Jubilee Court Care Ltd

Jubilee Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Jubilee Court is a residential care home providing accommodation and personal care to up to a maximum of 29 people. The service provides support to people with a range of support needs including some living with dementia and some living with mental and physical health conditions. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found
There were not enough activities available for people living at the service and people told us they were often bored. We observed people sitting in communal areas with nothing to distract them. There were enough staff to support people's care needs but staff did not always have enough time to spend with people and engage them in activities. Relatives and staff, we spoke with confirmed this. The registered manager told us a new activities coordinator was due to start work in a few weeks but at the time of the inspection the lack of activities for people was an issue. Care plans were person centred and people and relatives told us they were involved in care planning and reviews. Some people needed help with communication, and this was documented and provided by staff. A complaints procedure was in place and accessible to people and relatives who both told us they were confident that issues raised were dealt with promptly. The service supported some people in receipt of palliative care. Staff had been trained in this area and were able to tell us the important aspects of support for people at this important time.

People were protected from harm. Safeguarding and whistleblowing policies were in place and staff knew how to raise concerns. We found some missing risk assessments on the first day of our inspection however the registered manager completed these documents and updated staff before we returned for the second day. 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. Staff had been recruited safely and there were enough on each shift to support people. Medicines were stored, administered, recorded and disposed of safely. Infection prevention processes were in place and the service was clean. Accidents and incidents had been recorded with any learning shared to minimise recurrence.

Everyone spoke highly of the registered manager who had created a positive culture at the service. Auditing processes were in place, overseen by the registered manager and people, relatives and staff all had opportunities to provide feedback and this was analysed and any changes or learning required was put in place. The registered manger was open and honest and had complied with the duty of candour.

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

Rating at last inspection
The last rating for this service was good (report published 21 September 2018)

Why we inspected
The inspection was prompted in part due to concerns received about falls management, detail in care plans, activities and cleanliness. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focussed inspection to review the key questions of safe, responsive and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 COVID-19 and other infection outbreaks effectively.
The overall rating for the service has remained good.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Jubilee Court

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 Health and Social Care Act 2008.

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 two inspectors.

Service and service type
Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jubilee Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We looked around the service and spoke with people who lived there. We spoke with 11 people and 10 members of staff. Staff included the provider, the registered manager, the cook, 3 senior carers and 4 health care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents relating to people's care and support. These included 6 care plans which contained a range of risk assessments, multiple medicine administration records (MAR) and documents relating to auditing and quality assurance. We looked at 4 staff files and documents relating to complaints. We spoke with 4 relatives and 3 professionals.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and were protected from harm. Staff were able to tell us the steps they would take if they suspected abuse. A staff member told us, "I'd make them safe if there were any risks. Explain to the manager and local authority also."
- People and their relatives told us they felt they and their loved ones were safe. A person said, "Yeah, I feel safe." A relative told us, "Seems to be safe, in fact, very happy and safe." Another relative added, "Yes, safe and well cared for."
- There was a safeguarding policy in place and all staff had received safeguarding training. We were shown training records that confirmed this. The service had a whistleblowing policy which allowed staff to raise concerns anonymously.
- The registered manager had raised safeguarding issues appropriately with the local authority and CQC and we saw a log of safeguarding raised which clearly showed outcomes and learning.

Assessing risk, safety monitoring and management

- Risks to people were managed. However, we found some risks that were not covered by risk assessments for staff to follow. Risks including falls, self-neglect and diabetic episodes were found to be missing for some people. We highlighted this to the registered manager who immediately created documents for staff to follow to support people.
- Staff knew people well and managed risks. Staff knowledge about managing people living with diabetes was not consistent on the first day of the inspection. However, the registered manager made sure that this was immediately improved and when we spoke to staff on the second day of the inspection, they were able to tell us the correct support they would provide to people during a diabetic incident.
- People had personal emergency evacuation plans (PEEPs) in place that described their support needs in the event of an emergency. These documents were in care plans and were updated if people's support needs changed. A copy was kept at the main entrance to the building for easy access.
- We were shown current safety certificates relating to gas, electricity and legionella. There were regular fire alarm tests and testing of fire equipment. A maintenance log was used for staff to record any issues or faults and these had been dealt with in a timely way.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Some people living at the home were living with dementia and some lived with mental health conditions that affected their ability to make some decisions. Staff understood the importance of supporting people with some day to day decisions and to guide them where appropriate. Staff promoted people's independence each day for example, when deciding what and where to eat their meals and decisions about receiving personal care.
● We were shown training records that confirmed staff had been trained in the principles and the application of the MCA.
● Care plans had decision specific mental capacity assessments in place. For example, consent to care, to have their photographs taken and for the receipt of medicines. Where people were not able to make decisions independently, we saw evidence of decisions being made in their best interest and involving them in that decision making process.

Staffing and recruitment
● There were enough staff on duty each shift to safely support people. Staff rotas confirmed this and during our inspection we saw staff responding to people's needs and requests. There was always at least one member of staff in the communal lounge area. People that chose to spend time in their bedrooms were visited throughout the day and were supported with personal care and with food and drink.
● Staff had been recruited safely. We looked at 4 staff files and they all contained the required documents for example, references, photographic identification, interview notes and 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.

Using medicines safely
● We looked at 10 medicine administration records (MAR) and found that medicines were being administered safely. We observed a round of medicine administration which was carried out by 2 staff members and MAR charts were completed showing dates, times and the name of the staff member involved. All records were then checked by a senior staff member or the registered manager.
● Medicines were stored safely with controlled medicines being kept in a locked cupboard within a locked medicines room. Medicines that needed returning to the pharmacy were kept separately within the same locked room.
● Staff had received training in medicines, and we saw that regular refresher training had been provided. The registered manager or senior staff members would carry out competency checks on staff to ensure safe practice.
● A separate protocol was in place for 'as required' medicines, for example pain relief. Staff were aware of the correct procedures for administering these medicines. A staff member said, "If it's prescribed then it will be recorded on the MAR. If not, I'd ask the manager or call the GP."

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On both days of the inspection, we found the smell in the lounge area was not always pleasant. We spoke to the registered manager who provided an explanation for both days and

agreed that this would be closely monitored to minimise the chance of a reocurrence.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

The registered manager had followed the government guidelines relating to visitors to the service following the recent covid-19 pandemic. Relatives told us that they were notified of any changes and were advised about the latest guidelines.

Learning lessons when things go wrong
● Accidents and incidents had been recorded and a copy of the record placed within people's care plans. Records provided details of the accident and any action taken to minimise the chance of reocurrence. For example, a person who had fallen had the following actions put in place: ensure safe footwear worn, bedroom clear from obstructions and more frequent checks. This had reduced the number of falls.
● We highlighted to the registered manager that further analysis was needed relating to falls. The registered manager responded by completing a comprehensive document showing time and location analysis and identifying any patterns or trends and putting in place steps to minimise people experiencing further falls. These findings were shared with all staff who told us they had been given time to read the updated documents.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were not enough activities available for people. People told us they were often bored and had nothing to do. Comments included, "I'm bored to death," "No activities happen, I wish they did" and "They don't have activities at the moment." Similarly, a relative told us, "It's lacking. They need the mental stimulation."
- We spent time observing people in the communal lounge and although the television was on, no one appeared to be watching. Some people were asleep and others were sitting quietly and not speaking. Staff were present but did not have the time to support people with activities. A member of staff said, "I do have some time with people but it's not enough."
- The registered manager told us that twice a week some form of entertainment was provided but acknowledged that this was not enough. The registered manager told us that a new activities coordinator had been identified and was due to start work at the service a few weeks after our inspection. However, the lack of meaningful activities at the time of our inspection was an area requiring improvement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. The front page of the electronic care plans provided a clear overview for staff relating to people's care and support needs, key contact information, medical background and risks. There was also a clear timeline of the days actions which included medication provided, personal care details and food and drink offered and that actually taken.
- A section within the care plan called, 'should be aware of,' provided details of any known risks and details about triggers and how to manage them. For example, some people lived with anxiety and sometimes experienced hallucinations. There were clear instructions for staff about spending time talking to people and reassuring them and to call for medical advice if needed.
- Care plans contained personal histories and details of people's families, loved ones or advocates. Details were provided about how people liked to spend their time including hobbies and pastimes.
- Relatives told us they had been consulted about their loved one's care plans and reviews. A relative told us, "They call me every week and I'm told about any changes. I'm kept involved with things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Most people living at the home could communicate verbally with staff and explain their needs and wishes. There was a section in care plans that addressed communication needs and advised staff how to approach people who did require support. For example, some people did use physical signs and gestures to communicate some issues. Staff understood this and were able to support people.
● We were shown accessible information standards care plans for those people who had specific communication needs. For example, people who had sensory needs and were hard of hearing had a range of options to support them. Some preferred using hearing aids and others preferred to use picture boards to point at things, for example food choices. Others needed staff to speak slowly, clearly and within a close distance to them to enable them to hear. Staff understood the various needs that people had with communication.

Improving care quality in response to complaints or concerns
● A complaints policy was in place and was accessible to people and their relatives. An easy read formatted version was available in a communal area of the service. We were shown a complaints file that detailed some issues that had been raised and the response provided. In all cases the registered manager had provided an acknowledgment on the day the issue had been raised, followed by a detailed response, within the time limits of the policy.
● People and their relatives told us that they were confident to raise issues or to complain and that any matters raised were listened to and acted in by the registered manager. A relative said, "I am confident that any issues or complaints are listened to, the manager is very good." A professional told us, "I raised an issue once and the manager responded immediately and said, 'I don't mind looking into what we are doing wrong, we want to improve and learn.'"

End of life care and support
● Care plans had an end of life section which had been completed. Not everyone wanted to discuss their future plans, but their wishes were recorded and then later reviewed. Most care plans contained respect forms which detailed advance decisions for people's future health and social care needs.
● Staff had received training in palliative care and were able to tell us about the important aspects of providing care to people who were towards the end of their lives. A member of staff said, "Make them comfortable, avoid pressure sores by re-positioning." Another said, "Family and friends are important to people at that time." Another added, "Personal care very important. Mouth care and changing pads to make comfortable."

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- The registered manager had created a positive culture at the service where the support needs of people came first. At the time of the inspection the registered manager had only been in post a few months and was in the process of updating care plans and making sure they had the right staff team with the right skills and training in place. Some aspects of this process needed further time to embed but the atmosphere at the home remained positive.
- The registered manager knew people well including their needs and preferences. We observed interactions between people and the registered manager that were positive. The registered manager was a visible presence at the home and people, relatives and staff all told us they were approachable. A person told us, "She looks after me well, a very nice woman." A relative said, "Brilliant. Approachable and deals with issues."
- Comments from staff included, "Supportive, approachable," "Helpful and friendly. Helps sorts issues out" and "Manager is very supportive."
- Care plans and daily notes were written in a person centred way. Daily notes described how people were feeling and how their moods presented each day which gave other staff a clear picture of the appropriate levels of support people needed each day.

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

- The registered manager was open and honest with us throughout the inspection. Where we highlighted issues or concerns there were immediately addressed. For example, we found several sharps bins that had not been collected. The registered manager took steps on the day of the inspection to have these collected and created a poster giving staff clear instruction to call the collection service in future when just two bins were full.
- The registered manager was aware of their responsibilities under the duty of candour. Legally services have to inform CQC and the local authority of certain significant events that happen at their service. This obligation had been met.
- The last CQC inspection report was displayed in a communal area of the service and was accessible from the service website homepage.

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

regulatory requirements

● Auditing processes were in place and were carried out or were overseen by the registered manager. All aspects of the service were subject to audits including, medicines, training, care planning and health and safety. In addition, a 3 monthly 'dignity' audit was carried out. This covered interactions between staff and people and focussed on person centred care provision.

● An independent auditor was employed by the service to overview systems and processes. We were shown the latest auditing report and saw that actions had been followed through and completed.

● Care plans and risk assessments were updated and reviewed by the registered manager every month or more frequently following an event of change in a person's care and support needs.

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

● The registered manager had ensured that people, residents and staff all had opportunities to feedback their concerns, raise issues and highlight good practice. People were supported to complete a satisfaction survey. We were shown the latest results which showed all responses to be either fair, good or very good with 95% of people stating they were involved in their own care planning.

● Relatives confirmed that their views were asked for and issues acted on. A relative told us, "I have been asked for feedback and they always respond to concerns. I also have an App on my phone. I can see what (name of relative) does each day and I have a chance to comment if I want to."

● Similarly, staff had opportunities to feedback about the service. Staff had daily interactions with the registered manager and more formal supervision meetings where any issues were discussed. A staff member said, "I can say my opinion and make sure staff and residents are ok." Regular staff meetings took place which were minuted and action points recorded and acted on. A staff member told us, "We can also send messages into the meeting if we can't attend."

● People's equality characteristics were respected. For example, care plans documented highlighted those people who followed a particular faith or religion and those who had dietary wishes. Staff were aware of people's needs and respected difference.

Continuous learning and improving care. Working in partnership with others

● The registered manager was supported by the provider and told us they kept up to date with information and bulletins from the local authority, CQC and the UK Health Security Agency. Key messages and updates were shared with all staff. Guidance relating to the use of PPE and visiting arrangements to the service had been followed.

● The registered manager was focussed on the continuous improvement of the service. Computer records were being updated and new staff being employed into support roles as well as ensuring enough staff on duty for every shift. Business and contingency plans were in place.

● The registered manager had established positive working relationships with other social and health care professionals. Professionals told us of a good working practices and communication. Comments from professionals included, "We work very closely, some are very difficult cases. We have a good rapport and work well with the manager," "Service has improved since (current registered manager) took over" and "The manager is always responsive to my requests."