Orders of St John Care Trust

Jubilee Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service responsive?	Requires Improvement

Overall summary

We carried out an announced comprehensive inspection of this service on 5 August 2014. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to people's care records

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Lodge on our website at www.cqc.org.uk.

At this inspection we found the support and care provided was now responsive to people's care needs. The layout and detail of people's care records had been reviewed and updated. People's risks were clearly been monitored and recorded. This gave staff with sufficient information to guide them on how best to deliver care that was centred on people's needs and helped to reduce risks. Where possible people had been involved in their care planning.

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 responsive?

This service was now responsive

People's care records provided staff with details about the personal backgrounds and how they would like to be supported with their care. Monitoring charts were in place where risks to people's health and well-being had been identified.

We could not improve the ratings for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement

Jubilee Lodge

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.

We undertook an unannounced focused inspection of Jubilee Lodge on 15 May 2015.

This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 August 2014 had been made. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because the service was not meeting some legal requirements.

Our inspection team consisted of one inspector. We spoke with three people using the service, three relatives and two members of staff and the management team, including the registered manager. We reviewed the records of four people using the service. We also spoke to one health care professional.

Requires Improvement

Is the service responsive?

Our findings

At our inspection of 5 August 2014, we found some people's care records did not give staff the guidance they required to support and monitor the care for people who were potentially at risk.

At this inspection we found that actions had been taken to improve the detail of people's care records which gave staff the direction they required to support people. The registered manager had put systems in place to ensure people's care records thoroughly covered their care needs and risks.

All people who moved into the nursing units of Jubilee Lodge were assessed either by the registered manager or head nurse to ensure people's physical, social and emotional needs were assessed and recorded. A unit lead was also being trained to undertake the process of assessing people who moved into the residential unit. Each person was allocated a key worker who understood their needs in more detail. Where possible, people were involved in the planning for their care. Their care records were personalised and provided staff with a detailed family, social and medical history about people. People's risks had been identified and the care and support they required was embedded within their care records to give staff guidance and help reduce the risk of harm or injury. The registered manager told us, "It is important that staff understand the needs of our residents and why they are supporting them in a specific way and what is the desired outcome for that resident."

People who were at risk of developing pressure sores were generally managed well to ensure their skin did not break down and result in a pressure sore. Monitoring tools were in place to review and help reduce the level of risks associated with pressure sore care such as monitoring people's weight and requirement to change their bodily position to relieve any pressure on their skin. Specialist equipment such as air mattresses and cushions were in place for people who were at risk of developing pressure sores. Staff continually monitored people's skin and well-being, however, the settings of the mattresses were not always set correctly according to people's weight. We raised this with the head nurse who told us "When we change people's bed and help to move our residents, we always carry out a thorough check to ensure they are working properly. Our maintenance man also checks the mattresses are working correctly." Although there was an inconsistency in checking the correct settings of people's mattresses there was no adverse impact on people.

The registered manager told us that they had been supporting an increasing number of people who were being nursed at the end of their life. Records showed that the principles of supporting and caring people at the end of their life had been implemented to ensure they were receiving the care that was important to them

The head nurse carried out regular well-being meetings with the senior staff to evaluate and provide further guidance to staff when risks of people had been identified. The head nurse said "It gives us a chance to talk through our approach and discuss as a team if we need to make any specific changes to the care we provide." Good staff handover meetings between each shift provided staff with up to date information about people. The home had good contacts with the local GP and district nurse service who visited the home regularly. The GPs and district nurses were being encouraged to write in people's care plans as their electronic patient records system required them to fax through their electronic notes at a later time. We spoke to a GP who was visiting the home who told us, "I have nothing but the highest of praise for the home and staff."

People's care and support needs were being routinely reviewed monthly and in more detail every six months. People were also part of the providers 'resident of the day' system when ensured every aspects of people's experience of living at the home was evaluated and checked such as their meal likes and dislikes.

Staff were also positive about the care records. One staff member said "The care and support plans are good. There is lots of information about the residents that we can refer to or we can always speak to senior staff and they will help us."

Whilst we saw improvements had been made in the detail of people's care records, we could not improve the rating for 'Is the service responsive?' from requires improvement because to do so requires consistent good practice overtime. We will check this during our next planned comprehensive inspection.