

Supreme Care Services Limited

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

This unannounced inspection took place on 5 April 2016. At the last inspection on 8 July 2014 the service was meeting the regulations we checked.

Jubilee Lodge provides accommodation for up to three people who require care and support on a daily basis. The home specialises in looking after adults with a learning disability and/or mental health needs. At the time of our visit, there were three people using the service.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff understood what constituted abuse and the action they would take to protect people if they had a concern.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place. Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences. We saw that regular checks of maintenance and service records were conducted.

We observed that there were sufficient numbers of qualified staff to support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it was deemed necessary to restrict their freedom in some way, to protect themselves or others. People at Jubilee Lodge were assessed as capable of making their own decisions and were not restricted in their movements in any way.

Detailed records of the support people received were kept. People had access to healthcare professionals when they needed them. People were supported to cook their own meals and to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and supported them. Staff knocked on people's door and waited to be invited in.

People's needs were assessed and information from these assessments had been used to plan the support they received. People planned their own activities agenda, including work and college opportunities and social events they liked to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to support people and to meet their needs. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.□

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their role.

People were supported to cook their own meals and to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.□

Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be independent.

Is the service responsive?

Good 

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and support needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to. ☐ ☐

Is the service well-led?

Good 

The service was well-led. An experienced registered manager was in place who promoted the highest standards of support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a relaxed and friendly atmosphere to the home and this was confirmed by people we spoke with. ☐ ☐

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 unannounced inspection took place on 5 April 2016.

This inspection was carried out by one inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with three people living at Jubilee Lodge, the registered manager and three staff.

We observed staff supporting people in the communal areas. We looked at three care records and four staff records and reviewed records related to the management of the service.

After the inspection we emailed a questionnaire to three commissioners of services to ask them their opinion of their clients' care. We received one reply.

Is the service safe?

Our findings

People we spoke with said "I'm happy living here," and "Its ok, my own place would be better but it's ok." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff understood what whistleblowing meant and the need to report their concerns. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that aren't right, are illegal or if anyone at work is neglecting their duties, including: if someone's health and safety is in danger. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and support plans were appropriate to meet people's needs. This included assessments for food hygiene and nutrition, people's ability to travel safely. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. We saw that risk assessments were well written and updated every six months or more regularly if needed.

Staff were aware of the fire emergency plans and these were kept up to date. A recent fire safety inspection had recommended a change to the internal doors to help ensure people were kept safe during a fire. We saw that this had been actioned. A full evacuation of all people living at Jubilee Lodge was conducted monthly. We saw that the service had contracts for the maintenance of equipment used in the home, including fire extinguishers and emergency lighting.

Throughout the inspection we saw staff were available, visible and engaging with people. We looked at staff rotas and saw that two staff were on during the day and one waking staff at night. The three people currently at Jubilee Lodge were self-managing their personal care. Another home in the same group was a few minutes' walk away and staff from there were available to help if needed.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Contact details for staff and people were kept securely and arrangements had been made with the other local care home in the group to help accommodated people should the premises become unusable.

We looked at four staff's personal files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service. We saw that one person had signed an agreement to self-administer their own medicines. The medicines administration record [MAR] chart for this person and the other two people included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR charts were up to date, accurate and no gaps in the administration of medicines were evident.

Medicines were stored securely in a locked cabinet. None of the medicines we saw needed to be refrigerated but on the recommendation of the supplying pharmacy daily records were kept of the temperature of the room where the medicines were kept. These were within the prescribed range.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. People said about staff "Staff are good," and "I like the staff."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in mental health awareness, health and safety, first aid and fire safety. Specialist training had also been completed in Autism and diabetes awareness. Training was a mix of e-learning and group classroom training. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Staff told us the people at Jubilee Lodge had joined the food hygiene training session so they could learn for themselves the importance of labelling and covering food. Records showed that staff had received an induction when they started work at the service.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every two months plus an annual appraisal. Records we looked at confirmed this. Records confirmed that staff meetings were held every two months but because this was a small staff team, staff were able to talk each day and any concerns or action could be dealt with immediately.

The three people at Jubilee Lodge were independent and mobile. One person said "I can go out and come in when I want." Another person said "I can go where I want to go but have to get back by a certain time." When asked they didn't seem to know why. We asked the manager who explained the reason and said the time given could be flexible with mutual agreement. People were encouraged to tell staff when they were going out and what time they would be home. Each person had their own mobile phone and could be contacted or they could contact staff.

People were encouraged to make their own decisions and were being supported to move toward independence and independent living. The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Staff had received training on MCA and DoLS.

People were supported to eat and drink sufficient amounts to meet their needs. People told us that they shopped for their own food and cooked their own meals. Staff were available to support them if needed. We saw that staff encouraged people to have a varied diet and where appropriate to choose a healthy option. Each person had their own cupboard in the kitchen for storing their food and a separate shelf in the fridge. We saw that food was labelled and stored correctly.

Staff told us about how they had helped one person to think about portion control and so eat a healthier diet. They had also found out what the person's favourite food was and showed them how to cook it. Several meals were being cooked during our visit, which smelt and looked appetising and we could see people were enjoying the meal they had prepared. People were encouraged to eat their meals in the dining room adjacent to the kitchen and we saw that staff and people sat together and chatted during the meal time. On occasions the three people ate together and people from another nearby home came to join the people of Jubilee Lodge. An example of this was on Christmas Day when the two homes got together to share a meal. Daily notes detailed what people had eaten each day, we heard staff explaining to one person why they did this and they were happy with the explanation. This information helped to ensure people were supported appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that people were registered with a local GP. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities or mental health needs to provide hospital staff with important information about them and their health when they are admitted to hospital. Staff told us they had a good understanding with the GP surgery and could accompany people to appointments or change appointments at short notice. This helped to ensure people stayed healthy.

Is the service caring?

Our findings

People were supported by caring staff. All the people who commented about staff said they were nice and kind and listened to them. One person commented "Very good staff here, they listen to you." One staff member said "We are here to support people, to make them happy and encourage them."

We saw that staff showed people care, support and respect when engaging with them. The staff knew people well and this was evident in the way staff and people spoke together. This knowledge of people gave staff the opportunity to support people in the most effective way.

Staff told us they engaged with people in the communal areas and that when a person went to their bedroom this was their private time and staff did not disturb them. People were encouraged and supported by staff to maintain the house as a goal to independent living. We saw that people cleaned their own rooms, did their own laundry, cooked their meals and cleared up after themselves. People were also encouraged to keep the bathroom clean after they had used it and we saw that they did. One person invited us into their room and we saw it was decorated and maintained in the way the person wanted it to be.

People were supported with their spiritual needs. People's activity plans showed the days and times when they were going to a religious meeting and staff were happy to support people to maintain this link with the community.

A notice board on the ground floor gave people a variety of information that they may need, such as important phone numbers or events taking place. Residents meetings were held every two months and everyone was invited. We saw the minutes of the last three meetings which included discussion on health and safety, wellbeing, complaints and compliments and the importance of recycling.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and support was planned in response to their needs. Assessments detailed the support requirements of a person for daily living, including general health, medicines, dietary needs, communication, sleep and mental health needs. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's support plans were organised and securely stored and accessible to staff. The front page of people's support plans included a diagram called 'Life Picture.' This one page showed a picture of the person surrounded by information boxes. The boxes were titled, my keyworker, my family, my friends, my job or college, my place of worship, other professionals I meet and my leisure time. These had been completed by the person and staff with the information the person wanted to share. This simple one page of information gave staff an instant overview of the person, who they were and what was important to them.

The registered manager told us that people's support plans were developed using the information gathered at the person's initial assessment. The details in the support plans of a person's history both personal and medical were very comprehensive. It was easy to read and gave staff a good understanding of who a person was and how they wanted to be supported.

Reviews of a person's support were conducted monthly by the person's key worker. These reviews took the style of a one to one meeting to discuss 'what you enjoyed this month, your medicines regime and any visits or meetings you had.' The answers to these questions and any changes were noted and further actions planned if needed. An annual review was also conducted with the person and other healthcare professionals from the multi-disciplinary team.

People, with support from staff organised their own activities which included voluntary and paid work, attending clubs, going to the gym, as well as domestic chores such as laundry and shopping. People were also receiving training in managing their finances and cooking. People went out to visit family and friends and family and friends were welcome to visit people at Jubilee Lodge at any time.

One person told us about a college course they would be starting, with the aim of learning a skill that would lead to future employment. We heard from staff how they had supported the person to take and pass the entrance exam and to choose a college suitable for their needs. If needed staff would attend college with the person to support them with their learning.

The manager told us about a social enterprise project where two people volunteered each month and in a swap of skills one person from the project had come to Jubilee Lodge to help maintain the garden. Even when the project moved out of borough the two people chose to continue attending because as the manager said 'they wanted to.' A staff member said "The best thing is to see people progress."

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

People said they felt happy to speak up to staff or the registered manager when necessary. They had confidence that the registered manager would deal with any concerns promptly. The registered manager told us they dealt with any incident as it arose so as to ensure a resolution was found quickly and to the satisfaction of the complainant.

Is the service well-led?

Our findings

We could see that people who lived at Jubilee Lodge knew who the registered manager and staff were by name and could freely chat with them at any time. The three people we spoke with were positive about staff and management.

The service was led by a registered manager, who was also the registered manager for two other local homes within the same group. From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. The registered manager was often at the home, this helped to ensure they were fully aware of what was happening within the service and were available to people when needed.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings. Records showed that policies were reviewed yearly with the last review taking place in November 2015.

Systems were in place to monitor and improve the quality of the service. The service user's survey in January 2016 asked if people were satisfied with the meals they ate, the support they received, the premises, staff and management and plans for daily living. The results showed the three people at Jubilee Lodge were either satisfied or very satisfied with the questions asked.

Comments from the healthcare professional's survey in March 2016 said 'excellent communication skills,' 'excellent service,' 'very professional and friendly' and 'very satisfied with the quality of care given [to my client].'

The staff survey in October 2015 was in the form of a question and answer quiz. Questions included 'what would you do if' a person or relative complains, an injury occurred or a person dies in the home and also asking staff if they knew where to find things in the home. We looked at four survey replies and saw that staff were very knowledgeable about the home and procedures they needed to take. This survey gave staff a chance to think about what other support or training they may need and to comment on the management of the home.

The registered manager conducted daily, weekly and monthly audits of the fire alarm system and equipment, the health and safety of the home both internal and external and of any equipment used in the home. Care plans were audited monthly, any omissions found were actioned and signed and dated as completed. We saw records of the monthly medicines audits that were undertaken. These showed medicines were being administered and recorded correctly. The supplying pharmacy conducted an audit in October 2015 and found areas where improvements could be made. We saw that action had been taken to improve the recording of medicines. These improvements had been signed off and dated as completed. These audits helped to ensure the safety of the home and the people who lived there.