

Westfield Care Limited

Jubilee Court Nursing Home

Inspection report

Gateford Road
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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 ●

Summary of findings

Overall summary

About the service

Jubilee Court Care Home is a care home which provides residential and nursing care for up to 100 people. Care is primarily provided for older people, some of whom are living with a dementia. At the time of this inspection 96 people were using the service.

People's experience of using this service and what we found

Staff knew how to report any safeguarding concerns they had and the provider had systems in place to address any allegations of abuse made.

Risks to people were identified and actions were taken by staff to reduce these. Staff were recruited using systems to reduce the risk of unsuitable candidates being employed. Medicines were managed effectively.

Staff had the skills and knowledge to deliver care and support in an effective, person-centred way. They received the appropriate training, supervision and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for in a kind and respectful manner. Good relationships between people and staff had been formed. People could access a wide range of activities. People's health needs were met. The service worked with a range of professionals to achieve good outcomes for people.

Staff said they felt supported by the management team. People's concerns and complaints were listened and responded to. Governance systems and processes were in place to monitor and improve the quality of the service however the scheduling of these needed to be more robust.

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

Rating at last inspection

The last rating for this service was Good (report published 12 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector, a specialist nurse and two Experts by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked Healthwatch for information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and ten relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager who was also the provider, deputy manager, one nurse, two senior care workers, four care workers, an activities coordinator and three kitchen staff. We spoke with a second provider and a visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance, recruitment and medicine records. We spoke with a professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse and were confident any concerns they had would be acted upon by the management team.
- The provider had appropriate systems in place to report safeguarding matters to the local authority for assessment and investigation and we found that this happened in practice.

Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and reviewed. Guidance was available for staff in how to minimise risk to people.
- Emergency contingency plans were in place.
- Regular safety checks of the building and equipment took place.

Using medicines safely

- Medicines were managed safely.
- Staff were trained to administer medicines and had their competency in this area assessed.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow for most people. However, we did find some information in this area was missing. The provider sent us information following the inspection to say this issue had been addressed.

Staffing and recruitment

- The provider operated systems that helped ensure that staff were recruited safely.
- We received mixed feedback from people on staffing levels. One person said, "I don't think they have enough staff I think they could do with a few more." Another person said, "I press the buzzer if I need them they come pretty quickly." We discussed this with the provider who told us they used a dependency tool to set safe staffing levels. They sent us further information on how this was monitored after our visit.
- Staff told us they felt there was enough care workers were on duty to attend to people in a timely manner.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection prevention and control training.
- Staff were observed following safe infection control practices including using disposable gloves and aprons.

Learning lessons when things go wrong

- The service kept a record of accidents and incidents that had occurred which were reviewed monthly by the provider. Information was collated and reviewed to help identify patterns and themes to help prevent further incidents occurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs. Information was gathered from other health and social care professionals to help complete these assessments. Care plans reflected people's current needs and had been regularly reviewed.
- Staff ensured people's preferences were listened to and recorded within their care plans.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction and shadowed experienced staff before working independently.
- Staff were trained in areas the provider deemed essential, such as people movement and health and safety. Where there were gaps in staff training, dates for completion of this training had been scheduled. One staff member told us, "There is training for everything here."
- People told us staff had the skills to meet their needs.

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

- Whilst lunch was a pleasant experience for most people we identified other people's lunchtime experience could be improved through more staff oversight. The provider told us they would implement regular lunchtime observations to improve the service in this area.
- Most people told us they enjoyed the food on offer.
- Kitchen staff were aware of people's nutritional needs and provided specialist diets as needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with a range of other organisations to ensure they delivered joined-up care and support for people.
- Records showed that referrals were made to other professionals as needed in a timely manner.
- People had regular access to healthcare services as needed. Staff supported people to medical appointments as and when required.

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

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

We checked whether the service was working within the principles of the MCA <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made appropriately. Where DoLS authorisations were in place conditions were met.
- Where people lacked mental capacity staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.
- People's personal care files did not always contain information about their legal representatives such as those with lasting power of attorney. We discussed this with the provider who told us the information would be added.

Adapting service, design, decoration to meet people's needs

- The layout of the building met people's needs.
- There was adequate space for people with mobility needs to move around.
- The building had a range of themed areas and signage to help people living with a dementia type illness find their way around.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were very caring at Jubilee Court. One person said, "They bend over backwards for you and never make any complaints, they have a good attitude."
- Staff knew people well and we observed people being treated them in a kind, patient way. One relative told us, "When we were away my mum was anxious and they [staff] talked to her and spent time with her."
- Where people were distressed staff offered them support and comfort to help them relax.
- People were treated equally and we saw evidence of this during our visit.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

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

- Staff knew people's communication needs and choices well. Information was recorded clearly in people's support plans. Staff were seen to observe people's body language, maintain eye contact and listen patiently to people.
 - People could discuss the issues important to them. We were provided with many examples of how people's individual wishes had been actioned for example one person wanted their bedroom painting pink.
- Respecting and promoting people's privacy, dignity and independence
- People were given choice and control in their day to day lives.
 - The service had a range of 'champions' with the purpose of sharing good practice in areas such as dignity.
 - Staff knew the importance of respecting people's privacy. They were able to give examples of how they did this. We observed staff knocking on doors before entering rooms. One person told us, "They [staff] help me with the shower and they cover me up, its very discreet."
 - People's right to confidentiality was respected and confidential information was kept secure.
 - Plans of care set out how people's independence was to be promoted where possible. One person told us, "Staff promote my independence, I am self-sufficient and they don't poke in, rather keep an eye and stand back."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care that was person-centred and based on their individual needs.
- People's cultural and spiritual needs were considered as part of their initial assessment. Where people had needs or preferences in this area the management team made arrangements to meet them on an individual basis.
- People could be as involved as they wanted to be in their care planning. One relative told us, "We have a care plan and we have had an assessment we have another meeting next week, the doctor was involved too."
- Staff received a handover of information about any changes affecting people when starting their shift. This meant they had up to date information to support people effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were aware of requirements in this area. Where information was required in a specific format this was sourced on an individual basis for people.

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

- A range of activities were provided. People told us they were happy with the activities on offer which included animal therapy, exercise sessions and visits from school children. One person told us, "I love gardening, they [staff] ask me if I want to go in to the garden sometimes."

Improving care quality in response to complaints or concerns

- No formal complaints had been received by the service since the last inspection. However, systems were in place to ensure complaints were managed appropriately should they be received.
- People and relatives told us that they knew how to make a complaint.

End of life care and support

- No one using the service was receiving end of life care at the time of inspection. An end of life care policy was in place to guide staff should this type of care need to be provided.
- The service had signed up to the 'Gold Standards Framework' for end of life care. This is a national

programme of staff training to help ensure people receive the best possible end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team completed a range of quality audits. Actions were identified and addressed to improve the service. However, we identified that the schedule of audits could on occasion not take place if the designated person to undertake them was on leave. Following this inspection the registered manager sent us details of a more robust new auditing schedule.
- The provider was on site most days to provide support and undertake their own quality monitoring.
- Notifications about incidents that affected people's safety or welfare were submitted to CQC in a timely manner in line with regulatory requirements.
- The registered manager and staff showed a commitment to providing high standards of care and gave many examples of how they had acted to improve the standard of care people received.
- The management team and staff created a warm and friendly atmosphere which made people and visitors feel relaxed and welcome.
- Staff told us they were happy working at the home. One staff member told us, "I love it, it's the best company I have worked for. If you need help they [the providers] are there."

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

- The provider had a clear vision to provide a high quality of care to people and shared this with the staff team at all levels.
- The management team understood duty of candour and were aware of their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a clear management structure in place. Staff at all levels of the service understood their roles and responsibilities.
- People told us they felt the service was well led. One person said, "Staff are well led and will always give you an answer, staff communicate and we have everything we need."
- Staff were actively encouraged to undertake continuous learning and develop their areas of interest.

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

- People and staff said they felt listened to. The service involved people and family members through meaningful discussions about the care and any developments within the service.
- Staff team meetings were held regularly. Staff said they could speak up at these. Staff told us they felt included in decisions made and were regularly asked their views on any changes or developments.
- Surveys had been sent out to people and relatives, these were awaiting review. An improvement plan had been developed for the service.

Working in partnership with others

- The service worked with a range of other professionals and agencies to best meet people's needs.
- Positive feedback was received from external professionals about the service. One professional wrote to us and said, 'They [the management team] are open and transparent with us and often ring for advice or to keep us up to date on things at the home...we hear nothing but praise for the service'.