Affinity Trust

Jasmine Lodge

Inspection report

Ilex Close
Northiam
Rye
TN31 6DW

Tel: 01797252614

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Jasmine Lodge is a residential care home providing personal care for five people at the time of the inspection. The service can support up to six people. The service was a detached bungalow with a large garden within a small rural village. People had their own bedrooms. There were shared bathrooms, eating and living areas.

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

Right Support
Risks to people were not always assessed, monitored and managed safely. Systems in place did not always protect people from abuse and improper treatment. People's medicine support was not being managed safely. People were not always supported to assess their needs effectively and did not always achieve good outcomes from their support. There were safe recruitment practices. The service was clean and hygienic.

Right Care
Staff did not always communicate or support people in dignified or respectful ways. Improvements were needed to make sure people were involved and included in a consistently personalised way when being supported by staff.

We observed caring interactions between some staff and people. Some staff were observed to encourage people to be as independent as possible. Professionals and relatives of people said some staff knew their family members well and acted in their best interests.

Right 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. Internal quality assurance systems and processes to audit or review service performance and the safety and quality of care were not operating effectively to identify or resolve issues.

There was mixed feedback from staff and relatives about how involved and engaged they and people using the service were in developing the service. Not all staff felt confident about fulfilling their roles and responsibilities. Recent high staff and management turnover had affected morale and how well supported they felt by the provider.

The provider's operations manager and Quality Improvement manager acknowledged the organisation's governance framework required improvement to ensure people received safe and personalised care in line with CQC's statutory 'Right Support, Right Care, Right Culture' guidelines.
There was a current organisational re-structure called 'Transform 21' in progress and new support delivery and oversight systems, processes and roles were being implemented over the next 12 months to improve the quality, safety and central oversight of all the provider's services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We received concerns in relation to people receiving uncaring support and not being kept safe from abuse and improper treatment. As a result, we undertook a focused inspection to review the key questions of safe, caring 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 changed from good to 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, caring and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

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

Follow up
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.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risks, abuse, dignity and respect, and governance. We served the provider Warning Notices under Section 29 of the Health and Social Care Act 2008. The notices require the provider to become complaint with breaches relating to risk, abuse and dignity and respect by 5 August 2022 ,and compliant with governance regulations by 5 October 2022.

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 caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Jasmine Lodge

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
One inspector and an assistant inspector carried out the inspection.

Service and service type
Jasmine Lodge 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 did not have a manager registered with the Care Quality Commission. This means the provider is 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 inspection
Before the inspection, we reviewed information we held about the service. We considered the information which had been shared with us since the last inspection by the provider, the local authority and other agencies and health and social care professionals. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with and observed the support of five people who used the service and three relatives about their

experience of the care provided.
We spoke with 10 members of staff including the quality improvement manager and operations manager. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 received email feedback from three professionals who regularly visit the service.

Inadequate

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

- Systems and processes to keep people safe from abuse and improper treatment were not operating effectively. Staff and managers were offered safeguarding training and safeguarding was discussed in supervisions. There was a whistleblowing policy and helpline to help staff recognise and act to keep people safe in the event of suspected abuse incidents. However, not all staff had received safeguarding training or updates as per the provider's policy. Staff we spoke with were not confident or did not know how to identify, challenge or report suspected incidents of abuse.
- There had been a recent safeguarding alert raised by a member of the public and the local authority involving allegations of abuse of people living at the service. These incidents had not been recognised as potential abuse or reported by staff at the service.
- Staff told inspectors about other incidents of alleged physical and psychological abuse of people using the service, involving other staff that had happened recently. Staff had not challenged or reported these incidents internally or externally prior to talking with us, to help the provider and other partnership agencies review and act to keep people safe while the concerns were investigated.

The provider failed to ensure systems and processes protected people from abuse and improper treatment. This is 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.

- We made the provider immediately aware of the abuse allegations disclosed to us by staff during the inspection. The provider acted to suspend staff involved and reported these concerns internally and externally for further investigation and action.

Assessing risk, safety monitoring and management,

- People with risks to their health and welfare related to their complex support needs, including aspiration (choking), behaviours that may challenge, sexuality, epilepsy and constipation were not always assessed, monitored and managed safely.
- People with these support needs care plans and risks assessments lacked detail or contained inconsistent information about how to manage risks to their health and well-being safely. This increased the chances people could receive unsafe support. Staff were not aware of the safest way to reduce risks and were supporting these people in inconsistent ways. People's support was not being monitored by senior staff or management to check they were as safe as possible. This had placed people at avoidable risk of harm to their health and well-being.
- For example, we observed staff not following agreed guidelines to help people avoid choking when supporting them to eat. People's choking risk assessments had been reviewed but had not been updated to

check and agree risk management actions were safe enough. Although staff had received training, staff told us they were not sure how to safely support people if they choked. Staff said they would not attempt some of the suggested actions in some people's choking risk assessments as they did not think they were safe.
●Staff did not always know how to safely support people who displayed challenging behaviours and were supporting them in inconsistent ways. This included some staff not following agreed support actions to help prevent and de-escalate a person's behaviours that may challenge before using chemical interventions. Staff had not assessed potential risks and written an agreed support plan to ensure one person's sexuality needs were being met safely. This person's sexuality support was not being monitored by management to check they were being supported consistently and safely.
●Staff were not following agreed actions to reduce risks caused by epilepsy and constipation for people, including effectively monitoring their seizure and bowel movements and giving them laxative and seizure control medicines when they needed them. This placed people at potentially serious risk of harm to their health and increased the chance they may have experienced avoidable pain and discomfort.

Using medicines safely, Learning lessons when things go wrong
● Medicines were not safely managed. People who had been prescribed 'as and when' (PRN) medicines for behaviours that may challenge, epilepsy and constipation did not always have adequate protocols or information in their care plans to direct staff about when and how to safely give people these medicines. Staff had not always given people their PRN medicines as prescribed to help reduce serious risks to their health and well-being. This increased the risk of harm to their health and emotional well-being.
● Staff were giving PRN medicines to people without always recording the reasons why they had been given, and this was not being checked by senior staff or managers. This increased the risk people may be given medicines they did not need or may not have medicines when they needed them.
●Medicine stock control systems were not operating effectively to allow staff to know how much medicine was being kept in the service, increasing the chance of theft or misuse or people not having enough medicine. Medicine storage cupboards contained non-medicine items and were not always clean, increasing avoidable risks of cross-infection.
●Systems in place for staff and management to report, review and investigate safety incidents, and act to prevent them re-occurring were not always effective. There had been a high number of unexplained bruising and medicine incidents reported over the last 18 months. Staff and management had not effectively analysed causes of incidents, share learning, agree on-going actions and monitor people's support to prevent these issues consistently re-occurring.

The provider had failed to assess, monitor and manage risks to people's' health and safety, provide safe care and treatment, manage medicines safely, or ensure lessons were learnt. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●All of these risk management and medicine concerns were fed back to the provider during the inspection who acknowledged the issues. The provider began to take immediate actions whilst we were visiting to address risks associated with choking, behaviours that may challenge and medicine management.
●After our inspection visits, we asked the provider to send us further information about immediate actions they would take to address issues relating to people's epilepsy and constipation risks. We received these assurances as requested, which detailed planned and underway work to make immediate risk management improvements.

Staffing and recruitment
● The service currently had several unfilled support and management staff vacancies for which recruitment was on-going. In addition, the service had been experiencing high numbers of staff sickness and long-term

absence. The provider employed regular long-term agency staff to cover staffing vacancies and ensure there were enough staff deployed to meet people's needs. Relatives we spoke with did not raise concerns about the number of staff working at the service.

● The provider had systems in operation to help ensure safe recruitment practices. Pre-employment checks for potential new employees were carried out, to help prevent unsuitable staff from working in a care setting. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff also had to provide references and employment histories.

●Agency and permanent staff were expected to have, or were provided with, relevant training to meet people's needs and were given an induction to ensure they knew how to support people safely. This induction included shadowing experienced staff before lone-working.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a cleaning rota and this had been amended during the Covid-19 pandemic to include more regular high touch point cleaning to reduce the chance of infection. We observed the service environment in bedrooms and communal areas was clean and hygienic. We found some people's medicine cupboards were not always clean and contained non-medicine items. The provider acted to immediately address this issue when bought to their attention by our inspection team.

Visiting in care homes.

● The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance.

Requires Improvement

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.

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 people did not always feel well-supported, cared for or treated with dignity and respect.
Ensuring people are well treated and supported; respecting equality and diversity, Respecting and promoting people's privacy, dignity and independence, Supporting people to express their views and be involved in making decisions about their care

●People were not always treated with kindness or compassion, which impacted negatively on people's quality of life and emotional well-being. We observed one person was not responded to quickly by staff when asking for support, which caused the person to show signs of distress. Staff we spoke with did not always use respectful language when describing people's communication needs. Staff told us they had heard some staff not speaking to or treating people in a kind or caring manner. People's care records included examples of disrespectful and uncaring language to describe people's support needs and when documenting staff interactions with people.
●People were not always supported in an inclusive or respectful way. We observed staff supporting one person with medicines in an uncaring manner, not including them in the task of giving them their medicines and becoming impatient with the pace at which the person wanted to take them. Staff had not considered one person's privacy when assessing their sexuality support and did not support the person's dignity.
● Staff were observed not to offer people choices or communicate directly with them prior to support with activities and meals, or when transferring people using wheelchairs to different areas of the service. We observed staff were not consistently using people's preferred communication methods of pictures, and objects of reference when supporting them.

Failure to ensure people were always treated with dignity and respect is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●All of these dignity and respect concerns were fed back to the provider during the inspection who acknowledged the issues. The provider began to take immediate actions whilst we were visiting to resolve them.

●We observed other staff who knew people well and interacted with them in caring way, which people responded to in a happy manner. We saw staff asking people how they wanted to be supported and encouraging their independence. For example, we saw people were encouraged to carry out cooking and other household tasks which they enjoyed.
●Relatives we spoke with said they were not aware of any instances of their family member being supported in an uncaring way by staff. Relatives thought people had good relationships with keyworker staff, who knew them well. One relative said they thought staff were, "warm and engaging" with people when they had

visited the service.

●Health and social care professionals we spoke with told us staff knew people and had advocated for people in their best interests when attending healthcare appointments and social care reviews. One professional said staff they had worked with "showed a very good insight into the residents' needs; likes, dislikes etc."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 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

● Internal quality assurance systems and processes to audit or review service performance and the safety and quality of care were not operating effectively. There were various audits and quality assurance visits undertaken by team leaders, the service manager, senior management and the provider's internal quality team. These had not always identified or prevented issues occurring or continuing at the service. For example, issues in relation to risk management, medicines and undignified and uncaring support we found during the inspection had not been known to local or wider management within the provider's organisation

●Where quality and safety issues had been identified during audits, the provider had not always overseen or acted to improve or resolve these. For example, actions to ensure people were kept safe from choking, epilepsy and constipation risks were not all being followed by staff. Where people's care plans had been reviewed and updated, they had continued to contain inconsistent and out of date information about how to safely meet people's needs.

● The service had been without a CQC registered manager since December 2021. There had been several interim management arrangements since that time. These had not been effective in ensuring staff at all levels were aware of their responsibilities and that a good standard of care was sustained at the service and relevant legal requirements were met. At this inspection we found standards of care had deteriorated significantly since the last inspection. Multiple breaches of regulations had occurred, placing people at actual and avoidable risk of harm to their health and well-being.

●Staff and professionals we spoke with told us they felt the changes with management, as well as high staff vacancies had impacted negatively on staff at the service being confident and able to carry out their roles well. One professional said, "Overall the provider has gone through huge staff changes with lots of local home managers leaving over the last 1-2 years and no doubt this will have had a big impact on the staff team".

●Several staff told us the lack of consistent management or senior staff presence over recent months meant they did not always feel supported to know how to carry out their jobs, even though there was remote support available via telephone. Permanent staff told us there was confusion regarding their own and agency staff responsibilities which affected the quality of care being provided to people. One staff said "I do get stressed out. I'm always worried I'll make an error because agency staff can't do some task such as medicines". Other staff said agency staff did not do tasks such as some paperwork and could not drive the service vehicle, which placed additional pressure on permanent staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●The provider had developed a set of values they expected staff to embody when supporting people. The operations and quality improvement managers described these values as "Committed, flexible, caring, passion, person-centred and inclusive". Management supported staff to understand how to display these values in their day to day roles via supervisions and observations of their practice. However, our findings at this inspection, including observations of people's support, confirmed improvements were needed to ensure all staff understood and displayed these values when supporting people.
● There were regular team meetings and staff were offered the opportunity to put forward ideas to help improve people's support. Staff told us recent staffing vacancies had impacted on their ability to consistently provide person-centred support to people, including being able to offer meaningful activities and using personalised communication tools. One staff member said this had resulted in an increase in one person's emotional distress.
●We received mixed feedback from relatives about the culture of the service and how involved they and their relatives were in the support they received and developing the service. Several relatives said they felt staff would share information and listen to their feedback but only if the relatives contacted staff first. Relatives were not always sure what the management arrangements were since the registered manager had left and how to contact the interim managers.

There were failures to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, and service performance was evaluated and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The provider's operation manager and Quality Improvement manager acknowledged the organisation's governance framework required improvement to ensure people received safe and personalised care in line with CQC's statutory 'Right Support, Right Care, Right Culture' guidelines.
●There was a current organisational re-structure called 'Transform 21' in progress and new support delivery and oversight systems, processes and roles were being implemented over the next 12 months to improve the quality, safety and central oversight of all the provider's services. Part of this process involved strengthening the levels of existing involvement of people in the running and development of their service. For example, building on current initiatives such as involving people in recruiting new staff.
●The service had recruited to the vacant registered manager post at Jasmine Lodge and they were due to start at the end of May 2022. Several support staff had been recruited and were in the process of completing their inductions. In the interim, the provider had acted to deploy experienced staff from other services and increased management support to help ensure improvements were made and embedded. The provider had an Equality and diversity policy in place to help ensure staff were not discriminated against.

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, Working in partnership with others
● Where the provider and previous manager had been aware of safety incidents, they had acted to quickly share information appropriately with external agencies and stakeholders. If the provider had not been aware of when things had gone wrong with people's support at the time, they had taken appropriate action to be open and honest when they had been made aware of this. Relatives said the provider had been open about the recent abuse allegations involving people living at the service. Other relatives said issues with their family members care had been relatively few and had been resolved quickly by staff in the past.

●Health and social care professionals told us staff worked well with them to share information to help ensure people had good outcomes from their support. One professional said, "They are always helpful and give good clear accounts when asked for information. From my point of view, they also ask for advice when needed".

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 10 HSCA RA Regulations 2014 Dignity and respect Failure to ensure people were always treated with dignity and respect is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008. The notice requires the provider to become complaint with this regulation by 5 August 2022.

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 assess, monitor and manage risks to service users' health and safety, provide safe care and treatment, manage medicines safely, or ensure lessons were learnt. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008. The notice requires the provider to become complaint with this regulation by 5 August 2022.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure systems and processes protected people from abuse and improper treatment. This is 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.

The enforcement action we took:

We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008. The

notice requires the provider to become complaint with this regulation by 5 August 2022.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to ensure quality assurance and governance systems were effective, risks to people's safety were identified and managed safely, records related to the provision of support for people were adequately maintained, service performance was evaluated and improved is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The enforcement action we took:

We served the provider a Warning Notice under Section 29 of the Health and Social Care Act 2008. The notice requires the provider to become complaint with this regulation by 5 October 2022.