

Jeian Care Home Limited

Jeian 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We carried out this this focused inspection to check that they had followed their plan and to confirm that they now met legal met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jeian on our website at www.cqc.org.uk

This focused inspection took place on the 15 April 2015 and was unannounced. Following the inspection on the 28 October 2014, we asked the provider to take action to make improvements as we found evidence of major concerns in relation to Monitoring the quality and safety of the service. There was a failure to ensure that service users were protected from the risks associated with improper management of their medicines, operation of staff recruitment, care planning and they did not provide sufficient staff to meet people's needs. This meant that the safety and welfare of people using the service was at risk and the provider was failing to provide a safe, service. The provider was not meeting the requirements of the

Summary of findings

law, as they did not protect people against the risks of receiving care or treatment that was inappropriate or unsafe. Jeian Care Home is a residential care service providing accommodation and personal care support for up to 17 older people. One the day of our inspection there were 15 people living at the service.

There was a registered manager in place who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The local authority, quality and improvement team had been supporting the provider to improve the care and support provided to people. They had supported the provider to implement an improvement plan to provide planning for continuous improvement of the service with timescales for actions to be completed.

Action had been taken by the provider to implement a new system for auditing stocks of medicines and checks on medication administration records. This meant that there was a system in place for identifying medication errors.

Following a recent visit from environmental health inspectors the provider had not taken steps as required to maintain standards of hygiene and the kitchen equipment to protect people from the risk of cross infection and provide a safe environment free from the

risks of harm. We were not assured that steps had been taken to ensure that people lived in a hygienically clean, well maintained and safe environment free from the risk of cross infection.

There was a lack of assessment carried out to determine people's mental capacity to consent to their care and treatment. For people living with dementia and other health conditions there was limited information recorded within their care plans.

Staff did not always have access to care plans. This meant they did not have the up to date required knowledge of people's care needs.

People at high risk of malnutrition, had been provided with access to specialist support and actions had been taken to support people to gain weight. Where advice had been given to weigh people more regularly this had been carried out and recorded and dietary supplements had been provided as prescribed.

Newly employed staff had not been provided with robust induction training and support to enable them to carry out the duties they were employed to perform.

Further work was needed to provide effective monitoring and mitigate risks for people relating to their health, safety and welfare. For example, there was a lack of environmental risk assessments, monitoring of the kitchen cleaning and maintenance of kitchen equipment and a system to ensure a regular review of people's care and robust care plans review.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe. Following shortfalls identified at our inspection the provider took steps to protect people from the risks of cross infection after the kitchen was found dirty and unhygienic.

Improvements had been made in the recording and auditing of people's medicines administration. This meant that people could be assured their medicines were administered as prescribed.

There was sufficient staff available on the day of our visit. However, with no cook employed at the weekends this increased pressure on staff and presented a risk of people's needs not being met.

Requires improvement



Is the service effective?

The service was not consistently effective. Newly employed staff had not been provided with robust induction training and support to enable them to carry out the duties they were employed to perform.

People were positive about the quality of food provided. People at risk of malnutrition had access to specialist support and action taken to support them to gain weight.

There was a lack of assessment carried out to determine people's mental capacity to consent to their care and treatment. For people living with dementia and other health conditions there was limited information recorded within their care plans.

Requires improvement



Is the service caring?

(Text unchanged from comprehensive inspection)

Requires improvement



Is the service responsive?

The service was not consistently responsive. Care plans did not contain enough information about people's needs for staff to deliver responsive care.

Staff were not always aware of what was written in people's care plans as they did not always have access to these and time allocated to read them. This meant that people receiving care could not be assured that staff had been supported with guidance to understand their medical conditions, personal history, individual needs and preferences.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Further work was needed for the provider to ensure that they were meeting the legal requirements as there was a lack of robust quality and safety monitoring as they had failed to identify the shortfalls we found.

Requires improvement



Summary of findings

Staff were positive about the management of the service describing the management team as fair and approachable.

Jeian Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection on 15 April 2015 was a focused inspection to follow up on action taken by the provider in relation to the breaches of legal requirements that we found on 28 October 2014. This inspection was unannounced.

We inspected the service against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive, is the service well-led. This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector.

We spoke with three people who used the service, one relative, one health professional visiting the service, three care staff, the cook, the provider and the deputy manager.

We observed how care and support was provided to people throughout the day. Including the midday meal within the communal lounge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, medicines administration records, three staff recruitment records, staffing rotas and records related to how the service monitored the quality and safety of the service.

Is the service safe?

Our findings

At our comprehensive inspection 28 October 2014 we found that the provider did not have robust systems in place to manage people's medicines safely and ensure people received their medicines as prescribed. The provider had also failed to ensure that staff were subject to a robust recruitment check prior to starting work. This meant that steps had not been taken to safeguard people from staff who may not be suitable for the work they were employed to perform.

We found some improvement at this focused inspection in relation to the issues highlighted at our last comprehensive inspection. However, we found that the provider was failing to ensure that people lived in a clean, well maintained and safe environment and further work was needed to ensure the provider was meeting the legal requirements.

The local authority's environmental health officer had visited the service recently and had rated the kitchen at four out of five stars. When we looked at the main kitchen where all meals were prepared we saw that cupboards, drawers and the oven were dirty and unhygienic. Drawers and cupboards were found to be unclean with food crumbs, sticky patches and debris in them. We saw that the inside of the microwave and gas oven was dirty with food debris. The oven door handle was missing and this presented people with a risk of burns and scalds. We asked the cook if they had a schedule of cleaning in place. They showed us a cleaning schedule for the kitchen. However, we noted that no record of cleaning had been maintained since January 2015. During our inspection the cook took action and cleaned the kitchen cupboards and oven.

There had been a leak of water through the kitchen ceiling which had left a large stain and water had penetrated into kitchen cupboards causing them to swell and perish. The majority of cupboards were found to be chipped and the plastic coating to the cupboard doors damaged. This presented a risk of bacteria collecting in the cracks and crevices and difficult to clean. The provider took immediate action and had the cupboard doors replaced within three days of our visit and ceiling re-plastered. This was confirmed following a visit from the local authority, quality and improvement team.

We saw that there were hand-washing facilities and disposable paper towels in bathrooms and toilets, which minimised the risks of cross infection. We noted that staff wore aprons and gloves when assisting people in areas such as with their personal care and when handling food.

At the time of our inspection which was a week day, we observed there to be enough staff on duty to meet the needs of people who used the service. The provider has recently employed a deputy manager who was designated to work alternative weekends. Staff and the provider told us this arrangement provided the service with additional senior staff back up identified at the last inspection as needed at the weekends. However, there was no cook employed at the weekends and this meant that care staff were expected to prepare and provide meals with no additional hours allocated for this task. This presented a risk of people's needs not being met as staff may not always be available. The provider told us they had recently advertised for a weekend cook and were waiting for a response.

The provider told us there had been a high turnover of staff since our last visit and new staff had recently been employed. Staff told us there had been a period of instability with a lack of staff but that the situation was improving. All of the staff we spoke told us there was sufficient staff to meet people's needs. People who used the service told us, "Staff are a bit pushed at times but they are good to us", "The staff are always available when you need them" and "They are busy in the morning and you wait a little while but nothing I cannot cope with. They are all kind and helpful and do come when you call."

At our previous comprehensive inspection 28 October we found the provider did not have robust systems in place to manage people's medicines safely and ensure people received their medicines as prescribed. At this inspection we found the provider had been taken action with support from the local authority, quality monitoring team to implement a new system for auditing stocks of medicines and carry out checks on medication administration records. This meant that there was a system in place for identifying medication errors. Monthly audits had been completed by the manager and deputy. The deputy manager told us that they were reviewing their audits and planned to move from monthly audits to weekly auditing.

We looked at information in medication administration records and care notes for five of the 15 people who lived at

Is the service safe?

the service. We found that there had been improvements in the quality of recording and evidence of safe administration of people's medicines. There was now photographic identification for people to assist staff when administering medicines.

We carried out a stock check of medicines against administration records and found that the number of medicines remaining balanced with the records of receipt of administration for four out of the five people's medicines we looked at. One item of medicine for one person did not balance with the record of stock remaining where staff had signed for one item which had not been administered.

The provider told us that all staff were due to attend training in the safe management and administration of people's medicines the following day after our visit.

The supplying pharmacist for the service had recently carried out a medicines management safety audit of the service. A review of the pharmacist's report showed us that

the provider had taken steps in response to the pharmacist's findings to improve the monitoring of medication stocks and records of people's medicine administration.

At our previous comprehensive inspection 28 October the provider had failed to check the validity of references when recruiting new staff. Where staff had been dismissed from their previous employment checks had not been carried out to confirm the reasons for their dismissal. This meant that steps had not been taken to safeguard people from staff who may not be suitable for the work they were employed to perform. A review of staff files at this inspection demonstrated improvements in how the provider evidenced the safe recruitment of staff. Staff files contained evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. However, there was no evidence that newly appointed staff received induction training other than a tour of the building and shadowing more experienced staff.

Is the service effective?

Our findings

At our comprehensive inspection 28 October 2014 we found that the provider failed to put in place suitable arrangements for obtaining and acting in accordance with, the consent of people in relation to the care and treatment provide for them. We were not assured that people's choice and rights were being respected.

We saw at this focused inspection that there had been some improvement. However, further work was needed to ensure compliance with legal requirements.

Staff had limited understanding when asked to describe what might constitute as a deprivation of a person's liberty. When asked where they would go for guidance in relation to the people they cared for they told us they did not know. The provider told us that following a visit from the local authority quality and improvement team training had been accessed via the Mental Capacity Act lead for the authority. They told us this was planned to take place shortly and would be provided to all staff. This would help staff in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people who use the service by ensuring that if people's freedom of movement is restricted the provider considers this may be a deprivation of their liberty and takes action to ensure people's best interests are assessed by professionals who are qualified to do so.

We found that there was a lack of assessment carried out to determine people's mental capacity to consent to their care and treatment. For people living with dementia there was limited information recorded within their care plans. Staff had not been provided with the robust, personalised guidance they needed to support people who may lack the capacity to make decisions about their everyday lives. This meant that people were at risk of receiving care which was not personalised and responsive to their assessed needs. The deputy manager showed us a new care planning system they were in the process of implementing. They told us this would include an assessment of people's mental capacity and provide more detailed guidance for staff in promoting the best interests of people who used the service.

We spoke with three newly employed staff all employed since our last visit in October 2014. They told us they had

been provided with opportunities to shadow other staff for up to three shifts before they provided personal care support to people. However, discussions with staff and the provider did not evidence any formal induction training provided other than shadow shifts. One member of staff told us, "If it was not for my previous experience of working in a care home, I would be unsure of what to do. I have not received any other training since I came here." Another told us, "I think there is some training coming up but I am not sure when." Staff also told us they would have benefitted from the opportunity to spend time reading care plans and getting to know people needs more as part of their induction before caring for people alone.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received only positive views from people regarding the quality of food provided such as, "The food is very good", "I cannot complain about the food it is tasty" and "I can't complain its nice having your food cooked for you." However, people told us they had not been consulted in the planning of menus. The provider when asked told us they did not have any menus in place. People told us they were provided with whatever was given to them on a daily basis. One person told us, "If I did not like what was on offer I am sure they would cook me something else." It was therefore not evident that food provided was consistent with people's expressed preferences.

People who had been assessed as at high risk of malnutrition, had been provided with access to specialist dieticians for advice when a loss of weight had caused concern. Where advice had been given to weigh people more regularly this had been carried out and recorded. We saw that for two people assessed as at high risk of malnutrition, dietary supplements had been provided as prescribed. These people had been weighed weekly as per the guidance given and records showed they had gained weight.

We spent some time in communal areas observing interactions between staff and people who lived at the service during the midday meal. Staff were respectful and spoke kindly to people and with consideration. We saw staff were unrushed and caring in their attitude towards people when supporting them with eating their meals.

Is the service caring?

Our findings

(Text unchanged from comprehensive inspection)

Is the service responsive?

Our findings

At our comprehensive inspection 28 October 2014 we found that people did not always receive personalised care that was responsive to their needs. Care plans did not contain enough information about people's needs for staff to deliver responsive care. Action had not been taken by the provider in response to concerns expressed by people regarding the behaviour and conduct of staff.

At this focused inspection we found the provider had made some improvements. However, further work was needed for the provider to meet legal requirements.

Care plans were not easily available to staff and did not contain enough information about people's needs for staff to deliver responsive care. We found care plans where information had been cut and pasted from one person's care plan to another. This resulted in the name of people being recorded in other people's care plans and their care needs incorrectly described.

During our visit we spoke with one healthcare professional. They told us the reason for their visit was to check and provide fresh dressings to one person with leg ulcers. We looked at this person's care plan and found that the risk assessment with regards to skin integrity had been left blank. This person's current health care needs had not been recorded and there was no guidance within their care plan with actions recorded to guide staff in mitigating the risks to this person and ensuring that they were provided with care that met their needs.

Staff we spoke with told us they did not have easy access to care plans as these were locked away in the medication cupboard. Discussions with the provider and deputy manager confirmed that care plans were locked away and were given to staff at the end of their shift to record on daily notes the description of personal care provided throughout that shift. Newly employed staff told us they had not been provided with the opportunity to read people's care plans during their induction and did not know what information had been recorded to guide them in providing personalised care to people. This meant that people receiving care could not be assured that staff had been supported with guidance to understand their assessed needs and preferences. This also had the potential to put people at risk as staff had not been given easy access to read risk

assessments. For example, with guidance in the safe moving and handling of people and supporting people who may present with distressed reactions to others and their surroundings.

There was insufficient planning to support people's wishes and preferences regarding how they wished to live their daily lives. Care plans did not identify people's night time care needs, wishes, choices and preferences regarding how they chose to live their daily lives.

Care plans did not record people's social and leisure interests. We were not assured from discussions with the provider and deputy manager that the planning of people's care was personalised to include providing for people's interests and aspirations as these had not been explored. One person told us how much they enjoyed spending time in their room and also enjoyed access to the garden through the door in their room. However, they also told us they could not always access the garden as the key to the outside door was often locked and the key placed by staff on top of their wardrobe. This they told us meant they had to seek staff assistance to unlock the door before they could access to the garden. They said, "I am perfectly capable of opening a door and would like to do so as and when I choose." We discussed this with the provider who told us there was no reason why this person could not have access to the key and they would attend to this immediately.

We discussed the shortfalls we identified with the provider and deputy manager. They told us they were in the process of implementing new care planning documentation which they said would provide more robust guidance for staff in meeting people's assessed health, welfare and safety needs.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The member of staff previously employed as the activities coordinator was now employed as the cook. The deputy manager told us that there was no longer one designated member of staff to plan and provide activities and that care staff were now responsible for providing a range of group activities during the quieter times of the day. People we spoke with told us there were occasional quizzes and ball games provided but none of the people we spoke with said they were provided with access to the individualised or

Is the service responsive?

community activities other than when relatives provided this support. On the day of our visit we did not observe any individual or group activities having being provided other than people watching the TV all day.

We asked the manager how they routinely listened and learnt from people's experiences, concerns and complaints. They told us they carried out regular residents meetings and surveyed the views of people on an annual basis. The

complaints policy was displayed in the entrance corridor of the service. This contained contact details for the provider and the Care Quality Commission. The provider told us that no complaints had been received since our last visit to the service. Everyone we spoke with told us they had no reason to complain but if they were unhappy or concerned about anything they would tell the staff and their relatives.

Is the service well-led?

Our findings

At our comprehensive inspection 28 October 2014 we found that the provider had failed to carry out any quality and safety monitoring of the service. This had placed people using the service at risk of receiving inappropriate and unsafe care. We also found information held about people to be disorganised which had resulted in the provider being unable to access information we requested as part of the regulated activity.

We found at this focused inspection that the provider had made some improvements. The provider's office had been tidied and records held had been organised into folders. This meant that access to the information held as part of the regulated activity was improved. However, further work was needed to ensure compliance with legal requirements. The provider's quality and safety monitoring had failed to identify the shortfalls we found at this inspection.

The local authority quality and safety monitoring team had visited the service in February 2014 and had supported the provider to produce an improvement plan. The improvement plan identified actions with timescales for the provider to take to mitigate risks to people who used the service. The quality improvement team had agreed with the provider further visits to check on their progress in meeting the required standards of care.

Action had been taken by the provider in accordance with their improvement plan to implement a system of monthly audits where stocks of medicines were checked against medication administration records. This meant that there was a system in place for identifying medication errors. However, further work was needed to provide robust monitoring and mitigate risks for people relating to their health, safety and welfare. For example, there was a lack of environmental risk assessments, monitoring of the kitchen cleaning and maintenance of kitchen equipment and a system to ensure a regular review of people's care and robust care plans review.

This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff we spoke with were positive about the culture of the service. Comments included, "We work well as a team", "The provider is fair and approachable" and "I have no concerns we work well as a team." All staff were positive about the recent recruitment of a deputy manager. Staff expressed their confidence in this person to improve the quality of communication amongst the team and gave examples of how they had created a more stable environment where concerns were acted upon and action was being taken to put in place improved systems for planning of care and audit of medicines monitoring.

The provider and deputy manager told us that they had been supported by the local authority, quality monitoring team to access places for both of them to work towards a management qualification which was planned to start in September 2015. This they told us was a year long course provided by the local authority designed to equip and support care home providers and manager's to understand their legal roles and responsibilities and planning for continuous improvement. Discussions with the local authority following our visit confirmed what we had been told.

We asked the provider what action they had taken to improve the quality monitoring of the service and how they accessed people's views in planning for continuous improvement of the service. The provider showed us feedback from a recent survey carried out in March 2015. Responses had been received from five people who used the service, staff and relatives. All responses received were positive. The survey was a brief, tick box system which asked people how much they agreed with specific statements. The survey did not directly ask people their views about the quality of the care they received. There was also no comments box for people to provide comments if they wished to do so. We discussed this with the provider and deputy manager who told us they would review the format of their survey. They also told us they recognised there was a need to put in place a system to analyse the responses they received and provide a report of actions they would take in response to any concerns they may have been communicated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider had not taken steps to ensure planning of care reflect people's needs and preferences.</p> <p>Care plans were not easily available to staff and did not contain enough information about people's needs for staff to deliver responsive care.</p> <p>Regulation 9 (1) (a) (b) (c) (2) (3) (a) (b) (c) (d)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people and others who may be at risk. There was a lack of environmental risks assessments, monitoring of the kitchen environment and maintenance of equipment.</p> <p>There was a lack of systems to ensure a regular review and update of people's care plans.</p> <p>Regulation 17 (1) (2) (a) (b) (f)</p>

Regulated activity	Regulation
	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had not taken steps to ensure that staff received a robust programme of induction training to provide them with the skills and knowledge to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1) (a)</p>