Care UK Community Partnerships Ltd

Jubilee House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

living with dementia. Accommodation is arranged over two floors; people living with more advanced dementia were typically accommodated on the first floor, whilst the ground floor was used to accommodate those people with higher physical needs.

The inspection took place on 7 June 2017 and was unannounced. There were 37 people using the service at the time of our inspection.

The registered manager was present during our inspection. 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 registered manager had been in post since November 2015.

We previously carried out an unannounced comprehensive inspection of this service on 4 April 2016. At that inspection the service was rated Requires Improvement and 4 recommendations were made to encourage improvements to the way the service was delivered. Immediately following that inspection, the provider sent us an action plan which identified the steps they had taken and would continue to take to ensure improvements were made. This inspection found that the provider had not only done the things they told us they had, but also continued to develop and improve the service to not only meet the fundamental standards, but in some areas exceed them too.

Jubilee House was well-led with good systems in place to provide support that was safe, effective, caring and responsive. Management and staff consistently went the extra mile to ensure people led meaningful and fulfilling lives.

Staff treated people with kindness and took steps to promote their privacy and dignity at all times. Support was provided with compassion and wherever possible people's independence was promoted.

End of life care was exceptional with the service consistently planning for and meeting people's final wishes and ensuring their final days were lived comfortably surrounded by the people who knew and cared for them.

People were cared for by staff who were well trained and knowledgeable to meet their individual needs. Appropriate checks were undertaken when recruiting new staff to ensure only suitable staff were employed.

The service had good systems to identify and manage risks to people and to maintain the safety of the service as a whole. People were protected from the risk of abuse or avoidable harm, because staff understood their role in safeguarding them.

Wherever possible, staff supported people to make decisions for themselves. In situations, where this was not possible, appropriate processes had been followed to ensure any decision made was within their best interests and that care was provided in the least restrictive way.

Staff worked in partnership with other health care professionals to help keep people healthy and well. There were good systems in place to ensure people received their medicines as prescribed.

The registered manager had taken proactive steps to ensure people received appropriate nutrition and hydration. Mealtimes were a sociable occasion and people had a plentiful supply of good quality meals.

Each person was appropriately assessed and had an individualised plan of care which outlined how their needs would be met. People were involved at each stage of planning their care to ensure staff provided support in a way that met their needs, preferences and expectations.

People had control over their lives and spent their time as they wished. The service offered a wide range of both group and individual activities that were meaningful to them and which had a positive impact on their lives. Visiting was unrestricted and people's relatives felt included in the care of their loved ones.

The leadership team had fostered a positive and open culture where people, their representatives and staff were encouraged to express their ideas and thoughts. As such, the atmosphere within the service was relaxed, friendly and inclusive. People felt able to raise issues or concerns, confident that they would be dealt with sensitively and appropriately.

Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established. National best practice legislation and local policies were referenced to set and measure standards of care.

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.

Staffing levels were sufficient to meet people's assessed needs. Staff were effectively deployed around the service to support people safely.

Appropriate recruitment checks were carried out to ensure suitable new staff were employed.

People were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Risks were identified and managed in a way that promoted people's safety and independence.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and supervision were provided to ensure care staff supported people effectively.

There were appropriate systems in place to gain consent from people and care was provided in the least restrictive way.

People were supported to maintain adequate hydration and a balanced diet. Mealtimes were a pleasant and sociable occasion that people enjoyed.

Staff worked in partnership with other health care professionals to help keep people healthy and well.

The design and adaptation of the service facilitated effective support for people living with dementia.

Is the service caring?

Outstanding

The service was exceptionally caring.

People and their relatives repeatedly praised the kindness of all the staff who supported them.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Excellent quality end of life care ensured people's final wishes were respected and that people passed with dignity and peace.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their changing needs.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

Is the service well-led?

Good

The service was well-led.

The registered manager had fostered a positive and open culture where people were routinely encouraged to express their ideas and thoughts.

Quality assurance audits and on-going monitoring ensured the service was run safely and always improving.

There was a high standard of record keeping which provided a clear audit trail in respect of all aspects of care and service delivery.

Jubilee House

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 was a re-inspection of this service to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 7 June 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our specialist advisor provided an expert opinion about how people's nursing needs were being met.

Before the inspection, we reviewed records held by CQC which included notifications, feedback from other stakeholders and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider submitted a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 17 people who lived at the home, five relatives, 12 staff, and the registered manager. We also received feedback from two health and social care professionals who had been involved with the service. We observed interactions between people and staff throughout the day and joined people at lunchtime to gain a view of the dining experience.

We reviewed a variety of documents which included the care plans for six people, two staff files, medicines records, rotas, accident records and other documentation relevant to the management of the service.

Good

Is the service safe?

Our findings

People consistently told us that they felt safe at Jubilee House. One person commented, "I feel safe. I don't worry about anything really because they look after me and everything really." Similarly, another person said, "I am very safe here and all my things are too. We all are." Visitors were equally keen to confirm that their loved ones were safe at the service. For example, one relative told us, "I have never worried about her safety or belongings. She is well cared for."

Our last inspection identified that staff were not always appropriately deployed across the service, to ensure that people's needs were met consistently throughout the day. Following that inspection, the provider wrote to us to tell us that they had reviewed people's dependency levels and taken action to ensure appropriate staffing levels were consistently maintained. At this inspection, we found that the provider had taken the action they told us they had and as such staffing levels were now sufficient to support people safely and effectively.

People told us that there were enough staff to make them feel safe. For example, one person commented, "There are always staff when you need them" and another said. "They are very quick if you push the bell. I never wait too long." Relatives expressed that staffing levels were now sufficient to provide safe care. One relative commented, "There do seem to be enough and they come to assist quickly." Another family member also told us, "There are always plenty of staff and they do a fantastic job at looking after everyone. There seem to be enough whenever I come and even in the evening."

Staffing levels were sufficient to meet people's needs and we observed that people received appropriate support in a timely way. The registered manager informed us that they reviewed staffing levels every week using a dependency tool. Staff all told us that they had sufficient time to care for people safely. The rotas for the previous four weeks were viewed and were consistent with observed staffing levels. Agency staff were used to cover staff vacancies or absence. Staff reported that the registered manager always tried to secure regular agency staff who knew people well. This was echoed by one family member who confirmed, "The odd agency staff come, but they are familiar too. I think they try hard to get the same agency staff too."

In addition to care staff, domestic, catering and management staff were employed. Our last inspection highlighted that some areas of the service were not always kept as clean as they should be. At this inspection we found the environment to be well-maintained and hygienic throughout. People and relatives confirmed that this was now always the case. For example, one person told us, "It is always clean and tidy." Likewise, a relative commented, "They are always cleaning so it is spotless."

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and character references, job descriptions, evidence of up to date registration with the Nursing and Midwifery Council (NMC) and Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work in the service. The registered

manager ensured that DBS and training checks had also been undertaken on all staff supplied by external agencies.

There were systems in place to safeguard people from the risk of harm. People told us that staff were kind to them and that they felt safe with them. Relatives said that they had no concerns about the way people were treated. For example, one family member said, "I have no doubts or concerns at all….She is so well cared for." Similarly, another relative commented, "I've never had any concerns and don't see anything to concern me with others either."

All staff received training in safeguarding and were able to talk to us about the different types of abuse and describe what they would do if they witnessed or suspected that abuse was taking place. For example, one member of staff told us, "I would take immediate action to safeguard the person and then I would report either to my manager or if necessary, the external agencies." The registered manager kept good records about allegations or incidents that required reporting under safeguarding and ensured referrals were processed in a timely way.

Individual risks to people were appropriately identified and managed. Care records documented the risks that had been assessed in respect of areas such as skin care, falls and weight loss. Where a risk had been identified there was a clear plan in place to manage it. Staff on duty knew the risks associated with the people they supported and followed the guidelines in place to manage the risks. For example, one person had been assessed as being at high risk of developing pressure sores. As such, staff checked the person's skin each day and reported any redness to the nurse in charge. Likewise, another person who was nursed in bed was repositioned every two hours to prevent tissue breakdown.

The registered manager had a good oversight over accidents and incidents within the service. She checked accident and incident records as they occurred and also completed comprehensive audits to identify any trends or themes. Each month all falls were added to a floor map which marked the location of the fall in order to identify of the environment posed any hazards. Where accidents were caused by changes to people's needs, swift action was taken to prevent re-occurrence. For example, one person had fallen in May and the records reflected changes to this person's behaviour which elevated their risk of falls. As a result a sensor beam had been installed in their room and the person and welfare checks on the person had increased in frequency.

People told us they received appropriate support with their medicines. People said that they received their medicines as they expected and in line with their preferences. For example, one person commented, "I have it with a drink when I get dressed and at bedtime." People felt included in the way their medicines were managed. One person said, "I know what it is for and I always have it with my food or just after." Similarly, another person commented, "They bring it to me and watch me take it."

Qualified nurses were responsible for medicines at the home. They gave people their medicines as prescribed by the doctor, and we observed good practice in the way medicines were administered. Medicines were given to people in a way that was person centred. Each person was seen individually by the nurse and spoken with prior to their medicines being given. The nurse then waited for the person to swallow each of their medicines before signing the Medication Administration Record (MAR chart).

Each person had a medication profile that included a photograph at the front of the MAR so staff could be sure they were giving the medicine to the right person. Profiles also included details of people's allergies and how they liked to take their medicines and this was observed being followed in practice. For example, the profile for one person recorded that they preferred to 'take tablets one by one with juice' and this was seen

to be the case.

Medicines were stored and transported around the home in locked medicines trolleys. These were kept within secure treatment rooms on each floor, which prevented unauthorised access to medicines. Staff recorded the temperatures of medicine storage areas, which we found to be within the appropriate temperature range. Items were refrigerated where necessary, and fridge temperatures were checked daily and records showed these to be within the required temperature range. Suitable arrangements were in place for medicines which needed additional security. Records for these medicines audited regularly and showed staff looked after them safely. Waste medicines were separated for disposal and stored securely until they were collected. Records were kept of medicines that had been disposed of, or were waiting for disposal.

The management team completed regular medicines audits. Nursing staff talked to us about the process for dealing with any medicine errors or gaps in recording. One staff member said, If we make any errors, we complete an incident form and send it through to management." External audits of medicines were also periodically completed by the supplying pharmacy.

There were procedures in place for the use of homely remedies and 'as required' medicines (PRN). These had been authorised by a GP and information was in place about each medicine, the reason for administration, the maximum dose allowed and the minimum time between doses. Staff were clear about how they would recognise pain in those people who might not be able to verbalise how they were feeling. Detailed records were maintained when prn medicines were given in addition to staff having signed MAR charts.

Good

Is the service effective?

Our findings

Our last inspection identified that staff did not always have the necessary skills and experience to fully understand people's specialist needs. We therefore recommended that the provider consider this as an area for development. Following that inspection, the provider wrote to us and provided an action plan outlining how improvements would be made. At this inspection we found that the provider had taken the action they told us they had and that people were now cared for by staff who supported them effectively.

People told us that they thought staff were well trained and knew what they were doing. One person said, "They are very good. Lots of training I think." Another person described staff as being "Confident" in their work. Relatives were equally positive about staff skills, with one family member saying, "They are well trained" and another stating, "They are marvellous and they are kind too."

Staff had the skills and knowledge to meet people's needs. New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. New staff also shadowed more experienced staff during their induction period.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they had received training in areas such as safeguarding, moving and handling, infection control and fire safety. In addition to mandatory training, we also found that staff had the opportunity to undertake more specialised training in order to meet the needs of the people they cared for. For example, all staff completed awareness training in dementia and diabetes. One staff member told us, "We have training quite often. We have had Parkinson's training and for other medical conditions."

Nursing staff received relevant clinical development and the provider had systems in place to ensure registered nurses were updated in their practice and supported to remain on the professional nurse register. For example, all nursing staff received regular refresher training in tissue viability, catheterisation and end of life care. When nursing staff were required to provide specialist clinical care, appropriate training was arranged for them. For example, one staff member told us that a person had been identified as requiring a syringe driver during the pre-admission assessment. Prior to this person moving in, the registered manager had arranged for all nursing staff to complete up to date training in the use of a syringe driver.

Staff received good support to fulfil their roles and responsibilities effectively. Staff repeatedly told us that felt supported by the management team and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their line manager to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed. One member of staff said, "We have regular supervisions and we are encouraged to raise concerns."

The clinical lead held weekly clinical meetings with the nursing staff. It was evident that these meetings had

developed as an effective forum for promoting best practice. The minutes from these meetings highlighted that nursing staff had detailed discussions about how best to meet people's medical needs in addition to managing their own clinical development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were involved in making decisions about their care. We saw staff routinely asking people's permission before providing care and respecting their wishes. Likewise, people confirmed that staff always sought their permission before care was given. For example, one person told us, "They give me choices and time to think about them." Similarly, another person said, "They ask if they can touch me to wash or undress me."

All staff spoken with understood the importance of gaining consent from people and demonstrated that they were familiar with the principles of the MCA. Staff were able to identify the different decisions that people were able to make and also understood the impact that dementia might have on a person's ability to consent to different things. For example, one staff member told us, "Some people here have dementia, but they still have the capacity to make some decisions for themselves. Where they can, we enable them to make their own choices."

The registered manager had taken appropriate steps to manage restrictions on people's freedom. DoLS applications had been submitted to the authorising authority for people who lacked capacity and were unable to leave the service freely. As part of this process mental capacity assessments had been completed along with evidence of best interest meetings having taken place involving people's relatives. Staff recognised the restrictions that were in place for people's safety and supported people to have as much choice and control as possible. For example, one person lacked the capacity to make decisions about their medicines. The professionals involved in the care for this person had all agreed it was in the person's best interests that their medicines were administered covertly, but staff still ensured that the person had choice about the food their medicine was placed in.

Restrictions to people's movement were appropriately considered and staff advocated on behalf of people when a restriction was unnecessary. For example, one staff member talked to us about a recent situation in which a person had expressed a wish to leave the service and return to living in their own home. They told us, "The person no longer wanted to live here and they had the capacity to make this decision for themselves, so it wasn't right that we stopped them." The staff member went on to describe how the person had been effectively supported to return to their own home with a community support package to keep them safe.

People were complimentary about the food and told us they had choice and flexibility in respect of their meals. For example, one person said, "I do like that we have a choice and there is plenty." Similarly, another person commented, "The food is nice, well cooked and looks nice." Relatives echoed the positive comments about mealtimes, telling us, "The food looks excellent and they invite us for lunch too. I like this because it means I can still have meals with her."

People received good support to eat and drink and mealtimes were relaxed and sociable events. Staff offered people choice regarding their food and provided support appropriate to people's needs. For those who needed assistance to eat, staff offered this support in a gentle, dignified way and inclusive way. When talking about the support they received at mealtimes, people were keen to tell us that staff helped them and that they never felt rushed.

People had enough to eat and drink throughout the day. Mealtimes were flexible and offered choice at each meal. People's likes and dislikes, in addition to their specific dietary needs were well documented. For example, one person's care plan documented that they liked ketchup with all their meals. Another care plan recorded that the person was unable to say whether state preferences, so staff should look for signs as whether they liked or disliked foods. This helped to ensure that people were still provided with food they enjoyed, even when they were unable to verbally communicate what they wanted. There was good communication between care and kitchen staff and the latter maintained up to date information about people's allergies and dietary needs. Vegetarian diets and soft diets were known and catered for appropriately.

People's hydration was proactively managed to ensure people drank sufficient fluids each day. The service had recently taken part in a hydration project with a local Clinical Commissioning Group. The registered manager reported that raising awareness of the importance of hydration and wellbeing had led to a reduction in falls and infection across the service. Internal audits reflected the same.

Staff were fully aware which people were at risk of dehydration or weight loss and were proactive in the monitoring of people's food and fluid intakes. People confirmed that they were also encouraged and supported to remain hydrated. For example, one person told us, "We are always being asked if we would like a drink and we can choose from lots of things." Similarly, one relative commented, "There is always a drink station or tea trolley around and they make tea anytime." Another told us, "He can always reach a drink and if they see he hasn't been drinking much they encourage and help him."

People were supported to maintain good health and access external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and received the healthcare support that they needed. People told us, "They arrange all that for me. I haven't had to do a thing. I have new glasses and new teeth." Similarly, a relative informed us, "Everything is done and arranged from their side. They call me if they think she needs the doctor and he comes out the same or next day usually. She has a podiatrist, hair done; teeth looked at and has eye tests here. It's all well managed and they keep me informed."

Care records showed that people had been appropriately referred to other health services including; GPs, speech and language therapists and the local community mental health team. It was clear that where professionals had provided advice or treatment, that this information was transferred into people's plans of care. Conversely, staff ensured that key information about people's medical needs was effectively shared with local hospital and paramedic teams to ensure people received the right medical care in an emergency.

The design and adaptation of the service facilitated effective support for people living with dementia. The service had recently been refurbished providing people with spacious, comfortable and accessible surroundings. People were at ease in their environment and moved freely around the service. Textured handrails guided people safely along hallways. Bespoke reminiscence rooms and sensory equipment allowed people to spend time engaging with areas and items that were meaningful to them. For example, on the ground floor one room had been designed as a sewing room which was set up with sewing equipment, mannequin and pictures of yesteryear. Another reminiscence room recreated a 1960s office with writing bureau, type writer and letter writing equipment.

Outstanding ☆

Is the service caring?

Our findings

People repeatedly praised the caring nature of staff and highlighted the kindness that had been shown to them. One person told us, "They are very kind. I feel very well looked after." Similarly, another person was keen to tell us, "They know us as a family and welcome us and our thoughts." Relatives echoed the view of people who lived at the home that people received an exceptionally caring service. For example, one family member commented, "They are very kind, always giving full attention when they care for you and are tactile." Likewise, another relative told us, "They care for people very well. Everyone is treated as an individual and given time."

We observed excellent interaction between people and staff who consistently took time to ask permission before assisting them. There was a high level of engagement between people and staff and lots of laughter and conversations were shared. In the morning we observed staff supporting people to participate in a group activity. People were relaxed in the company of staff who encouraged and praised their efforts in taking part. For those people who did not wish to participate in the game, other staff spent time engaging with them on a 1-1 basis to ensure they were acknowledged and involved in an activity that was meaningful to them. Staff never wasted an opportunity to engage with people and as such routinely stopped to talk with people in corridors or pop their head in to say hello as they passed people's rooms. People reiterated that staff always made time for them. For example, people repeatedly told us, "They pop in for a natter" and "They never come by and don't have a chat."

Relatives confirmed that our observations were typical of the care people usually received. For example, one relative expressed, "They [staff] are always holding someone's hand, stroking their arm even if they are in a group, everyone is acknowledged, spoken too. They are very tactile. It is lovely." We received feedback from two health and social care professionals who both praised the caring atmosphere they experienced when they visited Jubilee House. For example, one professional described staff at Jubilee House as being "Knowledgeable, friendly and compassionate." They went on to tell us that despite, the challenging nature of some of the people supported by the service, staff cared for people with, "Patience and skill."

People were fully involved in making decisions about their own care and encouraged to both retain and develop independence skills. One person told us, "They help me to look after myself and they are kind." Care plans provided detailed information about how to involve people in their care and staff echoed this commitment. Staff never saw people's needs as a barrier to them being independent, just an opportunity for them to be creative in they way they offered support. For example, one staff member told us, "A lot of people can dress themselves and only need prompts. I can give them the toothbrush and toothpaste and they can brush their teeth." People said that it was the "Extra care and attention" that staff gave them that made them feel valued and that they mattered.

Regular formal reviews with people encouraged them and their representatives to express views about their care and be fully involved in how their support was delivered. The service operated a system called 'Resident of the day'. This process was used to capture people's experience of the whole service from care right through to activities, meals, and maintenance and housekeeping. Consequently, people felt

empowered to express their views and told us, "They talk to me about my care that I have and if I want any changes and they write it down." All staff across the service worked together as a team to ensure people received a high quality service.

Involving people in every aspect of their care led to excellent outcomes for both their physical and emotional wellbeing. Every person had a life story book in their room. This was like a scrap book and people and staff had sat and worked through them together, choosing pictures and information that represented their lives. People also had memory boxes outside their rooms. These contained photographs and trinkets that were meaningful to people and celebrated their life before they needed care. Staff spoke passionately about people, recognising each person as an individual and were knowledgeable about their life histories and demonstrated how they used this information to deliver truly personalised support. For example, one person was observed stroking a toy cat and evidently getting a lot of comfort from doing so. Staff told us that the toy resembled the person's own cat who had lived with her for twenty years. The person's care plan reflected the importance of this stating, 'I also like my cats. I have them with me at all times. Most of the time, I pet them and talk to them.'

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. One person told us "The carers know I like to be private about things and they respect that." Likewise, another person said, "They knock on my door and they always ask if they can assist with personal care. There is a lock on my door that I know how to use and I can use locks on the bathroom and they stand outside." People also told us how staff were discreet and sensitive in the way they offered personal support. For example, one person said, "They are good listeners and they whisper to you if they think you need the loo." Likewise, another person commented, "I think I can talk to them about everything and they deal with it discreetly."

Staff had an exceptional level of knowledge about people and what good care looked like for each person. We read in another person's care plan that at night they liked to sleep with their watch on because being time orientated was really important to them. Discussions with staff identified that they both knew and respected this wish and as a result the person slept well each night. This demonstrated an excellent attention to detail and strong commitment from staff to ensure that people received the very best care.

Staff were highly motivated and inspired to always offer kind and compassionate care. For example, staff talked to us about how some people benefitted from having two care staff present during personal care, but for others they recognised this made them feel more uncomfortable. One staff member described how a particular person can get distressed when personal support was provided. They went on to say, "We take care to provide support very slowly by staff they know well. We also make sure we speak to them constantly so they understand what is happening and how long it will take." The registered manager had recently introduced the role of dignity champions within the service and staff were being invited to consider taking a lead in promoting dignity in a more formal capacity across the service.

There was a real sense that staff worked with people's families and friends to provide the very best outcomes for the people who lived at the home. Through relatives' meetings, the manager involved people's representatives in the dementia strategy for the service, offering them advice and information about how they too could most effectively support their loved ones. Relatives and visitors were welcomed in the home at all times. Family members spoken with said that they were able to call in at any time and always made to feel welcome. Visitors were invited to join people for meals and participate in the activities of the day. One person told us, "They let my sister join in and that's lovely."

People's religious, cultural and spiritual needs were known and respected. Staff knew about people's beliefs

and ensured these were respected in the way care was delivered. For example, one person told us, "They know my wishes if I get poorly and that I don't want to go to hospital. I have my Rosary and they respect that." Similarly, another person told us that they were a Jehovah Witness and how staff supported them to read books on scriptures. The care plan for this person also outlined how to support them to practice and follow their religion.

There were excellent systems in place to ensure end of life care was always provided to the highest standard. People and their relatives told us that staff had spent time talking to them sensitively about how they wanted their final days to be lived. For example, one family member said, "We have discussed his end of life plan and his wishes have been recorded. They made this an easy thing to do as they were kind and sensitive."

The registered manager and clinical lead had a passionate interest in providing high quality end of life care. Following attendance at an end of life care educational and knowledge sharing event, both had worked closely with a local hospice and skills academy to enhance staff skills and understanding around end of life care. Nursing staff were confident in the provision of end of life care and had received up to date training in the administration of palliative medicines.

Many people expressed that they wanted to die at the home and it was evident that the registered manager took every step to deliver this wish and allow people to pass away comfortably with the people who knew and cared for them. People were sensitively encouraged to allow staff to support them to develop a Proactive Anticipatory Care Plan (PACE) which would enable them to receive the support they wanted in the event of them experiencing a significant medical event. We saw how these highly personalised documents had detailed people's final wishes to ensure that they passed with dignity and peace.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us. "They know how I like things and make everything easier for me." Similarly, another person commented, "They know my quirks and I think they work well as a team to look after us all."

Each person had a detailed plan of care that outlined their individual needs and preferences. Prior to moving into the service, a detailed needs assessment was completed. Assessment information was then used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans were holistic and recorded how people's physical, social and emotional needs were to be met.

Staff maintained comprehensive daily records about people's care, including how they were. Daily records were linked to the care plan outcomes for each person and therefore staff were evaluating each day whether the support provided was meeting people's current needs. Support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on how people were each day. For example, one person's care plan highlighted the different support they required depending on their level of anxiety. Triggers to anxiety were recorded as were guidelines for how staff should respond. The care plan for also stated the frequency of welfare checks dependent upon the person's mood. Staff spoken with were able to talk to us confidently about the support needs of this person which reflected that the care plan was accurate and up to date.

The management of risks to people's health such as malnutrition, falls or wound care were well documented and regularly reviewed. We read how one person's needs had changed following a fall and staff were able to describe how they had changed the way they supported this person. The subsequent reduction of falls for this person indicated that the changes to the way care was delivered for this person was effective. Similarly, the nutrition care plan for another person highlighted that they preferred to eat small, frequent meals. Through the provision of meals in this way, the person had maintained a stable weight.

The service had a comprehensive programme of activities and people told us that there was always something for them to do if they wanted to. One person commented "There is always something going on and they plan ahead." Likewise, another person said, "I have been to cafes and singing and I like walking to the park in my chair."

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were supported to be involved as much or as little as they wanted with the activities on offer. We observed a lively a group activity during the morning in which people were getting a lot of fun and pleasure form the session. People and relatives, were also keen to express that whilst there was always things to do at Jubilee House, there was never any pressure to participate. One family member told us, "There is no pressure to do things and they give 1-1 activities in his room like the crossword together, listening to music, singing."

Though the development of life stories and social assessments, staff had spent quality time talking with people about the things they enjoyed and wanted to continue. For example one person told us, "I like painting and drawing. I like gardening and we do go out there too and do a few bulbs and things. I like animals visiting. I go to singing once a week at the church." The care records for another person identified that they used to be a dance teacher. Staff knew this and that the person derived a lot of pleasure from watching television programmes involving singing and dancing.

People felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. The home's complaints procedure was visibly displayed within the service. People knew how to complain and when they did, their concerns were listened to, investigated and appropriate action taken to resolve the situation. For example, one relative told us, "When she first came here she was unsettled because of loud building work and they dealt with that the best they could. I spoke to the manager and she was very reassuring and put her in a room as far from the noise as they could. Some of the nurses put music on in her room so she couldn't hear the noise as much. I thought they dealt with it very well and they were calming to her."

The registered manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a written response. The registered manager expressed that she welcomed people's concerns because she viewed all feedback received as a natural part of driving improvement. Where complaints had been made the registered manager had used the information to aid learning and people and their families appreciated this approach.

Complaints records were well documented and showed that issues had been responded to appropriated. For example, where concerns had been raised, the person had been provided with a full explanation, apology and details of the actions taken to address their concerns. There were no significant complaints about the quality of the care.

Good

Is the service well-led?

Our findings

People and relatives expressed confidence in the management of the service. For example, one person told us, "The manager is brilliant, very proactive." Likewise, another described the registered manager as, "A lovely lady. She has time for me." Relatives also praised the management of the service. For example, one family member told us, "There are lots of opportunities to give feedback at relative meetings or there is a feedback box. They ask regularly what you think or if you have any suggestions." Another added, "You're ideas are welcome." Professional feedback was equally complimentary about the way the management team worked with them and participated in local projects for the betterment of the service that people received.

Staff felt that the home was managed well and that they felt valued and respected by the management team. One staff member told us, "It's a really open culture here. You can always raise things and be listened to; it's not a case of waiting for a formal meeting or supervision." They went on to tell us, "Working here has taught me how to speak up. I feel confident to do so because I know I will be listened to and any issues dealt with straight away." Similarly, a member of agency staff who lived a significant distance from the service told us, "I have requested my agency send me here where they can because the manager is fair, helps out, it's always clean and the job is really nice here. You get teamwork."

The registered manager had fostered a positive and open culture where people were regularly encouraged to express their ideas and thoughts. There were good communication systems across the service. These included a full handover at the start of every shift and a communication book to remind staff about important changes or appointments. Weekly clinical meetings ensured that people's medical needs were continually reviewed and discussed and that nursing staff were up to date with best practice.

There were also monthly staff meetings in which the registered manager raised issues about staffing practices and expectations. The minutes from these meetings highlighted that people were the focal point of discussions, ensuring that staff put the needs of people ahead of their own. For example, in one meeting record we read that staff had been asked to be considerate about the meals they heated up for themselves to prevent strong food smells from entering people's rooms.. Staff described these as useful meetings where they received feedback about what was going on and were invited to share their own ideas about the way the service could be improved.

Quality assurance audits were regularly carried out to maintain quality and the safe running of the service. For example, monthly audits were completed across a wide range of areas including, care plans, nutrition, medicines and health and safety. Action plans to address any identified issues were included in the audit reports. We saw how learning from audits had changed practice and improved care provision at the service.

People were continuously encouraged to be involved in the running of the service and invited to make comments and suggestions about how things could be improved. In addition to regular residents and relatives meetings, people were actively involved in on-going discussions about meal choices, outings and the activities being planned to take place. Regular relatives' meetings also took place to ensure family

members were also engaged and consulted in the running of the service. The most recent relatives' meeting minutes highlighted discussions about the refurbishment plans for the service and how relatives could support the service's dementia strategy.

People's views were obtained and used to drive improvements. Relative's surveys were conducted every three months and the most recent results highlighted high levels of satisfaction with the service.

There was a high standard of record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. Information was stored securely and in accordance with data protection. The registered manager was aware of her legal responsibilities in respect of documentation and the need to report significant events. Notifications have been submitted to the Commission in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it can meet and exceed the required standards.