The Jubilee House Care Trust Limited

The Meadows Short Break Centre

Inspection report

19-21 Grove Meadow
Welwyn Garden City
Hertfordshire
AL7 2BE

Tel: 01707373759
Website: www.jubileehouse.com

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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 inspection took place on 18 January 2016 and was unannounced. At our last inspection on 8 April 2014, the service was found to be meeting the required standards in the areas we looked at.

The Meadows Short Break Centre offers short breaks for adults with learning disabilities and/or physical disabilities. These breaks can be for a few hours (tea visit) or an overnight stay; longer stays can also be accommodated (up to two weeks). It is registered to provide accommodation and personal care for up to a maximum of four people. Accommodation is in four single en-suite rooms. The Meadows Short Break Centre has a communal sitting room /dining room, a quiet room and a garden. At the time of our inspection four people were staying for respite. The service had a contact with about 45 people who regularly used the respite facility.
There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People spoken with said they felt safe, happy and well looked after at The Meadows Short Break Centre. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

The atmosphere in the home was welcoming and there was a warm interaction between the staff and people who used the service. People were involved in all aspects of their care and support as much as they were able.

Relatives were positive about the skills, experience and abilities of the staff who supported their family members. Care provided was good and staff were knowledgeable about people's needs. Staff had received appropriate training and supervision. People were given choices and their privacy and dignity was respected.

A range of risk assessments had been completed for each person. They provided guidance for staff in regards to how to support people to have independence and control over their lives while promoting their safety, comfort and wellbeing. For example supporting someone with any behaviour which may challenge.

The environment and equipment used were regularly checked and well maintained to keep people safe.

Leadership and management of the home was good. There was an open culture which encouraged all involved in the home to voice their views and concerns. Staff felt valued and were encouraged to contribute any ideas they may have for improving the service. Systems were in place to monitor the quality of the

service and promote continuous improvement.

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.

People were protected by staff who understood the safeguarding procedures and would report concerns.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

Staff sought people's consent before providing all aspects of care and support.

People were supported to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

People who used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care as much as possible

People could choose how they spent their days and were involved in activities both within and outside the home.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet

The service was well-led.

People had confidence in the staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

The Meadows Short Break Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2016 by one inspector who visited unannounced. Before the inspection, we reviewed the information we held about the service and received feedback from Social Services. The provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounge, dining room and were able to observe interactions and the support offered.

During the inspection we spoke with two people who used the service, two staff members, the deputy manager and the registered manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people who used the service and two staff files and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We also toured the building. Following the inspection we contacted six relatives for feedback.

Good

Is the service safe?

Our findings

We saw people were relaxed and happy in the calm atmosphere of The Meadows Short Break Centre. Both the people we spoke with said they were happy and really liked being at The Meadows. Relatives were all very positive about how staff cared for their family member. One relative said "I can't fault them". Another relative said" It's absolutely brilliant " Feedback from health and social care professionals was equally positive one person stated " I have every confidence that The Meadows provides a safe and happy experience for its service users and I have always been more than happy to introduce people to the service".

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed. There had been no safeguarding concerns since our last inspection. One of the managers in the organisation is a safeguarding champion. A safeguarding champion is someone who is knowledgeable about safeguarding people and can support staff in their understanding and practise.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example one person's care plan stated 'If I get cross or agitated please ask me if I want to go to somewhere quiet – maybe my room. Remind me I may be upsetting other people'. We observed how staff supported a person with high health needs who required one to one support at all times for their safety. Staff were confident and relaxed with the person who responded well to the staff.

Staff were clear about people's allergies and any food intolerances and had clear guidelines to follow to ensure people's safety. One staff member said, "We stock up on gluten free or other specific foods once we know someone with particular requirements are coming into the service. Also when we give people choice, by showing them foods, we make sure we pick the ones they can eat".

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Staff records confirmed checks had been made to ensure they were safe to work with vulnerable adults before a position was offered to them. Staff confirmed their recruitment process had been thorough.

The manager explained they were fully staffed. There were always two staff on duty for four people during the day. However this would be increased to three staff if a person required extra support or one to one care. At night there were always two staff on duty, a waking night and a sleep-in in case of emergency. An additional waking night would be made available if a person was assessed to require it. The manager said they would use bank staff within the organisation if they could not cover a shift. They rarely used agency staff.

The deputy manager spoke about how people were supported to take their medicines by staff trained to administer medicines safely. We saw there were suitable arrangements for the safe storage, management and disposal of people's medicines. Medicines were checked in at the beginning of each stay and checked and returned to the person or their family when they returned home. Staff said they were confident at managing medication and had received training. One relative said, "They look after my relative really well and their medication is never a problem. They always let me know if there is anything different or they want to check something".

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in First Aid. Staff were clear about their responsibilities in maintaining a safe environment for people. We saw arrangements about what to do in the case of a fire was discussed with people staying at the home.

Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms, water temperatures and maintenance of ceiling hoists and baths.

Good

Is the service effective?

Our findings

During our visit we observed people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed atmosphere that people enjoyed. One person told us," "I am very happy I like it here I can watch my favourite programmes".

Relatives said people were involved in making their own decisions, wherever possible about their care and support and that they, as relatives were also able to be involved. They said the type of care and support provided by staff was what people needed. It was delivered in a friendly, enabling and appropriate way that people liked. One relative told us, "It's absolutely brilliant they understand the needs. I don't have a bad word to say about them".

Some people who stayed at the Meadows were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw staff used a variety of effective techniques; both verbal and non-verbal to communicate with people they clearly knew very well, for example about what they wanted to eat or how they wanted to spend their time. One of the staff said, "People change what they want every day so it's important to always check with them what they want. For example one person likes different drinks so I make sure I always show them a range of drinks so they can choose".

The Mental Capacity Act (MCA) 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training about DoLS and how to obtain consent in line with the MCA. They were booked for further training however they knew about how these principals applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority in respect of some people who received respite at The Meadows which were still pending an outcome.

Staff were happy with the level of training they received. One staff member explained their induction into the service which was structured over a two week period and planned to cover all key areas of care and also included safeguarding, health and safety. Staff said they received regular updates on their training and they would also receive extra training if someone was going to be admitted with a specific health or social need.

For example staff had completed an epilepsy and administration of emergency medication as some people offered respite could require such help.

All staff said they worked as a team and felt supported in their role by the managers and their co-workers. They said support was also formalised in regular supervision where their continual professional development was also discussed. The supervision records seen gave a clear account of the topics covered and also included positive feedback to staff along with areas for development. One staff member said "I feel well supported and I have regular supervision which is helpful".

One of the people staying at The Meadows told us, "I love the food". Many of the people who received respite had special diets. Staff were knowledgeable of these and would buy appropriate food before people arrived. For example if someone was gluten or diary free. Also they would buy people's preferences and work with people if they wanted to eat something that was not recommended. For example one person loved diary produce but had reactions to it so staff spoke of how they would encourage them towards foods which they would enjoy but not compromise their health.

There were clear written instructions available if anyone had an allergy and the staff spoke of promoting healthy eating and positive nutrition.

Staff created weekly menus reflecting the choices of the people in the service and their individual dietetic requirements. Staff would make a note of what people ate so as to make sure they had sufficient food. We saw one person also had a chart of how much liquid they drank to help ensure they had a sufficient quantify each day.

Relatives said staff would follow up on any health concerns and were good at making sure they had all the necessary information about someone's health before they began respite. All relatives said staff would contact them if they had any concerns and would contact a GP if necessary. One relative said "I never have to worry as I know they will let me know if anything is wrong or different. They are great". Staff had clear information about people's health needs and key healthcare personnel involved in their care. There were good links with other healthcare professionals

Good

Is the service caring?

Our findings

Relatives of people who used the service made positive comments about the staff team. One person said, "My relative really enjoys going to the Meadows, they don't have to go but they so enjoy it". Another relative spoke of how their family member, "Can't wait to pack once they hear they are going to spend time at The Meadows". The staff are so lovely they really care".

When we asked the registered manager what they were most proud of they spoke of the staff team and how much they give to everyone who comes into the service, how much they care and how hard they work to support people as they wish to be supported. They told us, "They work as a team for the good of the people who use the service".

Staff were caring, they took time to understand people and the atmosphere within the home was warm and open. Although people were not always able to communicate their views about the staff with us verbally we observed relationships were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example explaining things clearly and slowly and giving people time to respond. We saw staff encouraged people and gave positive praise at every opportunity.

People's care records clearly detailed their preferences and showed how they liked things done. We observed staff using the information when they were relating to people. It was written that one person liked a lot of praise and we saw staff praising them throughout the day. Another person appreciated their own space and were given space whilst staff discretely made sure they were ok.

Respite at The Meadows was planned on a regular basis and could be from just one night up to fourteen nights. People were welcomed to have visitors and staff would encourage and support people with any such visits if needed. All the staff and the managers spoke of promoting and supporting people's independence and trying to arrange bookings in a way to respect people's friendship groups and compatibility.

Staff spoke about the importance of treating people with respect and dignity. We saw they were courteous, discreet and respectful. Staff gave examples of how they maintained people's privacy whilst assisting with personal care, how they always knocked before entering a room and sought people's permission before assisting them. A staff member described how they supported a person who got upset when they were unable to manage their personal care, how they helped them in a way which preserved their dignity and the person felt better and was relaxed again.

Good

Is the service responsive?

Our findings

Relatives spoke of their confidence in the staffs' ability to relate and respond to their family member's health and social needs. One relative said, "I have great confidence in them [name] is happy to be there, they know [name] well and know how best to care for them".

Health and social care professionals spoke of how managers and staff worked really hard to ensure that each person's individual needs were known and that they were given the support they need. Further feedback received from health and social care professionals was how several people they worked with over the years had been reluctant to take the first step towards independence but once they experienced The Meadows they were enthusiastic about continuing to go and enjoyed their stays.

People were involved in the assessment and planning of their care whilst at The Meadows. Key people in their lives including family and professionals were also invited to take part in the planning so as to develop a support plan which met each aspect of their lives. The two care plans seen gave a clear picture of how people wanted to be supported, identified any health, communication or behaviour needs and their preferred social activities. These were regularly reviewed to ensure staff support people in the way they wished. Parents spoke of being involved in reviews and about being contacted about their family member's care.

Staff received specific training about the complex health conditions people lived with so as to help them do their jobs more effectively and respond to people's individual needs. For example, staff were trained and had information and guidance about how to care for people who lived with epilepsy, or managing behaviour that challenges.

People were supported to pursue activities and social interests they enjoyed, both in The Meadows and in the community wherever possible. There was a small room with games, music and soft chairs as well as a dining room/ sitting room which people also were seen to gather and socialise. The manager had just renewed a smart board for people to use and was going to subscribe to Netflix for people to have more choice of films they may wish to watch. People went to the theatre and pantomimes over the Christmas period and out for meals. Some people enjoyed going to the local shops. There was a minibus which was shared with another home so was not always available for outings.

We saw the minutes of the last two meetings for people who used the service the group talked about meal times and menus and everyone was happy with the choices offered. There was also time to talk about health and safety issues such as 'stranger danger 'and fire procedures. At each of the meetings people spoke about what activities they would enjoy. People spoke of enjoying going out for lunch, the pantomimes, the parties and going to the shops. People also said they enjoyed DVDs and being together.

The managers and staff spoke of the importance of people being able to express how they felt and any ideas they had about the service and their care. One of the people said, "The staff are good and they help me and I can talk to them". A relative said, "I would have no hesitation in contacting them if there was anything". All

relatives said they felt listened to and they would approach the managers or any of the staff about any concerns confident they would be dealt with. The manager said they encouraged people and their relatives to feedback to them at any time.

Good

Is the service well-led?

Our findings

Relatives, staff and professionals were all positive about the manager and deputy and the way the home was run. Relatives commented, "The Meadows is run so well the managers and staff are all lovely people". A health and social care professional spoke of The Meadows being a well-run service with a core group of professional and caring staff who worked well with agencies involved in people's care.

The Meadows was overseen by a registered manager, whilst the day to day management of the service was completed by an experienced deputy manager and a team of skilled staff. Staff spoke positively about the support they received from the managers. One staff member said, "The managers are approachable and very supportive". All staff said how they worked as a team and felt valued by the managers and their other colleagues. One staff member said, "I was instantly welcomed and made to be part of the team and since then we have grown even more as a team and we work to our strengths".

The managers had an open door policy and led by example, the deputy manager often worked alongside staff. The registered manager said they actively encouraged staff to challenge practice and had a robust whistle blowing policy in place. Staff spoken with confirmed this. The deputy manager and project leader ensured practise was monitored and challenged and encouraged the staff to do the same.

There were regular staff meetings which the staff appreciated and felt able to contribute to.
Staff also had regular individual supervision which was another forum for staff to communicate as well as be supported and receive feedback about their work. Staff were clear about their roles and the focus on people who they supported and enabling them to be as independent as possible.

The managers had forged good working relationships with health and social care agencies. There were systems in place to assess the quality of the service they provided. These included audits of care plans, medication, health and safety audits and audits to assess the cleanliness and level of infection control within the home.

People were asked to complete a comments card at the end of their stay and an annual quality monitoring questionnaire was sent to all key stakeholders. The results of these were used to inform any improvements within the service. There was also an independent monthly inspection of the home which identified any area that may require improvement.

The people who used the service we spoke with, their relatives and health and social care professional feedback were all positive about the open culture of The Meadows with a good leadership and staff team who focused on promoting the lives of the people who used the service.