

Botany House Limited

# Jalna Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Jalna Residential Care Home is a residential care home providing accommodation, care and support for up to 22 people aged 65 and over. The service does not provide nursing care. There were 18 people living at the home at the time of the inspection.

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

Systems and processes safeguarded people from the risk of abuse. People told us they felt safe and staff were confident the management team would act quickly to keep people safe. Everyone spoken with were complimentary about the staff team and the care and support provided. Effective systems were in place to ensure lessons were learnt from any incidents and the management team understood their responsibility to be open and honest when something went wrong.

Environmental risks and risks to people's health, safety and wellbeing were managed well and kept under review. Equipment was safe to use and regularly serviced and maintained. Recruitment processes ensured staff were suitable to work with vulnerable people; some additional improvements, to ensure the process was fully robust, were discussed with the registered manager. There were enough staff to meet people's needs and to ensure their safety.

The home was clean and odour free and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic; we suggested changes to the cleaning schedule, and this was complied with. The management of people's medicines had improved, and they were managed safely. The service had equality and diversity policies and procedures in place. People's privacy and dignity were respected.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met; care records were reflective of the support they needed and received. They were supported to live healthy lives and had access to professionals, a well-trained staff team and a choice of a nutritious diet. The home worked in partnership with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team and staff had worked hard to address the shortfalls found at previous inspections and were clear about where further developments were needed. There were effective systems to check the quality of the service and to monitor staff practice with clear evidence improvements had taken place. People's views were sought about the service and acted on. Where possible, people were involved in decisions about their care and support. Care was planned in a person-centred way and regularly reviewed which helped ensure good outcomes for people; the registered manager told us further improvements were planned with this. Records were accurate and organised. The service engaged with external professionals to

ensure people received prompt and coordinated care.

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 25 February 2020). There were breaches of regulation in relation to maintaining accurate records in relation to people's care. We also made recommendations about medicines management. After the last inspection, the provider completed an action plan to show what they would do and by when, to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 9 May 2019, followed by a focused inspection on 28 August 2019 and 29 January 2020. Breaches of legal requirements were found.

We undertook this focused inspection on 16 December 2020, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jalna Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# 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.

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

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

Jalna Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 announced. We gave a short period notice of the inspection due to restrictions in place during the COVID pandemic.

#### What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with five people living in the home, the registered manager and a senior carer.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, three staff recruitment records, staffing rotas, minutes from meetings, maintenance certificates and records related to the auditing and monitoring of service.

After the inspection

We spoke with three relatives, two care staff and a healthcare professional. We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us before and after the inspection.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to maintain accurate, complete and contemporaneous records in relation to people's care in relation to risk assessment. This was a breach of regulation 17 (Good Governance) 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 17.

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.
- The provider had carried out environmental risk assessments and equipment was safe and regularly serviced. We discussed improvements to the way fire drills and emergency lighting tests were recorded. The registered manager addressed this immediately.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice in relation to record keeping, fridge temperatures and use of emollient creams. The provider had made improvements.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. People told us they received their medicines when they needed them.
- The registered manager had consulted best practice guidance in relation to medicines management and policies and procedures were available to all staff. Management and staff received support in this area from the local authority medicines management team; no concerns had been raised at the last review.
- Staff were suitably trained to administer medicines and checks had been carried out on their practice.

### Staffing and recruitment

- The registered manager followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting. However, we noted there had been delays obtaining police check and reference information; the reasons for this were recorded. We discussed the need for assessing any risks and evidencing additional staff supervision when there were delays obtaining records to support an applicant's fitness.

- The registered manager had systems to monitor the number of staff deployed in the home. People and staff confirmed there were sufficient staff to meet people's needs in a timely way. People made positive comments about the staff. One person said, "There is always someone on hand."

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

- Management and staff protected people from the risk of abuse. People told us they felt safe and were happy with the care they received. One person said, "I feel safe here, all the staff are approachable." Relatives had no concerns about the safety of their family members. They said, "[Family member] thinks all the staff deserve a medal", "Your team has gone above and beyond to keep [family member] safe" and "They treat my mum as if she is their own mum."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures. Staff spoken with felt they needed additional training with regards to recognising and responding to abuse and neglect. We shared this with the registered manager for action.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. The registered manager ensured staff were using PPE effectively and safely and the service was meeting shielding and social distancing rules. All staff were observed to be wearing appropriate PPE during our visit. Appropriate staff health risk assessments were in place.
- The registered manager was accessing testing for people using the service and staff. The provider was promoting safety through the layout and hygiene practices of the premises and was making sure any infection outbreaks could be effectively prevented or managed. The infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- The registered manager promoted an open and transparent culture in relation to accidents and incidents. Lessons learned were discussed at management and staff meetings. We saw evidence of how lessons had been learned from recent incidents. We discussed how learning could be evidenced more clearly.
- Management and staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends; evidence showed action had been taken to improve people's safety.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out assessments of people's needs before they came to live at the home, to ensure they could be looked after properly. Assessments from health and social care professionals and discussions with people and their relatives were used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, falls, oral health and skin integrity. This supported a good quality of life for people.
- The initial care assessment considered people's protected characteristics, such as age, disability, religion or belief.

Staff support: induction, training, skills and experience

- The registered manager made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Staff told us they would benefit from additional training in dementia, MCA and DoLS. We shared this with the registered manager.
- Staff told us they could approach management for support. The registered manager provided new staff with in depth induction training to support them with their role.

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

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.
- We observed the lunchtime period and saw that the atmosphere was calm, and people were not rushed. People who needed support and encouragement with their meals, were assisted with patience and dignity. People were offered meal choices and asked where they preferred to dine. Picture card menus were used to help people choose. People told us they were happy with the meals. They told us, "I enjoy the food" and "They ask me what I want to eat."

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

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. We saw positive feedback about this from healthcare professionals.

- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently.

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

- The provider had made internal and external improvements to the home to ensure people were safe and their needs met. Some improvements had been delayed during the pandemic and were progressing slowly; they included a secure garden area, improved corridor lighting, a visiting pod and a wet room. Maintenance processes ensured prompt attention to any reported issues.
- People were happy with their bedrooms and the communal areas. Communal areas were comfortable and homely, and bathrooms were suitably equipped. There were quiet seating areas for people to sit and look out of the windows.

#### 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.

- The registered manager understood when an application for a DoLS authorisation should be made and had recently attended appropriate training to support her with this. We saw that appropriate DoLS applications had been made for five people who used the service. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. Staff felt they needed additional training in this area; the registered manager had already arranged this. Staff supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. We observed staff asked for people's consent before providing care and respected their decisions. People we spoke with confirmed this.

# 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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 maintain accurate, complete and contemporaneous records in relation to people's care and governance systems were not fully embedded. This was a breach of regulation 17 (Good Governance) 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 17.

- At the last inspection, the quality monitoring systems were not embedded, and further improvement was needed. During this inspection, we found the systems to monitor the quality of the service and to monitor staff practice were more effective. Shortfalls had been identified and action taken; there was clear evidence improvement had taken place.
- The registered manager had been in post since September 2020. Records showed the registered manager was supported by the provider and by another registered manager within the organisation. There was clear evidence the provider had ongoing oversight of the service and records were accurate, accessible and organised.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, contracts and job descriptions.

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

- The registered manager and staff were committed to providing people with positive outcomes. They knew people well and knew what made them happy. They encouraged them to make decisions about their care and support. People told us they were happy living in the home, their opinions were sought and acted on and they were treated with respect.
- Staff were committed to providing high standards of care and support. We observed some good and caring interactions. They felt valued and supported, enjoyed working at the service and would recommend it to others.
- The registered manager was known to people. People and staff described the registered manager as a good leader and approachable. Staff felt the service was well-led and had improved since the last

inspection. All relatives spoke very highly about the home and about the registered manager and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their relatives. People described the registered manager as open and honest.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.

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

- The registered manager encouraged feedback from people. The quality of the service was monitored by speaking with people, regular meetings and customer satisfaction surveys to monitor whether they were happy with the service. Regular meetings gave people and staff the opportunity to share their views.
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. People were involved in the development and review of their care plans, where possible. Regular contact had been maintained with people's relatives during the pandemic; relatives spoken with were appreciative of this.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development during training, supervision sessions, handovers and meetings. The registered manager had attended training provided by commissioners to expand their knowledge and share with staff.
- The registered manager and staff had good working relationships with a variety of professionals to enable effective coordinated care and support for people. Feedback from healthcare professionals was positive. The provider worked in partnership with local commissioners. The provider had taken part in quality improvement meetings; no concerns about the service were raised at the recent meeting.
- The registered manager had not attended local forums. The forums supported registered managers and providers to keep up to date with policy changes and developed links with other registered managers. This would help keep the registered manager up to date and support improvements in the service. The registered manager agreed to access this support.