

Prince Bishop Support Services Limited

Jubilee House

Inspection report

2 Kent Road
Consett
County Durham
DH8 8HN

Tel: 01207580311

Date of inspection visit:
05 June 2018

Date of publication:
13 July 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 February 2018 and was unannounced.

Jubilee House 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 House was registered for up to seven people. There were seven adults living and receiving care and support from staff at Jubilee House at the time of our inspection. People had a variety of care and support needs related to maintaining their mental well-being, learning disabilities or autistic spectrum disorders as well as dementia.

A registered manager was in post at the time of the inspection visit. They were registered with the Care Quality Commission in January 2017 with the current provider. However, they had been registered with the previous provider Positive Approach Services Led since 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the services first inspection under the current provider.

We found concerns with the safe administration of medicines. The provider was following unsafe practice, which was not within best practice guidelines.

Plans were not in place to minimise all risks to people who used the service. For example, where a person was a diabetic.

We found concerns with the fire risk assessments for parts of the building and learning from fire drills was not acted upon.

The audits that were taking place were not robust enough to highlight the concerns we raised.

The premises had not been adapted to support people who were now living with dementia.

We have made a recommendation about the premises.

Although staff had received training, they did not fully understand all the subjects such as Deprivation of Liberty Safeguards (DoLS). Records showed that training in certain subjects was out of date. Staff were supported from supervisions and a yearly appraisal. Staff had received training in Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) however could not demonstrate a basic understanding of the requirements of the Act. The registered manager did not understand their responsibilities in relation to the DoLS.

We have made a recommendation about further MCA and DoLS training.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable.

We found there were enough staff employed to support people with their assessed needs. However, certain times throughout the day they could be short. We were told that extra staff were put on the rota to cover appointments or if people wanted a day out.

People enjoyed the food provided and were offered choice.

People said staff were kind and caring and we saw independence was promoted.

Staff could easily demonstrate a person centred approach to care, they knew people and their life history's well. However, we found that care plans needed more structure and some care plans were not in place.

There were no regular arrangements to engage people in meaningful activities.

We have made a recommendation about activities.

The service had a complaints policy that was applied if and when issues arose. People and their relatives knew how to raise any issues they had. The service had received no complaints.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely

Risks to people were not always assessed or plans put in place to minimise the risk. Risks to people in the event of a fire were unsatisfactory.

Staff had a basic understanding of safeguarding issues and felt confident to raise any concerns they had.

Staffing levels needed to be looked at, to make sure there were enough staff on at all times throughout the day.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff needed refresher training to make sure they understood certain subjects.

Staff were supported through supervisions and appraisals.

The registered manager and staff were not aware of their responsibilities under the Mental Capacity Act. We have made a recommendation about this.

People were happy with the food and were offered choice.

The premises did not have any dementia friendly adaptations. We have made a recommendation about this

Is the service caring?

Requires Improvement ●

The service was not always caring.

We saw kind interactions from staff to people who used the service'

People's independence was promoted.

Although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring overall.

Is the service responsive?

The service was not always responsive.

The care plans were detailed although repetitive and some care plans were not in place.

People had end of life care plans documenting their wishes and preferences.

Activities needed more imagination and choice. We have made a recommendation about activities.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The quality assurance audits did not highlight the concerns we raised. The registered manager did not have full oversight of the service and relied on external people to complete some audits.

Records were not all up to date or in place.

The registered manager did not understand their responsibilities in making notifications to the Commission.

Requires Improvement ●

Jubilee House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 inspection took place on 5 June 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

During the inspection we looked at two care plans, records, seven Medicine Administration Records (MARs) and daily records. We spoke with five members of staff, including the director, the registered manager, the deputy manager and two care staff. We spoke with people who used the service and one relative via the telephone.

Is the service safe?

Our findings

We looked at how the service managed medicine administration and found some concerns.

One person was prescribed a controlled drug patch for pain relief. The patient information leaflet (PiL) stated, 'You should not apply a new patch to the same site for 3-4 weeks.' There was no patch application record in place, so staff could not evidence they did not apply the patch to the same site as per the guidelines.

People prescribed creams did not always have cream charts in place to show where a cream should be applied and there were gaps to evidence administration of creams on the medication administration record (MAR).

There was nothing recorded on the MAR or in the MAR file to show how much warfarin a person should have administered. When we located the records, which were locked in the medicine cupboard, we saw staff had administered the correct dosages, however recording procedures needed to be improved .

Where medicine stock was carried forward from the previous month the stock balances were not always updated. For example, a bottle of liquid medicine was described as one instead of 300mls. One person went without their prescribed medicine for three days but nothing was documented as to why this was, the outcome or what had been put in place.

Two people were prescribed medicines for diabetes. Their blood sugars were checked by staff up to three times a day as they highly fluctuated. There was nothing documented about what the normal range for these people should be or what to do when the reading was high or low. There was no diabetes care plan in place for these people or no risk assessments to say what to do if they suffered a hyperglycaemic (high blood sugar) or hypoglycaemic (low blood sugar) attack or a record of diabetic complications.

Two members of staff administered the medicines together. However, they did not always explain to each other what they were doing or read out the labels to check if correct. The registered manager agreed to improve the administration of medicines.

The service had recently had a pharmacy audit completed and the registered manager said they had not picked up on the concerns we raised. However, the pharmacist had left the service forms to use for patch applications, warfarin administration and topical (cream) administration. The registered manager had not put these forms into practice.

We found medicines were stored safely and within the correct temperature guidelines. We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered, however staff were not following their own policy in relation to what should be stored in the controlled drugs cupboard. We found batteries and bottles of Paracetamol stored in the controlled drugs cupboard. The registered

manager removed these straight away.

In the care plans we reviewed we found that risk assessments were in place for general risks such as entering the kitchen. Where people had personal risks for example one person needed their food cutting up, there was nothing recorded to state why the food was to be cut up and no risk assessment to state what could happen if the food was not cut up.' Two people were diabetic with extreme fluctuations with their blood sugars, there were no risk assessments in place. One person could show behaviours that challenge and had left the service refusing to return and police were involved. A risk management plan was put in place in December 2016 due to this. However, this had not been reviewed since and a similar situation occurred in May 2018 and the risk assessment was still not updated.

We found concerns with fire safety. Due to a freezer being outside a bedroom door a risk assessment was in place. This risk assessment advised the person in this bedroom to stay put if there was a fire and the fire brigade would rescue them or alternatively they would have to use blankets and cushions and climb out of the window. The bedroom was on the ground floor, however when we looked at this we found the person was unable to reach the window handle to open it, the window did not open wide enough for a person to climb out and the person in this room used a walking frame to mobilise and would be unable to climb over the radiator cover onto the window sill and climb out. The registered manager had not recognised all these factors and just accepted the risk assessment, stating this was passed by the fire brigade.

Staff completed regular fire drills. However, the learnings from the fire drills had no action plans. A fire drill completed by the night staff member showed it had taken ten minutes to evacuate the building. Guidance states that fire evacuations should take no longer than five minutes and further drills should take place until the five minutes were achieved. The registered manager said they were going to complete another fire drill and check staffing levels on a night if they could not evidence people could be evacuated safely by one member of staff.

Portable appliance testing (PAT), although due annually, had not taken place since February 2016. The services fire risk assessment stated this took place annually, however it had not been done since 2013. There was no evidence of observation checks of electrical equipment to check it was safe to use.

The registered manager and staff demonstrated a basic understanding of safeguarding issues and whistleblowing (telling someone) concerns. However, they did not know the procedures to follow if they had any concerns and who should be alerted.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Following the inspection, the registered manager contacted us and stated that they had arranged medicines training for all staff and a further pharmacy audit to take place. They had also implemented the correct forms for 'when required' medicines, patch application, warfarin administration and topical cream application. The registered manager had contacted the fire brigade who did a visit and the freezer was moved to a different place with a new risk assessment added. The fire brigade contacted CQC to say they were happy with what had been put in place to rectify the concerns raised.

Through observation and speaking to people, we could see they felt comfortable with the staff team. One person said, "This is my third home, I feel safe and I am happy."

A relative we spoke with said, "I have no concerns about safety, [named person] has lived at Jubilee House

for 15 years and is well settled."

Required certificates in areas such as gas safety and electrical testing were in place. Records confirmed that monthly checks were carried out of fire alarms, however, tests of emergency lighting had not taken place since March 2018. Water temperatures were taken weekly and were within a safe range.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. Accidents and incidents were too few to find any themes or trends.

Through observation and looking at rotas we saw there was enough staff on duty for the majority of the day. There were two staff on during the day and one staff member on a night. An extra member of staff came in at 2pm to collect people from day services. The registered manager said extra staff would be put on the rota if someone wanted to go out for the day. On the day of inspection one person required one to one care as they were unsettled. This left one person to support the remaining six people. Also, when two staff were doing the medicine rounds this would leave people without any support. The registered manager said they would review staffing levels and contact the local authority to try and arrange one to one support.

A relative we spoke with had no concerns about the staffing levels and said, "There always seems enough staff when we go, (Named person) likes to wander outside and there is always a member of staff with him."

Staff we spoke with said, "Yes there is enough staff," and "Yes we have enough staff, there are two on all day then one staff member from 8pm."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

We saw the premises were clean and tidy. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves.

Is the service effective?

Our findings

People had their needs assessed before coming to live at Jubilee House. The registered manager said, "All individuals have a service user's assessment, this is filled in by family, friends, care staff or care managers, anyone that knows the individual along with the individual if this is possible, information is also derived from social services care plans and assessments and service user's questionnaires these are all used to support our assessment."

People had outcomes that they wanted to achieve, one person was to be able to prepare for a bath themselves. A staff member said, "It's amazing how far they have come, they now bring their toilet bag to the bathroom with everything they need in it, this seemed impossible a year ago." All outcomes and achievements were reviewed six monthly with further actions if an outcome had not yet been achieved.

Records showed that staff were expected to undertake training to enable them to carry out their roles. The records showed some staff training was out of date. The service had a training matrix that would be shaded red if the training was out of date, yellow if the training was due in the next three months and green if the training was in date. Fire training was out of date for eight out of ten staff. No staff had received up to date dementia training, safe handling of medicines was out of date for all staff and dignity in care and equality and diversity was out of date for the majority of staff. All staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) however, no staff members we spoke with understood it. One staff member said, "I have had the training but don't understand it at all, I need it to be simplified." We did not see any evidence of staff competencies taking place to check staff understood the training they had received.

The registered manager said after the inspection that all training for all subjects had been booked in and safe handling of medicines training was undertaken the Thursday after inspection.

New staff undertook an induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competencies and standards of care that will be expected. New staff also completed shadow shifts until they, and the registered manager, felt they were competent to work alone.

Staff were supported through regular supervision and a yearly appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were not. The registered manager did not know who had a DoLS in place. DoLS applications had been put in for all seven people even though some had capacity. The registered manager thought that everyone living in a care home had to have a DoLS. One person had an emergency DoLS put in place when they showed certain behaviours, this was dated 13 July 2017 to 20 July 2017. However, a similar incident occurred with this person in May 2018. The registered manager thought they had a DoLS in place, so no emergency DoLS was requested. The registered manager made a decision on this person's behalf, however, this person did not have a DoLS in place, therefore the registered manager was depriving this person of their liberty.

The management and staff did not understand their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for one person who lived at the service had been authorised at the time of our inspection.

We did see some evidence of consent in people's files. People who the registered manager deemed not to have capacity had signed to say they consent to all care and treatment. Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability. The registered manager had no evidence to show these people lacked capacity.

We recommend the registered manager and all staff have refresher training on MCA and DoLS and to make sure they understand it.

People were happy with the food that was provided. One the inspection day one person who used the service made everyone sandwiches of their choice for lunch. Observations showed they really enjoyed this and the person checked that everyone had what they wanted. The teatime meal was a social occasion where everyone sat round the table to eat. There was lots of chatter and laughter. One person's care plan stated, 'likes to eat with peers so it is a social time,' we saw this was taking place. One person we spoke with said, "The food is nice, but I don't like ice cream."

A relative we spoke with said, "The food always looks good and there is plenty of it, [named person] likes their biscuits."

People were supported with their day to day health needs in conjunction with health care professionals. Records showed that people had regular contact from a range of health professionals such as: nurses, GP's, psychologists and consultants. People's views, histories and lifestyles were respected as part of the support they received to maintain their health. Each person had a hospital passport in place. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

The physical environment was being used in a way that supported people to spend their time and maintain their relationships. People mainly sat in the conservatory with doors open to an enclosed garden. People from their sister home visited and there was lots of conversations, banter and laughter.

Some work was needed to maintain the premises and improve the décor. For example, the garden was in need of being cut, the stair case was painted a dark blue, it had a dark red carpet with flowers and dark

wood railings. The stair case was steep and the stairs were not wide enough for a full foot to be placed on them. We discussed the potential risks to people who struggled with mobility, using the stairs. The registered manager said a physiotherapist had assessed one person as being capable to use the stairs.

Following the inspection, the registered manager said "On reflection the staircase does need brightening up as it is dark, we are going to rectify this straight away. We are also putting up signage to support people with dementia and going to contact the Alzheimer's Society for further

We do recommend the registered provider assesses the service to make sure it has dementia friendly adaptations and signage and the staircase is risk assessed.

People's rooms were decorated how they wanted. We saw one person's was covered in Marilyn Monroe wallpaper and royal wedding souvenirs of all the weddings were on display. Another person's room was all pink and another person proudly showed us their new bed with matching wallpaper and bedding. Their room was immaculate and feminine.

A person who used the service said, "I chose my room, it's all pink." A relative we spoke with said, "The home is nice, they keep it in good order."

A relative we spoke with said, "The home is nice, they keep it in good order."

Is the service caring?

Our findings

Although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring overall.

People who used the service were happy with the care that was provided. One person said, "I love living here." A relative said, "The staff are always nice to people."

Through observation we saw staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand.

Staff told us they enjoyed their work and enjoyed spending time with the people they supported. They were kind, compassionate and caring and spoke with enthusiasm for their work. They also spoke with respect for their colleagues, making comments such as: "It is great working here, the team [staff and people who used the service] are like one big family, it's not like a job."

We asked staff how they supported people's privacy and dignity. Staff explained how they always knock on people's door before entering, which we saw evidence of and keep people covered as best as possible when providing personal care.

Staff said they encouraged people to maintain their independence. Staff we spoke with said, "We always encourage them [people] to do as much as they can for themselves, we have goal charts in place, the goals are set up in small steps of achievements but they are huge steps for them."

We saw evidence of goals in people's care plans. One person's goal was to be able to complete a personal care task by themselves. Care plans were written to promote people's independence and stated what people could do and where support was needed. We saw people completed independent tasks on the inspection day, for example, preparing lunch, doing their own washing and making drinks.

Peoples preferred ways to communicate was documented in their care plans. For example, if a person was feeling shy they would hide their eyes, if they were feeling frustrated they would clap their hands. For one person who was unable to communicate staff used the disability distress assessment tool (DisDat). DisDat is intended to help identify distress cues in individuals who have severely limited communication.

Where people needed help and support to make choices staff used symbol cards and picture books. One person's care plan stated, 'My strengths are, I can make choices independently regarding food, films to watch and I can identify items to make a hot chocolate and I can use the DVD.' This showed people were encouraged to continue and build on their strengths.

The provider had an equality and diversity policy in place and although staff had received training in this some was out of date. We asked staff how they embed equality and diversity into their caring role. Staff we spoke with said, "We treat people how we would like to be treated ourselves." Another staff member said,

"We don't judge people on their sex or colour."

One staff member explained that they had one person who attended church every Sunday and someone from the congregation collected them and brought them back home. This person made a choice to change religion a couple of years ago and the service supported them with this.

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

People were supported to maintain relationships with family and friends. We saw friends visited throughout the day and a relative said, "I can just pop up anytime."

Is the service responsive?

Our findings

We saw care plans had been reviewed and covered a range of areas including people's life histories and detailed backgrounds, how the person communicated, their personal care needs along with preferences and routines. They also documented what the persons interests were, for example one person enjoyed watering the flowers in the garden and relaxing in the hammock chair.

Care plans detailed the persons morning and evening routines. For example, one person's morning routine included what support they needed to dress themselves, their preferred breakfast, they loved beans and macaroni. For the evening it documented signs to show they were tired, such as rubbing their eyes.

Each person had three care files, there was a personal file, a healthcare file and a daily file with activities. We found the three files to be repetitive and cumbersome. Some care plans were missing for example people with diabetes had no care plans in place.

We saw evidence to show people were involved in their care plan and where possible they had signed to say they agreed to the content.

We saw limited activities available for people. We asked the registered manager about activities and they said people liked colouring in, music and shredding.

One person was listening to music in the conservatory and another person was looking through television magazines, something they really enjoyed doing and planning what they would be watching. This person also pointed out to staff what was to be happening in the soaps the upcoming week.

Four people were out at day centres and on their return there was lots of chatter and laughter. If people wanted to go out for the day shopping for example a member of staff was added to the rota to support this request. One person said, "I like going to Consett and I like Tesco, I don't like the Metro Centre it is too big."

The service held lots of parties for people's birthdays and events such as the recent royal wedding. A relative we spoke with said, "They are always doing things and having parties and they never miss a birthday."

We saw lots of photographs of people's coloured-in pictures and in-house colouring competitions.

Feedback from an external healthcare professional who visited in November 2017 recommended developing activities further.

We recommend the registered provider becomes more imaginative with the activities on offer.

Following the inspection, the registered manager contacted CQC to say they had been in touch with a local taxi company to get a costing to take people out on day trips.

There was a policy in place for managing complaints which was also available in easy read format. The service had not received any complaints since becoming registered with the new provider in January 2017. There was information available to people about how to make a complaint on notice boards.

At the time of our inspection nobody at the service was receiving end of life care but policies and procedures were in place to provide this if needed. Support plans contained records of conversations with people about their end of life wishes where this wished to discuss this.

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The registered manager had not informed CQC of significant events by submitting the required notifications. This meant we could not always check that appropriate action had been taken.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside the inspection process.

The registered manager carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits to be mainly tick boxes and none of them had highlighted the concerns we raised. Where external people came to do audits for example pharmacy audits, the registered manager did not question their findings or act on recommendations in a timely manner.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Following the inspection, the registered manager provided information on things they had put in place immediately to rectify the concerns we raised.

People and their relatives spoke positively about the management of the service. A relative we spoke with said, "The manager and assistant manager are both very well up on their jobs." And "The home is well managed by both the head office and Jubilee staff."

We asked staff if they felt supported by the management. Staff we spoke with said, "The manager is lovely, supportive and we could not ask for anybody nicer." Another staff member said, "The manager is very approachable, any problems we can go to them."

People were happy living at the service and comments from them and their relatives were very positive. People we spoke with said, "I am happy living here." Another person said, "I love living here." A relative we spoke with said, "I am well happy with the care my [named person] gets."

Feedback was sought from people who used the service and their relatives and visiting professionals. This was done via a questionnaire that was sent out in January 2018. Seven went out to professionals and four were returned, comments included, "Excellent service", "Safe and caring environment" and "Well led, good partnership working." For people and relatives six were sent out and three were returned. Comments from these included, "The home is a safe and secure place", "Friendly staff and a good atmosphere" and "Care of the residents comes first by trained and happy staff."

Staff meetings took place regularly and staff said they found them very useful. We saw the agendas and topics discussed were documentation, staffing, health and safety, training and the people who used the service.

Meetings for people who used the service and relatives took place every month. Topics discussed were upcoming events, concerns, day trips and fire drills.

We asked the registered manager what links they had with the local community. They said, "We have excellent links within the local community, for example, going to local church, coffee mornings, restaurants, cinemas, library, we also encourage people in the local community to visit jubilee house by having coffee mornings and locally advertising them. Service users invited their friends from the local community for birthday parties and Christmas parties in Jubilee House and we encourage this by being welcoming."

One staff member talked about the values of the service and said, "We value people's independence, we support them to do what they want, we are like one big family."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had not ensured the proper and safe management of medicines, or doing all that is reasonably practical to mitigate risks to people using the service. Regulation 12(2) (b) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a).</p>