

Parkcare Homes Limited

Jubilee Gardens

Inspection report

26 Wyegate Close
Castle Bromwich
Birmingham
West Midlands
B36 0TQ

Tel: 01217304560
Website: www.priorygroup.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Jubilee Gardens is a residential care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 50 people in four units. One of the units specialises in providing care to people living with dementia.

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

Service management and leadership had been inconsistent and areas for improvements were identified in the quality monitoring and accurate record keeping.

Incident recording was inconsistent and actions or follow up information had not been included in people's risks assessments.

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs.

People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

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.

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. Staff and relatives knew how to complain and were confident that their concerns would be listened to. The provider worked well with partners to ensure people's needs were met.

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 requires improvement (published 25 April 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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. 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.

Inspection team

The inspection was completed by two inspectors, a nurse 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 care service.

Care Homes

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

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. We used all of this information to plan our inspection.

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.

During the inspection-

We spoke with four people who used the service and 11 relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, nurses, senior care and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.



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 Requires Improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Review of risks following incidents were not consistent, which meant people might not receive consistent, appropriate, safe care. For example, one person had periods of heightened anxiety, incidents had been recorded but not been used to review risk assessments.
- Staff completed reports where a person had been involved in an incident or accident, but these were inconsistent in where they were recorded and not all had been seen or reviewed by the management team.
- The registered manager agreed records needed to reflect this and told us they would review the risk assessment and care plan.

Staffing and recruitment

- People were provided varying feedback on the number of staff available to support them in meeting their physical and social needs. People felt at certain times more staff were needed, one person told us, "I think they could do with more staff I think in the evening" and one person told us, "No, I think they could do with a couple more." The registered manager provided assurance staffing numbers were reviewed and adjusted to ensure enough staff to meet people's needs.
- People told us they mostly had familiar staff, one person told us, "Mostly you know them [staff] all but sometimes there are a few you don't know" and one person told us, "Yes mainly, most of the changes are weekends but in the week it seems to be the same staff.". The provider was recruiting nursing staff to minimise the number of agency nurses being used to improve consistency and safety of people.
- The staff recruitment records included relevant checks to ensure staff were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- One person told us, "Yes they tell you what it is, they don't just tell you to take that."

Preventing and controlling infection

- People told us the home environment was clean and their rooms and belongings were kept clean. One person told us, "The laundry is really good because you always get your own clothes back."
- Staff who prepared food were seen to observe good food hygiene and staff help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.



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 Requires Improvement. At this inspection this key question improved to Good. 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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to the home.

Staff support: induction, training, skills and experience

- Staff were positive about their training and told us training gave them the knowledge and skills to support people according to their individual needs.
- Staff were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance.
- People were supported to access food and drinks in line with their needs and choices. One person told us about the food available, "Very good, they have a good selection. "

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There were several communal areas to choose from including quiet areas.
- People chose how they spent their time at the home within communal areas which were easily accessible.
- The home had recently been redecorated and the needs of people who lived with dementia had been considered.

Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs. People who required glasses and other aids had them. One person told us, "I have a yearly medical check-up and my eyes are checked regularly."
- Care plans showed care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

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.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive. One person told us, "The nurses are nice, they look after us."
 - People's needs were understood by staff and people knew they mattered. One person told us, "They check you to see if you are all right, they offer you a cup of tea. I think they are really good here."
 - People were relaxed around staff who supported them, and people happily asked for assistance.
 - People were free to express their views, with support when needed, in an inclusive and accepting home. ●
- We saw staff were polite and respectful and ensured people's human rights were upheld. One relative told us, "[Person] seems to get on with the staff and they always seem kind and caring."

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives and care and were listened to and supported. One relative told us, "[Person] is really well looked after and what I have noticed with the care team is that they always approach us with what [person] is doing."
- People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health.
- Staff understood the importance of people's views, preferences, wishes and choices being respected. One relative told us, "[Person] is always clean and tidy and [person] hair is always washed".

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their independence and helping with reminders and prompts. One person told us, "You couldn't wish for better care."
- People gave us examples of where staff had worked sensitively to support them, so they knew they were respected.
- Staff acted professionally, however showing empathy and hugging people, when people needed it.
- People's information was stored confidentially.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which reflected their needs and preferences. Staff gave examples of ways they worked to involve people in making decisions about their care. One relative told us, "We just had a meeting with the senior to make sure we were happy and just wanted our input to make sure everything that was in place was good for [person]."
- People's care and support plans had been reviewed regularly and updated to reflect any changes to people's needs.
- People's wishes were listened to, so they were able to have a good quality of life and remain at the home.
- People enjoyed activities and continued with their personal interests, based on their wishes. One person had enjoyed potting plants which they keen to tell and show their relative. Relatives told us, "I came in the other day and there was a singer in" and "I came in and they were giving [person] a pamper and they do arts and crafts."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format they could understand, such as pictorial format or offering a visual choice.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to make improvements if required. One person told us, "Yes senior sister is a very approachable very open" another person told us, "First port would be [staff name] or that lady [registered manager] there." Relatives were also happy they were listened to and told us, "They have a resident and family meeting, they sent a

letter to our home and you can complain" and "We can raise it with the staff. The management team is just there, and that door is always open when we come in."

End of life care and support

- An end of life care plan was completed which recorded some basic information of the person's wishes in the event of their death. End of life care plans were brief in their detail and how people would like this time spent could be expanded on.
- The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care.



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 Requires Improvement. At this inspection this key question remained the same. This meant the service management and system in place need more time to ensure they were effectively demonstrating consistent level of high-quality, person-centred care.

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

- There were quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These audits however, had not been completed as per the expectation of the registered manager, for example a current overview of people's needs.
- The registered manager told us they had further worked planned so they had a complete overall view of people's care, such as a one page profile to further demonstrate people were in receipt of high-quality care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had been through a period of unsettled leadership within the last 12 months. People, relatives and staff spoke highly of the registered manager in ensuring stability for people and staff.
- Staff told us their morale had been low, however, they had felt positive about the new registered manager's approach and ideas. Staff told us morale was improving but were hesitant until they were confident in having a stable management team going forward.
- The staff team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.
- People's views were gathered through meetings and where suggestions for improvement had been made, these had been acted on.

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 management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their

families, and staff.

- The management structure in place was open, transparent and available when needed. The registered manager spent time working as part of the team.

Continuous learning and improving care

- The staff team sought to ensure quality of care. They had felt inspired by the appointment of the new manager in May 2019 and felt improvements were taking place.
- People benefitted from partnership working with other local professionals, for example GPs, and community groups. People told us the professionals communicated well.
- Learning was shared between other of the provider's homes in the locality.

Working in partnership with others

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
- Social workers, commissioners and professional were welcomed in support of people's care.