

Jubilee Citizens UK

# Jubilee Citizens UK

## Inspection report

76-78 Boldmere Road  
Sutton Coldfield  
West Midlands  
B73 5TJ

Tel: 01213623664

Date of inspection visit:  
22 May 2019

Date of publication:  
18 June 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Jubilee Citizens UK is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection 40 people were receiving care and support services.

People's experience of using this service:

People spoken with told us they felt safe with staff who supported them.

People's individual care needs were assessed with them and risks to their safety were identified so care was provided that was personal to them.

Staff spoken with fully understood their responsibility in reporting concerns and safeguarding people from harm.

People received their medication safely and as prescribed from trained and competent staff.

There was enough staff to meet people's care needs who had been safely recruited and trained.

Accident and incidents were reviewed and used as a learning process to prevent and minimise any further risks to people's health and wellbeing.

People were cared for by staff who had the skills and knowledge to meet their needs, Staff understood their role and felt supported by the management team.

Staff sought people's consent before care was provided. People were supported to access healthcare agencies when required.

People told us staff supported them the way they wanted, they could contact the office where friendly staff answered any query.

People told us care calls were on time and there were no missed calls.

People told us staff were supportive, maintained their dignity and were respectful.

People's care needs were assessed to ensure the service was tailored to meet their individual needs.

People were supported to have choice and control about their care, and reviews were completed regularly to ensure consistency.

The provider had a complaints process in place which people were aware of and knew how to access.

Systems was in place to check the quality and safety of the service provided so the service could improve where needed.

People and staff felt able to approach the management team, and felt they were listened to and their ideas acknowledged.

Staff felt supported in their role and there was a workplace culture of openness which meant staff and people felt able to raise issues with confidence.

Feedback from people was positive about the service provided.

Rating at last inspection:

Good (report published 04 April 2016)

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was 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 Citizens UK

## 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.

This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Jubilee Citizens UK is a domiciliary care agency and provides care and support to people living in their own homes.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

The service did not have a registered manager at the time of the inspection visit. The previous registered manager had left the service. An acting manager had been appointed and was applying for their registration with CQC at the time of our visit. 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 requirement in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We sought feedback from other professionals who work with the service. We assessed the Provider Information Return (PIR), we require providers to send this to us at least once annually, to give some key information about the service,

what the service does well and improvements they plan to make.

We reviewed the care records of five people to see how their care was planned and delivered, as well as their medicine administration records. We looked at five recruitment, training and supervision records for staff which included staff who had recently joined the organisation. We also looked at records of peoples care, which supported the provider to monitor the quality and management of the service.

We spoke with eight people, seven staff, which included the operation manager and the acting manager. At the time of the inspection the agency was supporting 55 people.

The Inspection site activity started on 22 May 2019 and ended on 03 June 2019 this included telephone calls to people and their relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 22 May 2019 to see the registered provider and to review care records, policies and procedures. We also looked at records relating to the management of the service to ensure people received a good quality service.

Details are in the key questions below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People spoken with felt safe with staff. One person told us, "They are really nice people, staff are good, they make you feel safe all the time with little things they do such as making sure the doors are locked when they leave, checking windows and listening to you, I feel absolutely safe with them."
- Staff spoken with told us that they had regular safeguarding training and updates, so they had the information they needed to assess situation and report if required. All staff fully understood their responsibilities and there were policies and procedures in place to support staff should they feel concerned.
- Staff told us they would raise any safeguarding concerns, including whistle blowing, [reporting concerns to the manager or someone independent of the provider if required]. One staff member told us, "I would be the first person to tell a manager if I thought someone was being abused, no hesitation at all. I have done it in the past and I would do it again, and I would let them know it was me."
- The registered manager understood their responsibilities to act and report on suspected abuse and had effective systems in place.

Assessing risk, safety monitoring and management

- Risks related to people's care needs had been identified and assessed according to people's individual needs and abilities. Risk assessments were updated when people's needs changed so staff had the information to care for people safely.
- Other risk assessments were completed and included; risks associated with the environment and the equipment people used. This was to ensure that the environment was safe for both staff and the people they were supporting.
- Care plans were written with guidance around how to manage risks and reduce them as far as possible. Decisions were made with people to maximize their independence but also minimise the risk involved. One person told us, "They [staff] make sure I am ok, and I don't get up to mischief, by doing things that I know I should not do, we have a bit of a laugh about it, I feel very safe with them."
- Staff had a good understanding about people's individual risks and understood the action they needed to take to keep people safe, whether this be reporting new risks or if a change was required to current risk assessments.

Staffing and recruitment

- People and staff told us there was enough staff to meet people's needs.
- People told us that the staff had more time now where as in the past they would have to go to the next call as soon as they had finished.
- Staff spoken with told us that there had been a significant improvement recently in staffing levels, the new management had listened to them and recruited more staff. One staff member told us, "When the new

management came in we had a staff meeting and told them we felt rushed, they started recruiting staff straight away and now we have time for the people we support, its brilliant."

- The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This ensured only suitable people were employed to support people.

#### Using medicines safely

- People told us their medicines were managed safely.
- All staff had been trained to support people with their medication
- The support people needed with their medication was recorded within their care plans so staff had the information they required to support people.
- A policy was in place for staff to refer to if required and errors were recorded and reported immediately if these occurred.
- Medication administration records were clear, and the correct codes were used. Risk assessments were in place for those people who were supported with their medication. One person told us, "They [staff] just remind me to take my medicines, give me a little prompt, I have it from the chemist, they do check it to see if all ok though."

#### Preventing and controlling infection

- People told us staff used gloves and aprons, when providing care and support.
- Staff told us they had received training in infection control and procedures were in place to prevent cross infection.
- Staff understood the principle of how infection can be spread. A staff member gave us an example, "It's about making sure if you are supporting people with eating and drinking that utensils are not used for meat and then used for salads. Gloves are disposed of and not used on the next person."
- Staff were knowledgeable about how to reduce the risk of infection and said personal protective equipment (PPE) was available to them.

#### Learning lessons when things go wrong

- The provider had a system in place to record incidents and the action they had taken to reduce the risk of harm. Records showed that risk assessments had been reviewed and amended following concerns.
- The management team analysed incidents and shared learning across the organisation to prevent future occurrence.



# 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

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.

- People told us when they started with the service they had a meeting with the manager so they could tell them what they wanted support with. One person told us, "They [office staff] call me regularly to check I am ok and ask if there are other things that I might need doing. They keep their eye on me."
- People's care needs had been assessed, which enabled the provider to arrange the appropriate staff needed to support people. Assessments identified people's likes, dislikes and preferences so staff would know what people's interests were, their medical condition and their history.
- The care provided was monitored and changes made as the person's care needs changed. One person told us, "I do have a copy of my care plan, but I don't refer to it as staff do what I want."

Staff support: induction, training, skills and experience

- People told us that they felt they were provided with care staff who had been trained. One person told us "I am sure they [staff] are trained, they act as if they are, they also allow me to train them in what I want doing and how."
- People were supported by staff who had completed a thorough induction programme which included working towards the Care Certificate, which is a recognised set of standards that care workers should be working to. Staff confirmed before they supported people on their own they were assessed by an experienced member of staff.
- Staff told us that they had very good training, which was updated when required. One staff member told us, "I have good training opportunities, I have just completed health and safety training and my training is kept up to date."
- Staff told us they had regular conversations with the manager in relation to training. One staff member told us, "Good management, now they listen to staff. The first meeting I had with the new management I asked about NVQ [National Vocational Qualification] and now I am enrolled, that's how good they are at making sure we are trained."
- Senior staff undertook work-based observation of the care and support people received. Staff told us they felt supported in their roles. Staff told us they could pick up the phone at any time and get support when needed. Staff told us they had regular checks and supervision. One staff member told us, "There is excellent communication now. I now feel I can progress within the organisation and have the support to do so."

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

- People told us they were supported when they needed assistance with food or drink and chose what they wanted. Staff told us if a person was not eating sufficiently and there were concerns they would report to management, so an assessment could be completed to assess if further help was required.
- Staff told us they supported people with their dietary needs if required. One person told us, "They [staff]

prepare what I want and with good presentation. Which I have always felt was important."

- Staff working with other agencies to provide consistent, effective, timely care.
- Staff worked with other healthcare providers when required and understood the action they should follow if a person was unwell and required medical assistance.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People told us they were asked for their consent before they received care from staff. One person told us. "They [staff] never do anything I don't want them to do, [they] always ask me first. I had a visit from one of the managers recently who also asked the same questions and I told them that they [staff] always ask me and treat me well."
- People's care records included information for staff to follow so the wishes of the person were known and where they needed support.
- Staff we spoke with had knowledge of how to gain a person's consent and ensure their wishes were respected.

# Is the service caring?

## Our findings

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

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

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

- People told us they felt listened to and involved in making decisions about their care and were given the time they needed to tell staff what they wanted support with.
- People told us they had continuity of care from the same staff. One person told us, "Because I know the staff I feel comfortable with them."
- People told us they were treated with kindness and were positive about staff's caring attitude. One person told us, "Well if I had to choose between the staff I don't think I would be able to they are all very special and do a great job, it's all about me."
- People told us they were treated with kindness and were respected.
- Staff spoken with were also positive about the people they supported. One staff member told us, "I am proud to look after the people I am, you build a relationship and care for them and about them."

Respecting and promoting people's privacy, dignity and independence

- People told us staff asked their views about the care they wanted on a daily basis. One person told us, "If I want something changed then staff do it for me, they never say no, they are so friendly, and they know their job very well."
- People spoken with told us their privacy, dignity and independence was respected by staff. One person told us, "My girl [staff member] is so good she deserves a medal, very kind and very considerate she sees me for who I am not just the old person."
- Staff spoken with gave us examples of promoting people's independence with personal hygiene and other tasks where people were supported. One staff member told us, "You look beyond people's disability and see them, which is what people want."
- A relative told us, "They [staff] are respectful, cheerful and make sure [named person] feels comfortable, they speak to her with respect. Always ask what [named person] wants. They are very professional they know what they are doing."
- Staff told us that they support people as they wished taking into consideration any risks. One staff member told us, "It's very important to make sure respect is given to people, ensure their dignity [and] that people make choices, because we encourage independence."

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

- Details about people's diversity and cultural needs was included in their care records. The provider told us, and people confirmed, that religious events such as Ramadan was supported.

## Is the service responsive?

### Our findings

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

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

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

- People were supported based on their individual needs and preferences. There was a detailed care plan to show people's health care needs. Care plans covered topics such as people's physical health needs, their history and daily routines.
- Reviews of the support people had and required were completed regularly to ensure staff had up-to-date information and the person was fully involved.
- Care records showed that people's needs were identified, including those that related to people's equality characteristics, such as age, disability, ethnicity and gender.
- Staff told us they followed the care plan but would also add to the care plan by informing the office when people's needs changed.
- People told us they were involved in decisions about how they wanted to receive their care. One person said, "I have had input into the care plan, it is up-to-date and it's here to look at if I wish."
- Staff knew the people they cared for well and could describe the support they provided including people's personal preferences. One person told us, "The carers do a beautiful job, I respect them, and they respect me."
- Care records we looked at were up-to-date, personalised and reflective of people's needs.

Improving care quality in response to complaints or concerns

- Information on how to complain was available and included in the documentation given to people.
- People and their relatives knew how to raise concerns. One relative told us, "The office staff and care staff are really good you can talk to them and don't feel you have to make a complaint because they listen."
- The provider had a system in place to log and investigate complaints. Records seen showed complaints were fully investigated.

End of life care and support

- There were no people using the service who required this level of support at the time of our inspection.

# 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

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

- Governance and quality assurance systems were in place to monitor service delivery. Regular checks were carried out of care records, medication administration records and communication books to ensure people received their care as planned.
- Regular observational spot checks were carried out on staff performance to ensure people received safe effective care.
- The service ensured there was an out of office on call system so people could get advice and support if required.

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

- The provider notified CQC of events such as safeguarding's as required by law.
- People told us there was good communication and the office staff would contact people to ensure that they were happy with the care provided and the staff who supported them.
- The provider had process in place to respond to peoples change in circumstances, for example, if calls needed to be changed so people could attend appointments. Staff training if specific training was required. Staff absences or staff change in circumstances.
- Staff told us the management team were very supportive and open. One member of staff told us, "Since the new manager started, everything has changed for the better. Staffing, training, support, I now feel part of a team." The management team was open and fully understood their responsibilities.

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

- The manager spoke with people through telephone conversations, visits to their homes and care reviews. Information was analysed so areas of improvements were identified and addressed.
- Staff meetings were held so staff could share any ideas with the management team to be considered.

Continuous learning and improving care, working in partnership with others

- Training was ongoing for both the management team and staff to maintain and develop their knowledge to ensure care continually reflected a person's needs.
- The management team worked in partnership with other professionals to ensure people received the support they required. The providers PIR told us, "We carry out regular supervision. Our management team have been supported to develop into their management roles, for example; our coordinator and assistant

deputy manager joined the team as care officers and our registered manager joined the team as a senior support worker. We create opportunities for personal growth and development. We have a number of staff undertaking supervisory/ management qualifications. Throughout team meetings we create learning environments with topics of interest on the agenda for sharing across the team. We have regularly reviewed Policies and Procedures in place for staff to access as and when needed to support within their work. All Staff are required to read all policies/procedures annually." This was demonstrated that the above occurred during inspection.