

Kent County Council

Jubilee House

Inspection report

Jubilee House
Bouverie Road West
Folkestone
Kent
CT20 2RA

Tel: 01303248812

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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 House is a supported living service that provides care and support to adults living with a learning disability in their own homes so that they can live as independently as possible. People lived in flats with their own tenancies in a large building with a communal area. Staff were on site at all times. Four people were being supported at the time of the inspection, some with complex health needs.

People's experience of using this service:

People were happy living at the service and with the support they received. People received person centred care and support from staff who they had developed meaningful relationships with over a long period of time.

People were supported with complex health needs to remain healthy and as far as possible to live a fulfilling life. People took part in activities they enjoyed.

People's support focused on them having as many opportunities as possible to gain new skills and become more independent; technology was used to enable people to live in their own homes safely.

People were supported in ways which promoted their rights to choice and control. People were engaged in the service and involved in decisions around their care from choosing what they ate for dinner to the recruitment of new staff.

The quality and safety of the service was ensured by the provider. There was a positive and caring culture in the service led by the unit manager and supported by the registered manager. Staff told us it was a good place to work and were well supported.

The home had continued to meet the characteristics of Good in all areas. □

Rating at last inspection: Good (report published 14 November 2016).

Why we inspected: This was a comprehensive planned inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Jubilee House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Jubilee House provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Not everyone living at the service was having support provided by Kent County Council as some people were commissioning their own support through direct payments.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The people living at the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure the manager, people and staff were available to speak with.

What we did:

We reviewed information we had received about the service. The registered manager had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

We met three people using the service and spoke with two people, we spoke with three staff, the unit manager and the registered manager.

We viewed two people's care records, medicines records, records of accidents and incidents, audits and quality assurance reports, staff training records and rotas.

Following this inspection, the registered manager provided us with additional information we requested around quality assurance survey results. We also received feedback from two health and social care professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and would speak to staff if they were worried about anything.
- Systems and policies were in place to protect people from abuse and avoidable harm.
- The provider had held an interactive session with people which involved explaining to people the different types of abuse and what to do if they had any concerns. This was also used to record people's understanding of abuse and inform their care plans.
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager promoted an open culture to encourage staff to raise any concerns. There had not been any concerns to notify CQC of and they were aware of local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely.
- Risk assessments were in place to provide guidance to staff how to reduce the risks to people and staff could tell us how they kept people safe. For example, risk assessments considered risks to people around managing their epilepsy.
- Risk assessments were in place to ensure any equipment was used safely and staff confirmed they received training around this, for example on how to use hoists to lift people.
- All the necessary environmental health and safety checks, servicing and maintenance was completed, and the provider worked with the landlord of the building to ensure these were done.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely as all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- There were enough staff to keep people safe as there was always staff on site and rotas evidenced enough staff were deployed to meet people's needs.
- The registered manager had re-assessed the required care packages to ensure these continued to meet people's needs and had applied for additional hours to the commissioner where people's needs had changed.
- People were supported by a consistent staff team; many staff had worked at the service for over 10 years. One healthcare professional said, "I have always been impressed by the service provided and particularly

with the consistency of staff support."

- There was some agency use to cover long term staff absence, however the unit manager ensured these were consistent staff.
- People and staff told us there were enough staff and that people received more support if their needs changed.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competence was checked regularly.
- People received their medicines as prescribed. One person told us that staff helped them with their medicines, that they don't know what they are for but can ask if they want to know.
- There were appropriate systems in place to order, store, administer and dispose of medicines safely.
- Staff could tell us when they needed to administer 'as required' medicines. Written protocols were in place for these medicines which ensured staff knew when people needed these medicines and how to evaluate their effectiveness.
- Weekly audits were completed by the unit manager to ensure people received their medicines safely.
- Annual audits were completed by an external agency which showed only minor areas for improvement, for example to always use blank ink on medicines administration records.

Preventing and controlling infection

- People had support to keep their home clean.
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as wearing gloves and washing their hands regularly.
- Guidance on how to prevent the spread of infection was present in the service and personal protective equipment was available in people's homes for staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Most accidents were around one person's falls and their individual needs had been identified and acted on.
- The registered manager had reviewed any accidents and incidents. Lessons were clearly learnt, for example around why the person had fallen. Their care plan had been reviewed and action taken to prevent reoccurrence, such as the introduction of new technology and a referral to another healthcare professional.
- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of a fall.
- Learning from accidents and incidents was shared with staff through reflective practice agendas in supervision and team meetings.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed for all areas of their lives and looked at their planned care and agreed outcomes, so staff could support them effectively.
- For example, where one person was at risk of choking on their food, further assessments were done to ensure their needs were fully met and staff followed guidance from health and social care professionals around how to prepare the person's food.
- The registered manager told us people had the opportunity to meet potential new people before a new placement was agreed to ensure anyone moving in was compatible with the existing people living in the service.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support which takes a least restrictive approach to supporting people with behaviour that challenges. This helps staff to identify the cause of the behaviour to help the person effectively. For instance, that the person maybe communicating they are upset or in pain.
- People were supported to achieve positive outcomes. For example, to have their own mobility vehicle to enable them to go out when they wanted to, or to develop their cooking skills.
- People were supported to maintain their independence which had prevented people moving to residential care services and enabled them to live in their own home.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity. Staff were committed to ensuring people's equality and diversity needs were met, for example they had supported one person with their religion.

Staff support: induction, training, skills and experience

- People told us staff and the unit manager knew them well.
- Staff and agency staff had received an appropriate induction to the service and training in all the required areas. There was a training matrix in place so that when staff required a training update, this was arranged.
- Training was provided to ensure staff could meet people's individual needs. For example, around a person's health condition.
- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support. For example, one carer described how training they had recently had made them look at how the way they react to people can impact on their behaviour.
- Staff told us they were supported by the unit manager and received regular supervision, competency assessments and appraisals.
- New staff were introduced to people before providing any support and were supported to learn about

people's needs by familiar and experienced staff. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.

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

- Staff ensured people's dietary needs and preferences were met.
- One person told us about how they were supported to manage their diabetes.
- People were involved in shopping for and cooking their meals and told us they chose what they ate. One carer said, "(Name) plans their meal on the day, they choose and are involved where they can be."
- One carer described how they support a person to do their food shopping, using a trolley on their wheelchair and asking them their choices. Staff could tell us about people's favourite foods.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from health and social care professionals in relation to these. For example, guidance around food textures from speech and language therapists.

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

- Healthcare records and plans provided clear guidance for staff for all people's healthcare needs.
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Detailed records were maintained for all health appointments, for example with their GP or physiotherapist.
- One healthcare professional told us, "They seek assistance from outside agencies wherever issues arise and are quick to react to changes in need."
- People had a Health Action Plan (HAP) which offered an overview of their healthcare needs. Hospital passports were also in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.

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

- The building was fully wheelchair accessible and well maintained.
- The environment was comfortable and met people's needs. For example, there were communal areas within the service where people could spend time with other people.
- People's homes had been adapted to meet their individual needs. For example, one person had a ceiling hoist fitted from their bedroom to their on-suite bathroom.

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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No-one was being deprived of their liberty.
- People were assessed as not having the capacity to make decisions in some areas of their lives. However, they 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. Staff could

understand people's vocalisations, body language, gestures and behaviours to establish whether consent to care was given and their day to day choices.

- Decision specific mental capacity assessments were completed for both complex and day to day decisions. Best interest processes were followed in relation to decisions about people's care and treatment. However, best interest decisions were not always recorded fully. We spoke to the registered manager about this who has acted to improve these records. There had not been any impact on people.
- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.

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

Good: □ 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 staff were caring and we observed people were relaxed and happy in the company of staff, and when talking to us about their staff.
- All interactions we saw were positive, respectful and compassionate. For example, staff would get down to the person's eye level when talking to them or gently stroke their arm when saying goodbye to them.
- One healthcare professional told us, "Staff are extremely caring and clearly want to spend time with clients to provide them with the best quality of life. They support the clients to make choices and to be as independent as they can be."
- People's needs around equality and diversity were identified and met, for example, around their disabilities. For instance, staff had ensured people used facilities which were accessible for wheelchairs.

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

- House meetings were held with people, records of these showed they were informed about any property issues and social events planned.
- Staff showed an excellent understanding of people's needs and preferences as they had worked with the people living in Jubilee House for many years. One carer said, "We get to know their little ways through their family and friends, by taking people out and by spending time talking to people."
- People were asked about their views in care plan reviews and were engaged in everything they did. For example, one carer described how they explained people's risk assessments to them and made sure they understood.
- People had information about their communication within their care plans which enabled staff to support them to express themselves. One carer told us how they understood people's body language and verbal communication.
- People had communication passports and other tools to show how they communicated which enabled staff to support them to express themselves. For example, whether they used pictures and symbols or verbal communication.
- No-one was using advocacy services at the time of our inspection. However, the unit manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely.
- People were supported to maintain relationships that were important to them, for example friends or family.

- Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. For example, by closing their bathroom door, asking their permission and telling them what they were doing.
- One person told us they were given time on their own if they needed it.
- People were encouraged to maintain and develop their independence where possible. For example, one carer told us how they were supporting one person to develop their skills to make their own breakfast and had started with them making their own toast. They said, "We use hand over hand technique to help teach (name) to learn to butter their toast." They also described how the person had a one-cup kettle to enable them to make their own tea.

Is the service responsive?

Our findings

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

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

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

- People had a range of complex needs. However, they were supported to live their lives how they wanted and were given choice and control of the care and support they received.
- One healthcare professional said, "Many of the care workers have been at the service for years which means they have a real insight into the needs and wishes of the individuals they work with and this leads to a very person-centred approach."
- Care records described the support people needed in person centred ways. For example, how one person liked to choose their clothes to wear in the evening for the following day as they had more time to look through their wardrobe and decide.
- Peoples likes, dislikes and daily routines were recorded to ensure staff supported them in the way they liked. People's hopes and dreams were recorded in 'all about me' plans.
- People's care and support was regularly reviewed and updated to reflect their changing needs and staff could tell us how they were updated.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, staff used different methods to communicate with people such as signs, objects of reference and YouTube videos. Information was shared with people in easy read formats.
- Technology was used to support people's needs. For example, people wore alarm detector watches, had bed leaving sensors or an epilepsy mat depending on their needs, which alerted staff if people needed support, all though one call bell system.
- People were enabled to participate in activities within and outside of the home to meet their individual needs and interests. For example, one person who loved animals, told us they were supported to go horse riding and had a pat dog visit them at home. Another person told us they were happy as they could go out when they wanted to.
- One person had been supported to fulfil their dream holiday.
- In line with 'registering the right support' people were part of their communities, they knew their neighbours, used local facilities and accessed community health and leisure facilities. People had their own mobility vehicles which enabled this.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. There had not been any complaints since the last inspection.
- People told us they had no complaints and would talk to staff if they had. Likewise, staff told us they had no concerns and could talk to their manager if they had.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- People's choices, wishes and arrangements for the end of their life, where known were recorded. Staff had worked with people to support their understanding and learn about their wishes for their end of life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a caring culture in the service. People and staff were all positive about the registered manager and unit manager and said they were supportive and approachable.
- One carer described the service values as, "Ensuring people's quality of life and happiness and helping them to reach their goals, no matter how small."
- One health and social care professional said about the unit manager, "(Name) is a well-respected manager and leads the team with a hands-on approach. The team seem to have a good working relationship and most have worked together for many years."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.

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

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks.
- Staff were knowledgeable in their roles and had easy access to the provider's policies at all times.
- The registered manager worked closely with the unit manager and had a regular presence in the service to ensure the quality and safety of the care provided.
- The registered manager reported on any performance issues regularly to the provider to ensure good oversight of the quality of the home and monitored action plans to ensure any improvements needed were made.
- Quality assurance systems, such as audits and checks were used effectively. For instance, audits were completed on medicines and finances and action plans were in place in line with CQC's key lines of enquiries.
- A new audit team has been implemented by the provider to drive up improvement. This meant provider audits will be completed alongside the existing self-auditing and peer auditing across services.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. No such events had been notified to us as none had occurred. The registered manager clearly

understood their role and responsibilities and had met all their regulatory requirements.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. For example, people were involved in interviews for new staff.

- Annual quality surveys were completed and reviewed by the provider with people, relatives, staff and health and social care professionals to gain their feedback. These all showed positive feedback for the provider.

- Staff told us they felt involved and listened to. Team meetings were held to share information and the registered manager had an 'open door' policy. This enabled good formal and informal communication between the managers and staff.

- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way and healthcare professionals confirmed this.

- The registered manager told us the provider was working with their children's service since these were rated Outstanding and therefore they were working with them to identify areas for learning.

- The registered manager told us they were supported by the provider and believed their manager was focusing on person centred care and joined up working.

- The Unit manager and registered manager attended various management meetings and a registered managers network to ensure they remained up to date and shared best practice.