

North Yorkshire County Council

Jubilee Lodge

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 ●

Summary of findings

Overall summary

Jubilee Lodge 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.

Jubilee Lodge is a purpose built respite unit and is registered to provide personal care and support for up to five people at a time. The service specialises in providing support for people who have learning disabilities. At the time of this inspection the service was providing respite care for a total of 17 people. This could range from a few hours per day to twenty four hours a day to several weeks during a year. There were two people staying for respite care on the day we visited.

At our last inspection we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken which ensured staff were suitable to work with vulnerable people.

Staffing levels were sufficient and staff received supervision and training to give them the necessary skills and knowledge to meet people's assessed needs.

Risks to people's safety had been assessed by staff and regularly reviewed to ensure they contained up to date information. Care plans included information about how people preferred to be supported.

People were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to health care professionals and services.

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. Staff knew people well, they offered choices and care was person centred.

People were supported by kind and caring staff who treated them with dignity and respect. We observed positive interactions between people and staff. People's independence was encouraged and there was a range of activities and outings they could participate in.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views and there were effective systems in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Jubilee Lodge

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 16 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a respite service for younger adults who are often out during the day and we needed to be sure that the registered manager would be available to speak with us.

The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to supporting people with learning disabilities.

Before the inspection the provider completed a Provider Information Record (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications that were submitted. A notification is information about important events which the service is required to send us by law.

We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using all of the information we had gathered from these different sources.

At the time of our inspection two people were staying at Jubilee Lodge. One person could speak with us without the support of staff. The other person was assisted by a member of staff as they used sign language to express themselves.

We spoke with the registered manager, a team leader, two support workers and the administrator. We looked at a range of documents and records related to people's care and the management of the service.

We looked at four care plans, three staff recruitment and training records, quality assurance audits, minutes of staff meetings, complaints records and policies and procedures. We also looked at findings from questionnaires that the service had sent to people. During the inspection we spoke with two health and social care professionals to gather their feedback about the service.

Is the service safe?

Our findings

People and their relatives told us they or their family member were safe and well looked after. One person said, "I know the staff and they are there when I need them." A relative said, "Yes, I think it is a safe place for [Name]. They couldn't go until there was suitability experienced staff to support them."

There were up to date safeguarding and whistle blowing policies and procedures in place. Staff had received safeguarding training and were able to describe to us the different forms of abuse and discrimination. One member of staff said, "I understand the impact discrimination can have on people. I would report abuse and would not hesitate to do this. My manager would listen and act."

People were protected from harm as potential risks relating to their care had been assessed to ensure they were appropriately managed. Records showed people and their relatives had been involved in the assessment and review process. Risk assessments were personalised and covered areas such as moving and handling, eating and drinking and behaviours that posed a risk to themselves or others. This gave staff the guidance they needed to help them support people to remain safe.

On the day of the inspection there were sufficient staff to meet the needs of people who used the service. The registered manager and team leader established the level of care a person required during their stay and organised rotas to ensure staffing levels and skills were appropriate.

There were mixed comments from relatives when we asked if they thought there was enough staff. One told us, "When I visited, there seemed to be enough staff." Other relatives said, "I think they could do with more. They have just enough staff" and "The only restrictions are down to staffing levels. If there is enough staff people can go out. If not, people can't."

The provider's recruitment process ensured that staff were suitable to work with vulnerable people. Prospective staff completed an application form and attended an interview and a Disclosure and Barring Service check (DBS) was carried out before staff started working at Jubilee Lodge. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We looked at records which confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers and gas safety. We saw that Personal Emergency Evacuation Plans (PEEPs) were in place to ensure people were supported to leave the building safely during an emergency. We found that the service was clean and staff recognised the importance of preventing cross infection and used gloves and aprons when required.

People's medicines were managed safely and they received them as prescribed. Staff had been trained in the safe handling, administration and disposal of medicines and checks on their competency had been undertaken. Medicines were being stored securely and medicines administration records (MARS) were appropriately completed.

Information gathered in relation to accidents and incidents that had occurred had been documented and was monitored to identify possible trends and prevent repeat events.

Is the service effective?

Our findings

Arrangements were in place to assess people's needs which ensured their preferences, choices and cultural needs were provided for effectively. Due to people's complex needs, staff worked closely with people's relatives and health and social care professionals before they stayed at the service.

People and their relatives were confident that staff had the knowledge and skills they needed to provide effective care. Relatives said, "The staff are knowledgeable" and "When there are new staff I know they have training sessions."

Records showed staff had received induction training before they supported people and on-going refresher training to keep their knowledge and skills up to date. We saw additional training in areas such as supporting adults to make decisions, nutrition and managing people's behaviour had been made available to staff. The service had become accredited with the National Autism Society. This enabled them to offer effective support in line with current best practice.

People were cared for by staff who received regular supervision and appraisal. Staff we spoke with explained their supervision was useful, supportive and they had the opportunity to offer their opinion on how the service could improve.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Records showed DoLS authorisations were applied for, mental capacity assessments and best interest decisions took place. People said, "Yes" when we asked them if staff asked for their consent before supporting them.

People were supported to maintain a balanced diet and staff were aware of people's dietary needs. One relative told us, "Staff follow guidelines due to [Name's] health needs."

People's health and wellbeing was supported. Records showed involvement with health care professionals when people's needs changed. For example, we saw records that showed one person had the support of a district nurse during their stay to support them with a specific need and a specialist nurse had advised staff on the care of a person with epilepsy. A relative said, "I feel confident that staff would sort out any health

issues."

Arrangements were in place to ensure people had access to the environment around the home. The decoration and signage in the premises supported people's needs and enabled easy navigation which promoted their independence.

Is the service caring?

Our findings

People told us that staff were kind and caring and treated them with dignity and respect. We saw staff to be supportive and respectful at all times. One person told us, "They [Staff] know me well." A relative said, "The staff are caring. As far as we are concerned [Name] has never come back upset after being at Jubilee Lodge."

People were listened to and were supported to be able to make decisions and choices. We observed staff communicating with people who found it difficult to express themselves by giving them time to respond. Questions were rephrased if the person did not understand. Staff we spoke with were aware of people's individuality and the importance of respecting this. Staff told us they treated people equally regardless of their race or cultural needs.

People's privacy and dignity was respected and promoted. One person said, "Staff knock on my door before coming in." During our inspection a workman needed to test electrical equipment in this person's room. They were asked for their permission before the workman was allowed access. A relative told us, "Staff assist [Name] with their personal care and respect their privacy and dignity."

Systems were in place to ensure that people and their relatives knew what was happening at the service. Notice boards included events and information about the local advocacy service which provided independent support and advice. One person said, "They [Staff] listen to me and I say what I like." The most recent newsletter produced by staff, was informative and showed what activities people had been involved with and included sign language symbols and descriptions.

People's care records and personal information was kept securely and their confidentiality and privacy maintained. Staff had access to these records and had received training in the safe management of confidential information.

During our inspection we observed that people were made to feel welcome. There was a calm relaxed atmosphere. One person told us their friend was able to visit them when they stayed at Jubilee lodge. The registered manager explained when respite was being planned for individuals, their friendships and compatibility with others was considered.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person said, "I am good at baking. Staff let me help them in the kitchen." One relative told us, "Staff encourage [Name] to help them prepare meals and they do their own washing, pack their bags and lay the table."

Is the service responsive?

Our findings

Each person had a personalised care plan that recorded their care and support needs, which was regularly reviewed. Any changes in people's care needs were communicated to staff during the handover between shifts and recorded.

As far as possible, people and their relatives were involved in planning their care and in developing their care plans. A relative told us, "[Name] is not very independent, but they manage to communicate when in pain and the staff pick up on this. Staff asked what the indicators were when they needed pain relief and worked with me. We wrote it down for staff to follow."

Staff knew people well and were able to tell us about individual needs, likes and preferences. For example, a member of staff explained that a person who used the service felt more secure in a particular bedroom. Staff ensured this was available to them each time they stayed. A relative said, "Staff take time to do [Name's] hair the way they like it."

We saw that people made choices about what they did, where they spent their time and what they ate. Some people chose to stay in their rooms and this was respected. One person told us, "I decide when I go to bed and when I get up."

Arrangements were in place to meet people's social and recreational needs and we saw photographs of people clearly enjoying the activities on offer. Staff arranged activities such as art, games, crafts and music. Staff supported people to use the sensory room and spent time individually with them. Trips out were organised which included going for meals, the cinema, shopping and places of interest such as the local heritage railway.

Information was available to people in different formats to make it accessible for people's needs. For example, we saw information in large print and pictorial formats. An easy to use pictorial questionnaire was available to help people express their feelings. A member of staff explained how they took photographs of people's favourite food items on their phone to enable them to indicate their preferences when outside. They were researching how staff could use assistive technology to enable people to express themselves through sounds and pictures.

People we spoke with said they knew who to tell if they wanted to complain. One person told us, "I would speak to the team leader." Relatives told us they knew how to complain if they needed to and would speak to the registered manager or other staff. We saw documents which evidenced when complaints or concerns were raised by people. They were recorded, along with any action taken and the outcome. This ensured any repeating trends were identified and the service could learn and improve.

We read a number of compliments about the service. One relative had written, 'Whilst my relative cannot always communicate their needs, they always express their enjoyment and anticipate their visits. Thank you for all you do.'

Is the service well-led?

Our findings

A registered manager was in post. People and their relatives told us they had confidence in the registered manager and they were approachable. Relatives said, "I think the manager is good. If you ever phone they get back to me promptly. They keep me informed about what is going on" and "The manager is efficient and understanding." A member of staff we spoke with said, "The manager is very supportive and I have learnt from them."

The service promoted a positive culture that was person centred, inclusive and open. Relatives told us there was a positive culture at Jubilee Lodge. We asked one person to tell us what they liked about the service. They told us, "The best things are the other people who stay, the staff and bonding with new staff and new people."

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies.

People, their relatives and staff were asked for their views about the care provided via regular meetings and issuing questionnaires. A relative said, "We get questionnaires several times a year, about what our relative likes and what they don't and any suggestions for improvement." Suggestions were acted on to shape and improve the service. For example, we saw feedback about the accessibility of the garden. The garden area was given a makeover with raised beds and wheelchair friendly pathways, which had a positive impact on people who used the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The registered manager completed monthly audits to identify trends and took action when needed. For example, they saw that a person who sometimes required staff to manage their behaviour, could not access the service unless additional staff were provided. They discussed this with their manager and additional staffing was funded.

Quality monitoring visits were also carried out by the registered provider and these visits included reviewing; staffing, health and safety and premises. Any shortfalls were highlighted and acted upon to ensure the service continuously improved.

Staff told us how they shared information between staff teams and with outside agencies to ensure continuity of care. Records we looked at confirmed this. Health and social care professionals we spoke with told us they had good working relationships with staff who provided individualised care which met people's needs.