

Jubilee Care Limited

Churchill 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. It was last inspected in April 2013 and no areas of concern were identified.

Churchill House provides accommodation, nursing and personal care in four houses for up to 62 people who have nursing or dementia care needs. There were 62 people living at Churchill House when we visited.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the

Summary of findings

MCA and DoLS to ensure that people who could make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best interest meetings were held.

We looked at care plans for five of the people that lived there. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. We observed that staff were able to support people with dignity and respect in a safe and caring manner. We saw that when required other health professionals had been involved to help improve the care that people received.

Care records we looked and what we observed demonstrated to us that people had a choice of varied activities. People who chose to do something themselves were supported by staff to enable them to do so.

Systems were in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. Regular resident and family meetings meant that people were given the opportunity to make any comments on the care they received.

All of the professionals, relatives and staff felt that the service was well led. There were systems in place to ensure that the provider was able to monitor the quality and safety of the service that was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Relatives and carers told us that they felt people were safe. Staff had the skills, knowledge and experience to keep people safe and protect them from harm. They were able to respond quickly if someone needed help. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Good



Is the service effective?

The service was effective. All of the care records that we looked at had detailed information about people's needs and were clear in how these needs were to be met. Staff were able to tell us about people's needs and we observed that staff were able to provide care that managed these needs. Regular training and supervision ensured that people were supported and trained to meet people's individual needs.

Good



Is the service caring?

The service was caring. We saw that staff had good relationships with the people they cared for. The people that used the service appeared to have good relationships with the staff that cared for them. All of the staff treated people with dignity and respect.

Professionals told us that people accessed the right support when they needed it. What we saw in the care records also showed that when people's needs had started to change appointments had been made and people referred to other professionals for additional help and support. This showed that staff cared about the health and welfare of the people they were looking after.

Good



Is the service responsive?

The service was responsive. People's needs were regularly reviewed by health and social care professionals. The health and social care professionals we had contact with told us that they felt that the provider responded appropriately when people's needs changed. Relatives and carers that we spoke with told us that they were kept informed if staff had any concerns about anyone's health or welfare.

Good



Is the service well-led?

The service was well led. Relatives and carers that we spoke with were complimentary about how the service was run. Relatives said that they felt listened to and any comments or complaints were responded to. The provider had a system in place that demonstrated that complaints would be dealt with appropriately.

Systems were in place that meant that the manager was able to measure the effectiveness and quality of the service. We saw that audits that looked at medicines, infection control, health and safety and other relevant areas happened on a regular basis. We looked at minutes for meetings and saw where ideas for improvement had been actioned.

Good



Churchill House

Detailed findings

Background to this inspection

We carried an inspection at Churchill House on 14 July 2014. The inspection was unannounced, which meant the provider and staff did not know we were coming.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was carried out by an inspector and an Expert by Experience of people with dementia and a specialist advisor. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who is currently working as a care professional.

Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us and how they are meeting the requirements of the five key questions.

We spoke with 13 people who used the service, eight relatives, eight care staff and the general manager. We also spoke with two doctors. We also spent some time observing how staff cared for people.

We looked at five people's care records. We also looked at how the quality of the service was measured by looking at audits that had been carried out, staff meeting minutes and any feedback and complaints from relatives or carers.

Is the service safe?

Our findings

People we spoke with told us that they felt people were kept safe. One relative told us; “People are safe here”. A person that used the service told us; “Staff are so kind. I could not be in a safer place”. We saw in the care records that people’s care plans and risk assessments had been reviewed. This meant that risks were regularly reviewed to ensure that people would remain safe.

All of the staff and relatives we spoke with felt that there were enough staff to keep people safe and meet their needs. We asked the manager about staffing levels and we were told that currently the service has a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. We observed that people received care when they needed it without any delay. For example we saw a person ask for help with their personal care. The person did not have to wait long as there were sufficient staff around to make sure that they could respond quickly.

Staff had a good understanding of what their responsibilities were under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made by the manager where it was felt necessary to restrict a person's liberty to keep the person safe. The provider had reviewed the latest DoLS guidelines and made referrals for people where their liberty may have been restricted. We spoke with staff about their knowledge of DoLS. Some staff demonstrated a good knowledge, other staff did not have as good a knowledge. They told us were yet to receive training. We spoke with the general

manger about this and they told us that all staff would be booked onto DoLS training to ensure that all staff understood DoLS and what it meant for the people that used the service. This showed that the provider recognised when people’s freedoms and liberties may have been impacted upon, and had a system which managed this in a safe and legal manner.

Staff told us that they had received safeguarding training and this was confirmed by records that we looked at. We spoke with six staff, and all of the staff had a good understanding of what abuse was and how to report this. The provider had policies relating to whistle blowing and safeguarding which were accessible to staff.

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. The registered manager told us about a recent safeguarding incident and how it was handled in line with their own policies and procedures. We then saw some written feedback from the local authority praising the registered manager about how the incident had been handled. This showed that where risks had been identified the provider took the appropriate action to ensure that people were kept safe.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found that where disciplinary action had been needed to be taken, this had happened in line with the provider’s own policies and procedures to ensure that people were protected from unsafe care.

Is the service effective?

Our findings

When we asked people about the staff that supported them, and also about what they thought of using the service, all of the responses we received were positive. One person told us; “The care is excellent. I have no complaints at all”. Another person said; “They look after me really well”.

Relatives told us that they were confident of the skills and knowledge of the staff. One relative told us; “The care is excellent, all of the staff seem to know the needs of the people here”. We saw in the training records that as well as training around health and safety and medicines, staff also had the opportunity to do other training that was specific to people’s needs. For example staff attended training around diabetes management, as there were some people who used the service with diabetes.

All the staff we spoke with had knowledge of the needs of the people at the home. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked staff about some of the health needs of the people who used the service. Staff were able to tell us about how they managed a person’s dementia, they were also able to tell us how they managed this person’s other complex health needs. What staff told us matched what was in people's care records. We observed staff reminding a person of their whereabouts when they became distressed as they could not remember where they were. Staff took the time to explain where they were and then supported this person to an area of their choice and made sure that they were comfortable. We spoke with health professionals about the care that was provided at Churchill House and everyone we spoke with was complimentary. One doctor told us; “They (staff) deal and respond very effectively to people’s health needs”. This meant that staff had the knowledge and skills to meet people’s needs.

We observed lunch time. People had a choice about the food they ate. We saw a menu which offered a choice of two main hot meals. We asked people what happened if they did not want anything from the menu. They told us that staff would accommodate their choice and make them something up. For example one person told us; “If I don’t fancy what is on the menu I tell them (staff) and they make me a sandwich. The food is very good really”. People also had access to snacks, fruit and drinks outside of the set mealtimes. We saw the kitchen catered for people with special diets, for example people who had diabetes or required dairy free alternatives. The care records showed that where required fluid and nutrition charts were completed. The people that used the service, staff and relatives all told us that they felt people ate and drank well and that there were no concerns.

We looked at five people’s care records and we found that where there were concerns people had been referred to other professionals for specialist input. For example saw that following recent reviewed guidance on the long term use of a medicine, the manager had identified the people on this medicine and referred them to the doctor for further advice. We spoke with the doctor about this and they told us; “This is an example of a good, proactive service. They read about this latest research, thought about the people in their care and came to me for further advice”. This showed that the provider had responded to people’s needs and taken appropriate action to ensure that the care given remained effective.

Care plans covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. The staff we observed were able to help and support people.

Is the service caring?

Our findings

People told us that they were happy and when asked if the staff were kind caring people responded positively. A relative told us; “Staff are very kind. They deal with things very well and are very caring. Lovely really”. Professionals we spoke with all told us that the approach of staff was very caring. We saw one person choose to contact their family. Staff helped this person on the computer so that they were able to video call their family. We spoke with the person and they said; “They are wonderful here. I just have to ask and they get me going. I love chatting with my family”. Staff spoke with people in a kind and respectful way. We observed that people were asked what they wanted to do and staff listened. We saw in the records that people had access to advocacy services. Staff told us that this was to help people make decisions and to make sure that people were able to make their wishes known.

Staff communicated in a way that showed that they valued the person as an individual. We saw that staff spoke kindly

to people and took time to listen to what people were saying to them. We saw examples where a person asked to be taken outside to the garden, and another person asked to go to their room. We saw that staff fully respected the choices that people made.

People were supported and encouraged to keep contact with their families. One relative told us, “The staff are so good they really make you feel welcome, regardless of when or how many times you visit”. Another relative told us; “It doesn’t matter when you come, people are always out and busy. I believe that people really care about what they do”. We saw that people’s dignity was respected and when people required assistance with their personal care needs this was carried out in a dignified and respectful way. We saw an example where a person asked for help with their personal care. We observed that the staff then supported this person to an area that was private to meet their needs. This showed that staff respected people’s own personal space and people were treated with dignity and respect.

Is the service responsive?

Our findings

We asked some of the people that used the service if when they were unwell staff looked after them and made sure they saw a doctor if it was needed. The relatives we spoke with told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the district nurse. All of the health professionals we spoke told us that they felt that staff responded quickly to people's health needs. A person said; "I am really very well looked after. If I'm at all ill they fuss about me and make sure I see the doctor".

All the staff we spoke with were able to tell us how they responded to all of the needs that people had that used the service. We saw that staff took the time to listen and understand the people that used the service. For example staff told us about how they responded to a person who displayed anxiety. This showed us that staff had the knowledge and skills to respond to people's health needs.

We looked at the complaints records. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All the staff we spoke with told us that they knew how to respond if someone made a complaint. Relatives we spoke with told us that they had not had any need to make any formal

complaints, but if they did they felt that management were approachable and responsive to ideas and feedback. One relative told us; "I have never had a need to complain, but if I did I would be sure they would sort it straight away".

Care files indicated that a range of external health and social care professionals had made visits to people. A doctor told us; "The staff are really very good. Any concerns about a person they always act quickly". An example of this was what a relative told us about when their husband's needs had started to change; "The staff were great, they contacted me but they had already contacted the doctor who was coming out to look at the concerns. He is now showing signs of improvement". Another person told us; "They keep a close eye on how I am feeling. If I say I am not feeling well they get straight on to the doctor. It's great really". All the staff we spoke with said that they felt that input from other professionals helped them to respond appropriately when people's needs changed.

People's health and wellbeing were monitored. We saw in the records that all of the people that used the service had regular care reviews. This involved the individual, relatives or carers and also other professionals involved in their care. All aspects of the person's health and social care needs were reviewed at these meetings. One relative told us; "We are involved and able to have input into how the care is planned".

Is the service well-led?

Our findings

The manager told us that they held resident meetings every two months where not only the people that used the service were invited but also their families or carers. A relative told us; “These are a good opportunity to raise anything, it is also a good chance to see how things are going”. A person who used the service said; “The meetings are great we can come up with ideas and talk about how things are”. We saw evidence of where actions had been taken following one of these meetings. A person had commented how they were finding it difficult to use the call bell. The manager looked into this and as a result a remote call bell was purchased. We were told by staff that this person could now reach their call bell. This meant that people who used the service were actively involved in developing the service.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us that they felt that the service encouraged the views of the staff that worked there. They told us that if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to. This showed a management culture that empowered staff to be open in sharing any concerns.

All of the staff we spoke with were enthusiastic about their job roles. One member of staff told us, “It is a lovely place to work. The management and support are great as are the people we look after”. All of the professionals and relatives we spoke with were complimentary about the approach of

staff and management to caring for the people that used the service. A doctor told us; “I am impressed with the leadership and organisation”. One relative said; “You feel that you can talk to any of the staff including the manager”. A health professional told us; “The service is run well.” Another professional told us that; “Management always ensure that staff that know the person attends appointments”.

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. This showed that there were systems in place to ensure accidents and incidents were managed and reported appropriately.

The registered manager had completed regular audits. These looked at a particular area of care and all the paperwork and activities around this area of care would be checked. We saw evidence of audits around medication, health and safety and infection control. We saw that where risks had been identified necessary actions had been taken. For example a medicines audit had identified inconsistencies with how medicine patches were applied. We saw that as a result body charts had been introduced to monitor where they were given. Pharmacy had since been out and were happy with the changes that had been made. This indicated that the provider constantly measured the performance of the service. This meant that the provider protected the people who lived there from the risk of inappropriate care by regularly assessing, monitoring and where necessary taking action to improve the quality of the service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.