

# Parkcare Homes Limited

# Jubilee Gardens

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Jubilee Gardens accommodates up to 50 people in one adapted building. The home has two floors. It provides residential and nursing care to older people who live with dementia. During our visit 39 people lived at the home. The home is located in Castle Bromwich, West Midlands.

People's experience of using this service:

- People felt safe and were protected from avoidable harm.
- The management of risk associated with people's care had improved. However, further improvement was required to ensure staff always had the information they needed to manage and reduce known risk.
- Environmental risks were well managed.
- The building was clean. Staff followed good infection control practices.
- People received their medicines as prescribed. And, overall, staff followed good medicines practice when they administered medicines.
- Staff were recruited safely, and enough staff were available to ensure the delivery of safe care in line with people's assessed needs.
- The provider shared learning across their organisation to drive continual improvement and learn lessons when things went wrong.
- Systems to monitor the quality and safety of the service were being embedded.
- People, relatives and staff felt the management of the service had improved.
- Staff felt listened to and supported by their managers.
- People and their families had opportunities to attend meetings to share ideas and receive updates about the service.

Rating at last inspection: At the last comprehensive inspection the service was rated as 'Requires Improvement'. The last report for Jubilee Gardens was published 18 February 2019.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This is the third consecutive time the service has been rated as Requires Improvement.

Why we inspected: At our last comprehensive inspection we found three breaches in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, the provider sent us an improvement action plan to inform us what they would do to meet the regulations. This was a focused inspection to check their progress and if they had now met the regulations.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements. More information is in the 'Detailed Findings' below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our Safe findings below

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# Jubilee Gardens

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection took place on 26 March 2019 and was carried out by one inspector, an inspection manager, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had particular expertise in supporting people living with dementia.

**Service and service type:** Jubilee Gardens is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. A manager had been in post at the home since November 2018. Their application to apply to register with us is under consideration.

**Notice of inspection:** The focussed inspection was unannounced.

**What we did:** We reviewed information we had received about the service since our last inspection in December 2018. This included details about incidents the provider must notify us about, such as alleged abuse. We asked the provider to tell us about their service, what they did well and any improvements they planned to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During our inspection, we spoke with two people who lived at the home and six relatives. We spoke with the home manager, the deputy manager, the managing director, the quality improvement lead, the operations manager, the administrator, the activities co-ordinator, one domestic assistant, three nurses and four care

workers.

Some people were not able to tell us what they thought of living at the home; therefore, we used different methods to gather experiences of what it was like to live there. For example, we observed how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We reviewed a range of records. This included seven people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed the provider's quality assurance systems and records relating to the management of the service such as quality audits, improvement action plans, staff rota's, people's feedback, and meeting minutes. We also reviewed two staff files to check staff had been recruited safely.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe. At our last inspection this key question was rated as 'Inadequate'. We found breaches in Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to safe care and treatment including the management of risk, the management of medicines and safe staffing levels. At this inspection visit improvements had been made. The provider was no longer in breach of the regulations. Legal requirements were met.

### Assessing risk, safety monitoring and management

- The management of risk associated with people's care had improved. Risk management plans were in place and were accessible to staff. Most plans contained information staff needed to manage and mitigate risk. A visitor told us, "My [relative] was aggressive at home, the staff here have worked with him and know how to calm him down, they have so much patience."
- People who were at risk of skin damage sat on special cushions and had pressure relieving mattresses to prevent and reduce the risk of damage. Records we looked at confirmed people were assisted to change position in accordance with their care records to reduce pressure on their skin.
- However, where people had been assessed as at risk of choking when eating and drinking information for staff to follow was not always clear. For example, it was not obvious from one person's plan that they required some food items to be pureed. Furthermore, staff gave us differing accounts about the type of textured diet the person had been assessed as needing. Another person needed prescribed thickener to be added to their drinks, but the amount of thickener needed was not clearly recorded. Prompt action was taken during our visit by managers to review, update and share information with staff, to ensure people's safety in this area.
- Staff knew people well and described the actions they took to manage risks. For example, approaches they used to reduce people's levels of anxiety.
- People had up to date personal emergency evacuation plan detailing the support they required if the building needed to be evacuated. Staff had received training in fire safety and knew what action to take in the event of an emergency.
- Environmental risks were well managed. Gas, water, electrical appliances and fire safety systems were checked and serviced. There was a system to ensure health and safety systems were checked regularly and equipment was serviced in accordance with specified timescales.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Jubilee Gardens. One person said, "Its safe, the staff come quickly when I press my buzzer, I do not have to wait long."
- Policies and procedures were in place for staff to follow to keep people safe from harm. Staff completed safeguarding training and understood the different types of abuse people may experience. Staff knew how and when to report any safeguarding concerns to their manager. One said, "I'd go straight to the manager, I

have every confidence she would take action."

- Detailed records were kept of safeguarding concerns and information was shared with the local authority and the Care Quality Commission (CQC) as required. This demonstrated improvement had been made since our last inspection to protect people and keep them safe.

#### Using medicines safely

- Improvements had been made to the management of medicines. People received their medicines, including pain relieving patches as prescribed. One person commented, "They (staff) do make sure that you take your medication."
- To drive forward improvement a variety of new medication audits and medicine checks had been implemented and were being embedded at the time of our visit. However, one person's cream application chart had not been completed correctly for the two days prior to our visit. A nurse assured us this was a recording error and the cream had been applied prescribed.
- Overall, staff followed good medicines practice when administering people's medicines.
- Medicine care plans were in place. All but one of the plans we reviewed contained accurate information. This was because information in one plan had not been updated following a medication review in February 2019. A nurse gave assurance the care plan would be updated.
- Registered nurses and trained competent senior care staff administered people's medicines. Their competency was checked by managers to ensure their understanding of safe procedures.
- Medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock. Since our last inspection the deputy manager who was the most senior clinician working at the home had taken the lead role of ordering people's medicines. As part of the role they were 'coaching' staff to upskill them to ensure people's medicines were always in stock.
- Protocols for medicines given 'when required,' detailed information as to how to determine when a person might need their medicine.

#### Staffing and recruitment

- During our previous two inspections staffing levels at the service had been too low. At this visit there were enough staff on duty to respond to people's requests for assistance in a timely way and to provide safe care.
- Staff confirmed staffing levels had improved. One said, "Staffing, before it was two now it is three, we can do everything, some days can be busy but it's better than before." Another told us, "Staffing levels are improved, we have been listened to, there is more of us, it's safer now."
- Staff rotas for the two weeks prior to our visit showed the number of staff on duty had been higher than the number the provider had determined was needed.
- Staff were recruited safely. Staff did not start work at the service until the required pre-employment checks had been completed.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The operations manager was open and honest and explained since our last inspection they had 'gone back to basics' to ensure the required improvements were made to benefit people and staff.
- The provider shared learning across their organisation to drive continual improvement.
- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.

#### Preventing and controlling infection

- The building was clean.
- Previously, staff had not always followed good infection prevention practice. During our visit improvements had been made. For example, we saw staff now transported soiled clothing in appropriate laundry bags.

- Staff had completed training in the control and prevention of infection and understood their responsibilities in relation to this.
- Staff wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

# 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.

Requires Improvement: Leaders and the culture they created had started to support the delivery of high-quality, person-centred care. At our last inspection this key question was rated as 'Requires Improvement'. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to review the quality and safety of the service were not fully effective. Staff did not feel supported by their managers. At this inspection visit improvements had been made. The provider was no longer in breach of the regulation. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's management team consisted of a home manager and a deputy manager. The manager had been in post since November 2018 and their application to register with us was under consideration.
- During the last three months the management team had worked hard to make changes and drive forward improvements. For example, effective action had been taken to reduce the number of medication errors. The manager said, "We have worked so hard, things are so much better, over time we will show this is a really good home." The deputy manager told us, "We are not quite where we want to be, with time will get there. There is light at the end of the tunnel."
- As only three months had passed since our last inspection and this short time period meant there had not been sufficient time to demonstrate improvements were fully embedded and sustained. For example, we identified the information for staff to follow to reduce the risk of some people choking required improvement.
- An improvement action plan was under constant review and further improvements were planned to take place.
- Staff confirmed they understood their roles and were aware of what the provider expected of them.
- The manager understood their regulatory responsibility and had informed us about significant events that happened at the service.
- The provider had met the legal requirements to display the services latest CQC rating in the home and on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People felt the management of the service had improved. One person said, "The place went downhill, but with the new management it's getting better." A relative commented, "It's a bit better than it was, I think things are on the up. Fingers crossed improvements continue."
- All staff confirmed improvements had been made since our last inspection which made them feel supported. One said, "It's come on leaps and bounds, a massive change since (manager) has come. She is really up for the improvements." Another said, "We are listened to now. Morale is getting better; the manager is really good."

- The home manager felt listened to and supported by the senior leadership team. They provided examples of ideas they had shared that had been implemented at the service to drive forward improvement.
- The provider and senior leadership team had supported the home's management team to make and begin to embed changes to ensure people received safe, quality care.
- All managers demonstrated their commitment to achieving a future rating of 'Good' in this key question.
- The provider and manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

Continuous learning and improving care, working in partnership with others

- The management team worked in partnership with other organisations to improve outcomes for people. For example, relationships were being developed with the local 'care at home support team'. The team support and up skill care home staff to improve patient care and reduce unnecessary admissions to hospital through reflection and education.
- A health care professional who had completed a review of one person's care needs in February 2019 had commented, 'It was a pleasure, paperwork well ordered, information on file was clear to read and client appeared well'. This demonstrated improvements had been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families had opportunities to attend meetings to share ideas and receive updates about the service such as, staff recruitment. For example, on 14 February 2019 the manager had informed people there were no care staff vacancies and the recruitment of nurses was ongoing.
- Staff attended regular team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers.
- An employee engagement survey had been completed in November 2018. Feedback gathered had been analysed and action had been taken in response. For example, staff had requested clear guidance about the provider's 'on call' policy. The policy which detailed how to contact a member of the management team outside of normal office hours was accessible to staff during our visit.