. This means that once registered, 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

The inspection was unannounced.

#### What we did

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 and Healthwatch to seek their views about the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we spoke with seven people who lived at the service and three visitors. We spoke with three staff and the registered manager. We looked at three people's care records and all people's medicines administration records. We also looked at a range of records relating to the running of the service, including training records, quality monitoring records, complaints, records of incidents and accidents, staff recruitment and policies and procedures. We also looked around the premises to make sure they were safe and hygienic.

# Is the service safe?

## Our findings

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

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, we made a recommendation regarding the safe management of people's medicines. We found that some bottled and boxed medications were not dated when opened, which made it difficult to monitor whether medicines were being given properly. At this inspection we found the same issue where medicines, eyedrops and liquids were not always dated when they were opened.
- Medicines were not being managed safely. One person told us, "One problem is my medications. I don't think I get my evening tablets at the right time."
- Whilst looking into this we found the resident's tea-time medicine's had been damaged and disposed of by a carer on the previous day which meant that a dose was missing for these medicines. A disposal record had not been completed at the time of the incident and the written handover did not include reference to the incident. We found the medication administration record (MAR ) had been signed on the wrong date and had then been crossed out. We brought this to the provider and managers attention who reassured us that an additional dose of the medicines could be sourced.
- Concerns had been raised about medication prior to the inspection and although the service had regular support from the medicines management team and the advanced nurse practitioner, mistakes around medication were still being made. We found that when staff wrote information on to MAR charts this was not always witnessed to ensure accuracy. We also found a medicine which was prescribed to be given at a specific time was not always given at this time. A regular stock check was not in place for the medicines that were provided in their original packs to ensure that stock levels were appropriate. There was no positional chart to support the application of medicated patches to ensure there was appropriate rotation of the application site. The medicines policy did not reference to the most up to date medicines legislation and was not always tailored to reflect the procedures within the home. We asked the provider to consider arrangements around the suitability for the medicines room. The medicines room was very small and the medicines trolley was currently being kept in the conservatory. The provider assured this issue would be addressed.

Medicines were stored securely in a trolley, medicines fridge and a walk-in cupboard. There was clear segregation of the medicines. The temperature of the room where the trolley was stored was monitored twice a day and the temperature of the fridge was monitored daily. However, fridge temperature records did not include the maximum and minimum temperature and the temperature of the walk-in cupboard was not monitored to ensure that medicines were always stored at the correct temperature.

The service was not managing medicines safely. This placed people at risk of harm. This was a breach of Regulation 12,(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware medication was an area that required further improvement and had scheduled a training session around the safe administration of medication, which took place on the day of inspection.

#### Staffing and recruitment

- Recruitment was not being managed safely. We looked at 3 staff recruitment files. We observed that the application forms did not state a full 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 said that they would amend application forms.
- We also found only one reference was received in relation to one staff member and references from their previous care employment were not taken up. Risk assessments around the suitability of another staff member had not been carried out.

The service was not managing recruitment safely. This is a breach of Regulation 19, (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that generally, staffing levels were appropriate and staff responded in a timely way to people's needs. One person told us, "I get help pretty much all the time. Sometimes I have to wait a while because there are others who need help. Maybe they need more staff." We looked at staffing and rotas and noted care staff also had to undertake duties in the laundry and kitchen.
- People told us, "I can get help when I need it" and "I do need a lot of help and it's always there." Although an informal on call system was in place for out of hours, this needed to be documented on the rota. This meant staff would be certain who to contact in an emergency.

#### Assessing risk, safety monitoring and management

- People told us they felt safe, one person told us, "I am safe and comfortable here." The manager and staff had carried out assessments to assess, monitor and manage risks. These included moving and positioning, nutrition and hydration and skin integrity. However, we advised the provider sought specialist advice from an occupational therapist around grab rail protectors for one individual and this was actioned during the inspection.
- The environment and equipment were safe and well maintained. However, we raised concerns around security at the front of the building. A recent safeguarding had been raised in relation to one person leaving the home. Following on from this we were assured that a keypad was in place to minimise the risk of this reoccurring. During our inspection we found that these measures were no longer in place. The provider told us this was due to advice from the fire service. We told the provider this issue needed to be addressed to ensure that people were kept safe.
- 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.

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

- People were protected from the risk of abuse. People told us they felt safe and were satisfied with the care and support they received. One person told us, "I am cared for and a good meal is provided. What more do I want? I am safe and comfortable here."
- The service had received a higher than average number of safeguarding's some of which were still being investigated by the local authority. Some of these were historic and related to people who no longer worked at the service.
- Staff we spoke with understood their responsibilities to protect people from avoidable harm or abuse. The

service had recently appointed a safeguarding champion. However, the safeguarding policy and other policies were not easily located by staff. This had been picked up by the provider during one of their audits and was in the process of being addressed.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and was welcoming. We observed some maintenance issues, such as a bathroom which was causing an odour in the building. We were assured that this was being addressed.
- Staff had completed training in preventing and controlling the spread of infection and an infection control champion had been appointed. They had access to disposable protective aprons and gloves to help reduce the risk of infection.

#### Learning lessons when things go wrong

- Staff documented accidents and incidents on the electronic system but they were not being analysed for trends. We raised this with the provider who agreed they would ensure this took place.
- We saw when one person raised an issue around the consistency of personal care, the service responded promptly by laminating a personal care guide and placed it in the individual's room.
- One staff member we spoke to said, "We are trying very hard to get everything right."

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the requirements of the MCA. We saw that appropriate DoLS applications had been made for 3 people who used the service. This was because their liberty was restricted in order to keep them safe.
- Some staff had received training in the MCA and those that hadn't had training planned. We observed staff asked people for consent and people we spoke with confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and choices to ensure the service could provide care and support that would meet them. The service used an electronic care planning system and we observed the manager undertaking an assessment of one person who had been admitted to the service. Following inspection we were advised that the system was being changed to a more comprehensive, voice activated, user friendly system.
- We saw important information about people was highlighted on the system, for example, health needs such as diabetes and oral hygiene needs.
- Technology was used effectively in the service to meet people's needs. We observed the service had invested in voice activated technology to provide information and music of people's choice. Following inspection we were advised that a new call system was being installed which has the capability of linking into tele care sensors.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed the lunchtime period and saw that the atmosphere was calm and people were not rushed.

However, the dining room experience for people could be improved. Although people were offered choice of where to have their meals there were limited spaces for people to sit at dining tables. This meant most people ate their meals off tray tables and were sitting in the same chair for prolonged periods of time. We discussed this with the provider who agreed that a reorganisation of the space was required to ensure people were given the opportunity to move around and sit at dining room tables to eat their meals. Following on from inspection the provider advised us that they had put dining room tables in each seating area.

- People were supported to receive meals which met their dietary requirements. People told us they were happy with the choice of food. One relative told us, "The food always looks good." We saw staff made referrals to external agencies for support and guidance around people's nutritional needs.

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

- People had access to appropriate healthcare. One person told us, "I see a doctor if I need one." One relative told us, "My mother's health is kept an eye on and a doctor called if necessary."
- People told us they had access to outside professionals should they need it. We saw evidence in care records to show professionals had been involved in people's care and referrals had been made to a healthcare professional when support was required.

Staff support: induction, training, skills and experience

- Staff told us they had appropriate inductions consisting of shadowing and initial training in moving and handling, safeguarding and first aid. They told us they were made to feel welcome.
- Staff had not all completed the provider's mandatory training. We looked at the staff training matrix and observed a medication training session that took place during the inspection. We were assured by the manager that appropriate training had been arranged for all staff. The manager told us training had been planned for the following week in moving and handling, dementia care and infection control. Staff told us, "The training is very good" and "There is plenty of choice of training available."
- The new manager told us she had given one day mandatory training to the majority of the staff and they were given a refresher training workbook covering safeguarding, information governance, person-centred care, fire safety, nutrition and diet, food safety, infection control, equality diversity and human rights, MCA and DoLS. Once completed, she explained she could assess the extent of staff knowledge and focus on staff training in particular areas. Following on from the inspection the provider confirmed additional training was being given to staff.
- Supervisions had not always been routinely taking place under the previous managers. However, we noted the new manager had already carried out some supervisions with staff and a plan was in place to provide further supervisions for the rest of the staff team. Staff confirmed this saying, "I had one last week with [manager] never had one with [previous registered manager]."
- Staff told us that they had no problems and felt they could approach management for support.
- We observed staff using the hoist in a professional and caring manner. We observed that they gave reassurance to people being transferred.

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

- The accommodation met the needs of the people who lived there. . People were encouraged to make their room personal with their belongings. However, there was no secure, accessible outside space for people to sit out. We raised this an issue with the provider and they discussed the possibility of fencing an area of the garden off to enable people to sit out. Following on from inspection the provider confirmed development of the exterior of the building to provide a secure outside garden area.
- The provider was continuing to develop the premises to ensure people's needs continued to be met. The

service was in the process of developing a wet room, to enable people at the service to have the option to have a shower.

- On our tour of the building we found that wardrobes were not secured. We raised this as a safety issue with the provider, who reassured us and ensured that this was actioned.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and treated people with respect. One relative told us, "The staff are kind and respectful." People told us staff treated them well. They said, "The care is good and the girls are very kind to me." We observed positive interactions with staff during our inspection. We saw staff were compassionate, kind and caring. The provider had policies to guide staff around the importance of treating people equally and ensuring their rights were respected.
- Relatives felt their family members were well cared for. They told us, "The staff are a caring group of people." They told us, "I am made to feel welcome, and I always get a cuppa when I arrive." And "I would live here."
- Staff told us how they knew the people they cared for well. One told us, "We can tell if they are out of sorts and would check what was going on for them."
- People told us the atmosphere was homely and welcoming. One visitor told us, "I am made very welcome and I always get offered tea and biscuits. If I had to be cared for, I would come here."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to and were involved in decisions about their care. One person told us, "I am very content here. I have good food and good care. What more do I need?" We observed staff supported people to make decisions about their day to day care.
- People felt staff had taken the time to get to know them. They told us they had opportunities to express their views about the care they received. We observed the provider consulting people about mealtimes during our inspection.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their rights, preferences and dignity were respected and their independence was supported. One person told us, "I enjoy going out with my friend. We are going out for lunch today."
- Staff told us they would be happy to recommend the home. One staff told us, "I would definitely recommend the home. It's because it's so friendly and they make everybody feel so welcome and relaxed."
- All staff were aware of the need to maintain confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff assessed people's needs and preferences and produced written plans of care to meet them. Staff reviewed people's plans of care regularly and when their needs changed. People told us they received support that met their needs. Relatives confirmed, where appropriate, they were consulted about their family member's care.
- People had access to some activities. We observed people having a game a bingo during the inspection. Although the home did not have an activities coordinator, staff told us they supported people to play games such as dominoes and parachute games and supported them to do word searches and make cards.
- People told us, "I don't do a lot during the day, and "I would like more to do and have more company." The provider was already aware of the need for further develop activities to provide stimulation. Another person said, "I suppose I would like a bit more to do during the day."
- One person told us they had no family or visitors. We discussed this with the manager who agreed to look into the possibility of a volunteer to prevent isolation.
- The voice activated technology had been a positive influence in the home and people could ask for music of their choice and ask questions. People at the home loved using the technology to play certain songs. For example, one person enjoyed playing 1950's rock and roll and asking what the weather will be like.
- Staff we spoke with were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure and people knew how to access this.
- People knew who to speak to if they had a concern and felt confident raising any issues. One relative told us, "I think my mother is safe here and I am happy at the moment. If I wasn't I would go to the manager and tell her my concerns." Another person told us, "Any problems are sorted for me."
- One person who spent a lot of time in their room raised an issue about the TV aerial not working. We raised this with the provider and they ensured that this was addressed promptly.

End of life care and support

- The home had a policy and procedure for end of life care. No one at the home was currently receiving end of life care. Staff had received appropriate training and described how they cared for people with dignity and respect. We saw that people's wishes at end of life were discussed where appropriate.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Management changes were taking place at the time of the inspection. There had been a succession of managers, which had impacted on the consistency at the service. The previous registered manager had left the service and the deputy had taken up post as manager. They had applied to CQC to become registered manager.
  - People were complimentary about the new manager and felt that she was approachable. One relative told us, "The new manager is very nice." Staff told us they felt well supported and listened to by the new manager. One said, "The manager is very approachable." Another told us, "She is good, really lovely, she will help anybody." One person using the service told us, "The new manager is lovely and always talks to me."
  - 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.
  - Staff told us that morale at the service had improved.
  - Staff told us that the provider visited the home regularly. "One said, "They are here most days. They will come down and interact with people. She is really positive and I have a lot of respect for her."
- We were advised the phone system was being upgraded to link up both of the homes, with providers and managers and enable staff improved monitoring of the home security.
- The provider knew the people at the service extremely well. We observed a difficult situation that was resolved effortlessly, due to the rapport and relationship the provider had with an individual.

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

- Formal staff supervisions were taking place. The new manager had made a lot of progress considering she had only been in post 3 weeks.
- Accidents and incidents were logged on the electronic care system but these were not being analysed for patterns and trends.
- Policies and procedures were not always accessible for staff to use as guidance in their day to day practice. This issue had already been picked up by the provider in one of their provider audits of the service.
- Notifications about incidents that affected people's safety or welfare had not always been sent through to CQC in a timely manner, by the previous registered manager.

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

- Team meetings had not always taken place regularly. We saw evidence that one team meeting had taken place. We saw areas for improvement had been discussed such as improving communication around families and reminders to sign for creams being administered. We also saw champions within the service had been appointed and one staff member had responsibility for coordinating activities. The provider assured us regular team meetings would resume now the new manager was in post.
- We saw evidence one residents meeting had taken place in April and one individual who could not attend had a one to one session with staff. We were assured that these would take place regularly.
- We were told that service user and relative satisfaction surveys had been sent to people. We were advised that once they had been returned the findings would be analysed and acted upon.
- The provider told us that they had arranged for team building days to take place in Blackpool for staff.
- The service worked in partnership with other agencies and had good working relationships with a variety of professionals, including advanced nurse practitioners, the local GP and social care professionals.

#### Continuous learning and improving care

- Audits had not routinely been taking place under the previous registered manager. However, we saw evidence that some recent audits had been taking place under the new manager and there was a recognition that audits needed to be more robust.
- We saw evidence that the provider had oversight of the service and had conducted recent provider audits.
- There was evidence that the service had learned from mistakes and were working at improving care.

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 had failed to ensure that medicines were being managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate and establish safe recruitment procedures.