

Elysium Healthcare No. 4 Limited

Jubilee House

Inspection report

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Date of inspection visit:
04 August 2021

Date of publication:
26 August 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jubilee House is a residential care home providing personal care for up to six people with learning disabilities, autism, and sensory and communication impairments. The service is intended for people who require a high level of support to live in a community setting. The service has six individual studio apartments, all with access to communal dining, lounge, kitchen and gardens. Six people were living at Jubilee House at the time of our inspection.

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

People told us they felt safe and cared for living at Jubilee House. Systems ensured people were safeguarded from abuse. Staff were confident managers would act if concerns were raised. Risks to people were assessed and monitored. People were encouraged to maintain their independence safely. Staffing levels supported people's needs. Medicines were administered safely, and best practice guidance was followed. Infection prevention and control procedures were in place. Lessons learnt from incidents were considered and shared with staff.

People's needs and choices were assessed and recorded. People's choice, control and independence was always maximised. People received person-centred care which promoted their dignity, privacy and human rights. Staff received a thorough induction and received regular training. People were supported and encouraged to eat a balanced diet. Staff received regular team meetings and supervisions. Staff were encouraged to raise concerns and participate in these. Timely referrals were made, and advice sought from health professionals and intensive support teams. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an ethos to deliver high quality care and support, and encourage people to develop their independence. The registered manager had an open-door policy, knew people well, and encouraged staff to discuss concerns. A governance framework was in place which included regular checks and audits across all aspects of the service. The service regular reviews what they have done well and what could be improved.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Based on our review of the key questions of Safe, Effective and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This was because people received support which was person-centred, planned, proactive and co-ordinated. The support was appropriate and inclusive for them. The environment was designed to support people's privacy and independence. The culture at the home supported positive risk taking and had an

emphasis on positive behaviour support. People had choice, control and independence. People were supported to live as full a life as possible and achieve the best possible outcomes.

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

Rating at last inspection

The last rating for this service was good (published 31 January 2020).

Why we inspected

We received concerns in relation to the management of medicines and people's health care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee House on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and a Specialist Advisor inspected the home.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, regional clinical lead, senior support workers, support workers, office and maintenance staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from three staff members. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Jubilee House. One person said, "I am," and nodded their head when asked if they felt safe.
- People were supported to understand how to keep safe and to raise concerns should abuse occur.
- Staff confirmed people were safe and felt confident management would take action should concerns be raised.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action was taken to mitigate those risks. Staff encouraged and supported positive risk taking to maintain people's independence.
- Staff were proactive at identifying any new areas of risk, assessing these and taking action to mitigate these risks.
- Regular servicing of premises and equipment took place and regular checks were undertaken to ensure the environment was safe.

Staffing and recruitment

- Staffing levels were maintained to ensure people's needs were met and their safety maintained.
- Rotas considered the experience of staff on shift and the preferences of people in relation to their personal care. Shift breaks were planned.
- Checks were undertaken prior to staff starting work to ensure they were suitable and safe to work with people.

Using medicines safely

- Medicines were administered safely. Medicines systems were organised and people were receiving their medicines when they should.
- Safe protocols for the receipt, storage, administration and disposal of medicines were in place and followed. Regular checks were undertaken.
- Staff administering medicines were trained and received regular training updates. Competency checks were also undertaken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed and actions taken, where appropriate, to mitigate future risks.
- Management undertook a monthly review of incidents to identify trends and themes.
- Staff were encouraged to report incidents; these were dealt with promptly. Lessons learnt were disseminated to staff through emails, supervisions 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.

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

This meant people's 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

- Support plans contained detailed information about people's support needs. Plans identified outcomes and how people should be supported to achieve those outcomes.
- Support plans were written and developed in line with current good practice guidelines. They were individualised and written in formats people could understand.
- Staff were proactive in ensuring plans were reviewed regularly, and when changes took place. There was a sensible flow of interventions which used positive reinforcement and balanced risk taking.

Staff support: induction, training, skills and experience

- People were supported by knowledgeable staff who had ongoing training. All the staff team received the same training providing additional staffing support as a contingency. This also ensured all the staff team were able to support people appropriately in all their interactions with them.
- Staff were given opportunities to review their individual development needs through regular supervisions and appraisals. Staff were able to request additional training.
- Staff received a planned induction and spent time shadowing more experienced staff members. Staff said they felt well supported by the registered manager.

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

- People were encouraged and supported to eat and drink a balanced diet. People were able to plan and chose what they ate. Some people enjoyed cooking. A person said to another person, "You are a very good cook, [person's name]."
- Staff were knowledgeable about people's likes and dislikes and their special dietary requirements.
- Some people required close monitoring of their fluid intake. Staff were knowledgeable about this and there was clear guidance to support staff to do this; including details about the volume of liquid in different cups in the kitchen.

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

- People were referred to other services in a timely manner. Required interventions were quickly identified and sought.
- People's records showed frequent communication with health professionals. Advice and guidance were noted and staff followed this.

- People were supported to access health services in alternative ways where they were resistant to do so. The service discussed creative solutions when resistance took place to support people in a safe and methodical manner which reduced their anxieties.

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

- People were involved in decisions about the premises and the environment. People were encouraged to participate in the running of the service. For example, one person liked to collect the daily milk and help to clean the minibus.
- People's apartments were highly personalised. Living spaces reflected people's personalities. Each apartment was fully individualised.
- People were able to access the garden. People's preferred choice of activities was evident throughout the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records contained comprehensive examples of how people were supported within MCA requirements and where people had been involved in day to day decisions about their support, and their preferences about how support was delivered.
- Best interest meetings involved advocates to support people to make informed choice where they were able to do so.

Is the service well-led?

Our findings

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

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about the vision for the service. The ethos supported people's independence and developed people's confidence.
- People and staff told us the service was very well-led. A staff member said "My manager has high expectations of staff communicating with [people] and ensuring that they live a rich and fulfilled life."
- Staff were focused on providing positive outcomes for people. A staff member said "People living here have been places they've never been before. They're very well looked after."
- The registered manager had an open-door policy and encouraged staff to be open and honest. Staff confirmed this.

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

- The registered manager was clear about their responsibilities and those of their staff.
- Staff confirmed the registered manager had good oversight of the home. A staff member said, "Our Manager is very robust in managing systems (and) areas of concern." Another said, "[Manager] is an excellent manager."
- A staff member told us, "My manager is very clear and has clear expectations." Another said, "[Manager] is clear (and) gives direct verbal information to all the team." However, some staff said they were unclear about allocated work responsibilities. We observed that staff allocation sheets for the week had not been fully completed. We discussed this with the registered manager who said they would discuss with staff.
- Robust governance arrangements were in place. A senior manager undertook regular visits and checks. The registered manager provided regular detailed report to senior managers. These were used to consider improvements to the service.
- Staff were encouraged to try different approaches to care dependent on the person's needs that day. This was evidence in support plan records.

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

- People's views were sought. People were encouraged to voice their opinions about the service and how

they were supported. For example, in developing new menus, or suggesting outings, such as a planned visit to the Wildlife Park.

- The regional operational director regularly visited the service providing an opportunity for them to speak with people and staff and encourage and facilitate engagement.
- The service had started to develop links with the local community, for example, supporting the local park, and had plans to invite neighbours for a garden tea.