

Care Uk Community Partnerships Ltd

Jubilee House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on the 18 and 20 March 2015. Jubilee House is a service that is registered to provide accommodation for 48 older people most of whom are living with dementia and some of whom require nursing. The service also provides respite care. (Respite care is a service giving carers a break by providing short term care for a person with care needs). The registered provider is Care UK Community Partnerships Ltd. Accommodation is provided over two

floors and is divided into four separate units, two on each floor. Each unit can accommodate a maximum of 12 people and has a lounge, dining area and a small kitchen. On the day of our visit 35 people lived at the service.

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were not enough staff on duty; this meant that there was a risk that people's needs were not always met. Staff felt that they did not always have time to spend with people. This is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives said they felt their family members were safe. One said "I feel my (family member) is safe, I can go home knowing that they (staff) are looking after him." Staff understood what it meant to safeguard people from abuse and how to report any concerns.

Risk assessments for people were up to date and detailed. Each risk assessment gave staff information on how to reduce the risk. These included risks of falls, isolation and choking. Staff displayed a good understanding of people's risks.

There were complete pre-employment checks for staff. This included full employment history and reasons why they had left previous employment. This meant as far as possible only suitable staff were employed.

Staff did not always have the most up to date guidance in relation to their role. Nurses were not always supported to provide the most appropriate care to people as there was no clinical lead at the service to provide the support needed to staff. Clinical staff did not always feel supported to undertake their role.

Staff underwent regular one to one meetings with their manager however no appraisals had taken place for staff. There were mixed reviews about the competencies of staff from health care professionals. One told us that staff did not always manage people's care in the correct way. This is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). However the registered manager had not submitted DoLS applications to the local authority for people in the service where it was appropriate to do so. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) where it applies to care homes. We saw that for those people who lacked capacity and 'Do not attempt resuscitation' (DNAR) forms had been completed there was no evidence that mental capacity assessments had been completed. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of when they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People and relatives said that the food was good. People were encouraged to make their own decisions about the food they wanted. We saw that there was a wide variety of fresh food and drinks available for people. Those people who needed support to eat were given it.

People had access to other health care professionals as and when they required it. The opinions of the health care professionals had been sought in a timely way.

The design of the environment helped people living with dementia to be as independent as possible.

Relatives said that staff were kind and caring. One told us "I cannot fault the care that (their family member) has received in any way, the staff are excellent."

People were treated with kindness and compassion by staff throughout the inspection. Staff acknowledged people warmly and sat talking with people.

Staff read people's care plans before they provided any care in order to understand who people were. They knew what was important to people. People had the opportunity to be involved in the running of the service. Residents meetings were held and the minutes showed discussions about the food people liked and what they didn't like and the things people wanted to do.

Summary of findings

People were treated with dignity and respect. Staff knocked on people's doors and waited for a response before entering and personal care was given in the privacy of people's own rooms or bathrooms.

Relatives felt that staff understood their family member's needs. One said they felt assured when they were not there staff would know and understand what (their family member) needed.

Complaints were not recorded and responded to in a timely way. Although there was a complaints policy there was no system of logging the complaints and learning from them. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people had a specific mental health need pre-assessments were not always undertaken by an appropriate qualified person at the service. This meant that the needs of the person may not be fully understood by staff.

People's personal history, individual preferences, interests and aspirations were all considered in their care planning. Plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Relatives were not always communicated with in a timely way. Where GPs had been called to see their family members they were not always contacted straight away.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. We found instances where a change had occurred and care was changed to reflect this. Staff responded to people's needs as and when they needed it.

There was a programme of activities in place and an activities coordinator on each floor. Activities included entertainment, cooking, baking, bingo, arts and crafts, and reminiscence sessions. People were also supported to access the outside community.

Audits of systems and practices carried out were not always effective. Where concerns had been identified these were not always addressed. Incidents and accidents were recorded but there was no analysis of these. Records were not always maintained in a clear way. Where people needed to be closely monitored there were no forms in people's rooms to record when and what was being done. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they did not feel supported or motivated in their jobs. There were no systems in place to ask staff how they would like to contribute to the service being run. Staff had not been surveyed to establish how they felt. This is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff meetings were held but staff felt that they were not listened to.

Relatives meetings were organised where discussions took place around events and work being carried out in the service. There was a quarterly newsletter for the service which included information on new staff, staff's achievements, recent events, people's birthdays and upcoming events.

Annual surveys were sent to the relatives but there was no evidence of what action needed to be reviewed as a result of the survey.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People were at risk because there was not always enough qualified and skilled staff to meet people's needs.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and would recognise what abuse was and knew how to report it if this was required. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were stored, administered and disposed of safely.

Requires improvement



Is the service effective?

The service was not effective. People had not always been effectively assessed or care delivered appropriately to meet their individual needs.

Staff had not received appropriate up to date clinical training and had not submitted the appropriate form to the local authority where people who were unable to consent were being deprived of their liberty.

Staff understood people's nutritional needs and provided them with appropriate assistance. People's weight, food and fluid intakes had been monitored and effectively managed.

People's health needs were not monitored.

Requires improvement



Is the service caring?

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way.

People told us most staff were caring and we observed that people were consulted about their care and the daily life in the service.

Good



Is the service responsive?

The service was not always responsive. Pre-admission assessments were not always undertaken by a suitably qualified person to understand whether people's needs could be met. Complaints were not recorded and logged.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in.

Requires improvement



Is the service well-led?

The service was not well-led. Staff said that they did not feel supported or listened to.

Requires improvement



Summary of findings

There were not effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had not always been addressed.

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 was an unannounced inspection which took place on the 18 and 20 March 2015. The inspection team consisted of two inspectors, a nursing specialist and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with ten people who used the service, three visitors, seven care staff, two GPs and the registered manager. We spent time observing care and support in communal areas. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being. After the inspection we spoke with a Community Mental Health professional. There were 35 people living at the service on the day of our inspection.

We looked at a sample of four care records of people who used the service, medicine administration records, four recruitment files for staff, eight supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This includes minutes of staff meetings and audits of the service.

The last inspection of this home was in 15 October 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

Relatives said that they felt their family members were safe. One relative said “When I leave each day I am comforted by that fact I know (the family member) is safe and well looked after. One person told us they had no concerns regarding the staff or people’s behaviour towards them or anyone else in the home.

There were not always sufficient members of staff on duty. A dependency tool was used to assess people’s needs. This was used to determine how many and what types of staff were needed. The registered manager told us that two nurses and six carers were needed to safely meet peoples’ needs however we saw from the staffing rota that over a period of four weeks there were seven occasions where there was only one nurse on duty throughout the twelve hour shift. Staff told us that there were not always enough staff. One said “Sometimes it’s a struggle, there are delays in care being given but we make sure people stay safe.” On the day of the inspection we saw that there were enough staff but staff did say that this was not always the case. They felt that they didn’t have enough time to sit and chat to people as much as they would have liked to. The registered manager told us that the dependency tool was used regularly to reassess the levels of staff that were needed and we saw evidence of that. However people’s safety was at risk as there was not always the required amount of nursing staff available. This is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had knowledge of safeguarding adult’s procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the local authority if

needed. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts around the home to guide staff and people about what they needed to do if they suspected abuse.

Risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm. Where there was a risk of falls, instructions were given to staff about using mobility aids, sensor mats in people’s rooms and how the individual should be assisted to move around the home. One senior member of staff told us that they reviewed people’s risks monthly or sooner if they needed to and this was confirmed when we looked at the records. We saw that people were supported where they needed to be. One person with a complex need was provided with specialist equipment to keep them safe.

Medicines were stored appropriately and audits of all medicines took place. We looked at the Medicines Administrations Records (MARs) charts for people and found that administered medicine had been signed for. All medicine was stored, administered and disposed of safely.

Where people were being administered medicines covertly (that is administered without the person’s knowledge) , best interest meetings had taken place with the person’s family and their GP. Guidance was provided from the pharmacist about how the covert medicine should be administered and this was followed. Medication training was provided to nurses and senior staff and people’s medicines were reviewed regularly. We saw people being given their medicines in a safe way and with an explanation from staff.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included records of any cautions or conviction, two references, evidence of the person’s identity and full employment history. This gave assurances to the registered manager that only suitably qualified staff were recruited.

Is the service effective?

Our findings

Relatives said that the staff knew how to look after their family member and paid attention to their individual needs. One said “They (staff) are very nice, person centred, they are encouraging (family member) to walk again.” We saw staff interact with people and it was clear they knew and understood them.

Staff were not always supported to provide the most appropriate care to people. There were no senior members of staff who had up to date clinical knowledge. One member of staff told us that they worried about the fact that there was no clinical lead in the service to provide support and guidance to them about any clinical decisions that needed to be made. The registered manager told us that a clinical regional manager would come to the service every two months to provide clinical supervision to the nurses. They said that there was no clinical lead at the service and that there was no other senior member of staff working at the service who supported the nurses with clinical decisions. The registered manager did not feel that this was a concern. We looked at the records and found that out of eight nurses working there six had not had any clinical supervision. All staff underwent regular one to one meetings with their manager however there were no records of any appraisals taking place. The registered manager said that none had taken place in the nine months that they had worked there and that this was something they wanted to do. Nursing staff’s competencies should be assessed regularly to ensure that they are making decisions in line with the latest clinical guidance. As this was not happening there was a risk that people may not be effectively cared for.

Staff were not kept up to date with the required clinical training. Records showed that staff were up to date with the service mandatory training but not for clinical training. For example of the eight nurses employed seven had not received training in catheter care, six had not received training in wound care or skin care. This meant that not all staff had the appropriate and up to date guidance in relation to their role. Staff commenced training during their induction, and had a probationary period to assess their overall performance. The registered manager told us that they would try to make sure that a newly qualified nurse was on duty with a more experienced nurse however this was not the case on the day of the inspection and the rota

showed that this didn’t always happen. These are breaches of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were mixed reviews about the competencies of staff from health care professionals that we spoke with. One told us that staff did not always manage people’s care in the correct way. They told us that they had offered increased support and training to the staff but this had always been declined. They said that they didn’t feel that staff had the correct support within the home to provide the most appropriate care in relation to people’s behaviours and that sometimes their advice was ignored. The registered manager told us that they worked closely with health care professionals and sought their advice when needed. Another health care professional told us that they had a “Good working relationship with the staff” and that they had no concerns about the care that they provided.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Records showed that although people’s capacity had been assessed there was no record of any decision around why it was in someone’s best interest to restrict them of their liberty. The front door and doors to each corridor had a coded door entry system. Not all of the care plans we looked at contained MCA or DoLS applications in relation to people not being able to access the code. The registered manager said that they had not made all the applications they needed to Surrey County Council in relation to people that lacked capacity where they felt their liberty may be restricted. We saw that where ‘Do not attempt resuscitation’ (DNAR) forms had been completed for people who lacked capacity there was no evidence that capacity assessments had been completed. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

Everyone we spoke with said that they enjoyed the food at the service. Relatives said that the food was good and that there was plenty of it. One relative said “The food is superb, it’s like a restaurant, and I would eat here.” Another told us that their family member enjoyed the food and had put on weight since being there.

People had a choice of where to have their meals, either in the dining room or their own room. The chef explained that each person was asked what they wanted to eat from a choice and that they could change their minds if they wanted to. We saw examples of staff offering choices of meals on the day. People were supported in maintaining a balanced and nutritious diet. There was plenty of fresh fruit and vegetables available for the meals.

The chef had records of people’s individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People’s weights were recorded

and where needed advice was sought from the relevant health care professional. On the day of the inspection a speech and language therapist (SALT) has come to the service to assess one person’s eating and drinking. Advice was given to the nurse by the SALT about how this person needed support to eat and drink and we saw that this had been given to the care staff.

People had access to a range of health care professionals, such as chiropodist, opticians, community dentist and GP. The GP visited regularly and people were referred when there were concerns with their health.

A safe, well designed living space is a key part of providing the best care for people living with dementia. The design of the environment of the service helped people with dementia to be as independent as possible. Chairs were arranged in social areas in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around independently inside the service and we saw people doing this throughout the inspection. There were age appropriate points of interest, including for example large pieces of artwork with sounds. We saw people interacting with these areas of interest throughout the day. There was clear signage for people and each room had a memory box outside to help orientate people to their own rooms.

Is the service caring?

Our findings

Relatives said that staff were kind and caring. One told us “The staff are wonderful; there isn’t a single thing I would change.” Another said “The staff are amazing and caring.” Another said “The staff are lovely, every time they see someone they talk, just everyone, they don’t just go and take people away in their wheelchairs, and they talk to them.”

People were treated with kindness and compassion by staff throughout the inspection.

Staff took the time to acknowledge people either with a smile and a ‘hello’ as they were walking past or they sat with them talking. People said staff were caring towards them. Where people were anxious we saw staff reassured them and ask them what was upsetting them. There were several instances of laughter, singing and chatting between staff and people which had a positive impact on people. One person became quite agitated; a member of staff sat with the person and comforted them which helped them relieve their anxiety. Staff said that they felt all of the staff were caring, one said “The love (from staff) for people is unique, staff have such compassion here.”

Staff told us that they read people’s care plans before they provided any care. We saw staff doing this on the day. They said that this was encouraged by the manager to help them understand the person and who they were. Staff knew people well and understood them. They knew people’s backgrounds and individual preferences. This meant that they could discuss things with them that they were interested in, and ensure that care was individual for each person. One member of staff introduced us to someone who liked to sit in their room. The person was getting agitated. The member of staff knew exactly what was important to this person and we saw how the person’s face lit up when they talked to them about things the person liked to do. When we left the room the person was laughing and singing.

Staff picked up on details with people, such as observing when a person wanted attention from staff. People were able to choose where they spent their time, for example, in their own rooms or in one of the lounges. Staff promoted their independence, and ensured that people had the items they liked and wanted within reach. People’s family and friends were able to visit at any time, and to participate in their care if the person agreed with this. One person was celebrating a birthday and staff supported the relative with the celebrations by putting decorations up and singing happy birthday. Health care professionals said that the staff were caring.

People were given the opportunity to be involved in the running of the service where possible. The staff actively sought the views of people in a variety of ways. Residents meetings were held and the minutes showed discussions about the food people liked and what they didn’t like and the things people wanted to do. For those people who didn’t like attending meetings staff sat with them to discuss on a one to one level. For those people who couldn’t communicate verbally staff would pick up on the changes in the person’s behaviour to understand their likes and dislikes. These changes in their behaviour were well documented in people’s care plans. This meant any new member of staff would understand this person’s wants and desires. One staff member said “I enjoy my job; I want to understand people and their needs.” Another said “We know people’s behaviour, we know what upsets them.”

Staff treated people with dignity and respect. We saw that they knocked on people’s doors and waited for a response before entering. Personal care was given in the privacy of people’s own rooms or bathrooms. Staff said they would draw curtains and use towels to protect dignity during personal care.

Is the service responsive?

Our findings

Relatives told us that before their family member moved in the manager undertook a pre-assessment of their needs. One relative said “They wanted to know and understand exactly what his needs and wants were.” Another relative said “The staff are amazing, they really do understand (their family members) needs.”

Complaints were not recorded and responded to in a timely way. There was a complaints procedure in place for people to access. However the registered manager said that complaints were not logged in one file and that this was something she was encouraging staff to do. We looked at the last three complaints and found that there was no record of how these had been concluded. Where an action had been identified there was not always a record of how this had been resolved. For example on the day of the inspection one relative had raised a complaint, this had not been logged and there was no evidence that the registered manager had formerly acknowledged the complaint. When asked they said that they had spoken to the relative but had not recorded this or put any preventative action into place. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Relatives said that they would comfortable making a complaint if they needed to, they said that they would speak to the manager or deputy manager.

Staff were not always given appropriate information to enable them to respond to people effectively. One professional from the Community Mental Health team said that the pre-admission assessments needed to be undertaken by someone more qualified to understand the complex needs of some people. They said that at times staff found it difficult to understand some of the behaviours of people and that this impacted on the type of care given. They felt that some people were being treated “At arm’s length” because staff had a lack of understanding of their condition and as a result people have been moved out because the service didn’t feel that their needs could be met. We saw that the service undertook pre admission assessments before people moved in to assess whether the service could meet their needs. However there was no

qualified senior person at the service who undertook these assessments. There was a risk that the service was accepting a person where their needs could may not be met.

The pre-admission assessments and care plans took into account people’s personal history, individual preferences, interests and aspirations. Care plans also contained information on people’s medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Relatives were not always communicated with in a timely way. On the day of the inspection relatives had not been informed that their family member was unwell until they came to the service to see them. They were told that a GP had been called earlier that day. The registered manager and staff told us that ordinarily they would not contact people’s families until the GP had visited. A member of staff said that this was to prevent the relatives contacting the staff at the home for updates until the GP had arrived. We saw that the family were unhappy that they had not been contacted. The registered managed assured us that they would make sure staff contacted the people’s families as soon as practicable in future.

Daily records compiled by staff detailed the support people received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual’s current needs. Where a change to someone’s needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. One person had a change in their mobility care the day before the inspection. Staff we asked were able to tell us about the changes in care and what this person now needed to support them. This demonstrated clear communication between staff when a change in a person’s need had occurred.

The nurse on each shift received a comprehensive handover from the outgoing nurse. This included any issues that had occurred and any appointments or specific information for individual people. The nurse then gave a hand over to all oncoming staff and completed a planning sheet to inform staff of their responsibilities. This gave

Is the service responsive?

details of which staff would be supporting people in each of the four accommodation units. Staff were consulted and were able to have input to help ensure people were appropriately supported in a meaningful way.

Once at the service people were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. Throughout the inspection relatives visited people that lived there.

There was a programme of activities in place and an activities coordinator on each floor. Activities were carried out in the main dining areas by staff. When we arrived on the day of our visit people were already sitting at tables undertaking an activity which they appeared to be enjoying. We observed staff trying to provide stimulation for people by reading a newspaper with them, playing games and trying to engage them. There were people who-- chose to stay in their rooms and we saw staff engaging with them as much as possible throughout the day. Outside, there was a secure garden which had raised flower beds and a patio area that we saw people accessing.

Activities also include musical entertainment, cooking, baking, bingo, arts and crafts, and reminiscence sessions. We saw that one person had been supported to build a rocking chair and where possible people were supported to go out into the community.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff always spoke to people and asked them if they wanted any assistance. When staff were giving people drinks they ensured people had enough time to have their drink but moved empty cups promptly so they were not a hazard. Relatives said staff in the home knew the support they needed and provided this as they required it. One person with complex behaviour was provided with a separate area to eat their meals because they did not like to eat in the dining room with everyone. As a result staff said that the person was eating a lot more and was a lot more settled.

We recommend that a suitably qualified member of staff should undertake assessments of peoples' needs where it has been identified that the person has complex health needs.

Is the service well-led?

Our findings

Relatives and health care professionals said that there was not always positive leadership at the service. One relative said “I feel the staff work very independently of the management and I don’t have much involvement with them (management).” A health care professional said that they didn’t feel there was a joined up approach from the management team. However other comments from relatives included “I always feel that I can talk to the management, they know if I don’t like anything” and another said “I would say its well-led here but its early days yet.” We observed the deputy manager talked to people and their relatives throughout the day and spent time ensuring

people were content and happy with the service they were receiving.

There were not always robust quality assurance systems in place. Audits of systems and practices were carried out internally and externally by the registered manager and the regional teams, which covered all aspects of the service including infection control, medicines and wound care. However there was no evidence that any of the plans raised as a result of the audit had been actioned. The registered manager told us that things were actioned but there was not a system of recording when these things had been done. We saw that on an external audit in December 2014 it was identified that wound management policies were not being followed. Photos were missing or not recorded properly. We found that this was still not happening. Incidents and accidents were recorded but there was no analysis of these to establish any trends and to make improvements. The registered manager said that this was something that they were aware of and were going to address. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that other areas of concern from the external audits had been addressed. For example an audit of turning charts showed that staff were not completing them in a timely way. The charts that we looked at had been completed and signed by staff each time a person was turned. This audit also included food, fluid and topical cream charts.

Records were not always maintained in a clear way. Where it had been identified that someone needed to be more closely monitored there was no record in the person’s room to show how long it had been since they were last checked. This meant that if a GP or paramedics were called there was no system of logging each time the person had been observed by the nurse on duty. On the day of the inspection one person had become unwell and a GP had been called. The nurse on duty was aware that the person needed regular monitoring (this included having their blood pressure and temperature checked) however this was not being recorded each time. This meant that the GP would not have been provided with all of the information needed about the person. This is a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All of records relating to the person were kept securely in the nurse’s office.

Staff said they didn’t feel supported or motivated. They said there was good communication between the care staff and nurses within the home but not the management. One said “We feel supported by our colleagues but not by the management” Another said that they had regular staff meetings but they didn’t feel listened to. One said “Staff morale is at an all-time low.” Although staff felt this way they said that they would not allow this to impact on how they delivered care to people. We spoke to the registered manager about this. They told us that they didn’t know that staff felt this way. They said that they had meant to introduce systems into the service to make staff feel more valued but had not had an opportunity to do this yet. They said that they had not undertaken a staff survey and that this was something they needed to consider. This is a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings. For example discussions around the staff familiarising themselves with policies and updating people’s care plans both electronically and hard copies.

Is the service well-led?

The registered manager carried out relative meetings. Events and work being done in the home was discussed at these meetings. For example preparations for how the roads and pathways would be managed during winter and what themed activities were going to take place that relatives may want to be involved with. The minutes of the meetings showed that relatives were asked for their views on the changes and were involved in decisions; relatives were able to ask questions and make suggestions for improvement.

The service ethos was that staff in Jubilee House are open, approachable and that staff “Share the aim of helping residents to stay as independent as possible and we offer

choices at all times.” We found that staff understood this and saw several examples throughout the inspection of people being provided choices and supported to be independent.

There was a quarterly newsletter for the service which included information on new staff, staffs achievements, recent events, people’s birthdays and upcoming events. Relatives commented that they liked the newsletter.

Relatives were asked to complete an annual survey. We looked at the last one completed in 2014 but there was no evidence of what action needed to be reviewed. The registered manager was not sure if there were any actions from this survey as this was undertaken before they started work at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment This is because the registered provider failed to have suitable arrangements for obtaining consent and acting in accordance with people's liberties being restricted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints This is because the registered provider failed to operate an effective complaints system for identifying, receiving, handling and responding appropriately to complaints made by people and others: Failing to investigate complaints and wherever possible resolve these to people's satisfaction.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance This is because the registered provider failed to ensure there were processes in place that assured the improvement of quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing This is because the registered provider failed take appropriate steps to ensure that at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff for the carrying on of the regulated activity.

This section is primarily information for the provider

Action we have told the provider to take