Quantum Care Limited

Jubilee Court

Inspection report

Hayward Close
Lonsdale Road
Stevenage
Hertfordshire
SG1 5BS

Tel: 01438730000

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 27 September 2016 and was unannounced. At their last inspection on 24 May 2016, they were found to not be meeting all the standards we inspected. This was in relation to the management systems in the home. The registered manager sent us an action plan setting out how they would make the necessary improvements. We found at this inspection that they had made the required improvements.

Jubilee Court provides accommodation and personal care for up to 91 older people, some of whom live with dementia. They also provide an enablement and intermediate service for people who are recuperating following a stay in hospital. At this inspection 81 people were being living at the service.
The service had a manager who was 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 received care that met their needs. Some care plans were person centred but some needed further information added to ensure all information was available. However, staff knew people well and were able to support them safely and appropriately.

People were supported by sufficient numbers of trained staff who felt supported. Staff were able to identify risks and knew how to report any concerns of abuse. Medicines were managed safely and risk assessments were reviewed regularly. The registered manager and the provider also monitored accidents and incidents.

People had their capacity assessed and where needed best interest decisions were put into place. People were asked for their consent and their choices were respected. Privacy and dignity was promoted. Confidentiality was maintained.

People had access to a variety of food and drink. They were supported where needed and health care professionals were involved on a regular basis. People had access to the community and a range of activities that suited their hobbies and interests. People knew how to make complaints and these were responded to appropriately.

There were systems in place to monitor the quality of the service. The registered manager was working with the management team and the provider to further develop these systems to drive improvement and more oversight in the home.

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 supported by staff who knew how to identify and report allegations of abuse.

People's individual risks were assessed and staff were familiar with these.

People were supported by sufficient staff who were recruited safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were sufficiently trained and supervised.

People had their consent sought and where needed, their capacity assessed.

People received appropriate support to eat and drink well.

There was regular access to health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People told us that the staff were attentive and kind.

People were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were mostly person centred and detailed. However, there were some areas that needed further development.

People received care that met their needs.

People had access to activities that suited their hobbies and interests.

People knew how to make a complaint and these were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager had ensured the action plan to address issues at the last inspection was completed.

There were systems in place to monitor the quality of the service.

Feedback about the leadership was positive.

Jubilee Court

Detailed findings

Background to this inspection

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The service had a manager who was 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 received care that met their needs. Some care plans were person centred but some needed further information added to ensure all information was available for staff to deliver personalised care and support for people. However, staff knew people well and were able to support them safely and appropriately.

People were supported by sufficient numbers of trained staff who felt supported. Staff were able to identify risks and knew how to report any concerns of abuse. Medicines were managed safely and risk assessments were reviewed regularly. The registered manager and the provider also monitored accidents and incidents.

People had their capacity assessed and where needed best interest decisions were put into place. People were asked for their consent and their choices were respected. Privacy and dignity was promoted. Confidentiality was maintained.

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were responded to appropriately.

There were systems in place to monitor the quality of the service. The registered manager was working with the management team and the provider to further develop these systems to drive improvement and more oversight in the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "It is safe here, it's clean and there are people around and they are very nice." Another person said, "I feel safe."

People were supported by staff who knew how to recognise and respond to allegations of abuse. Staff were clear on who they would report to and confident about reporting to external agencies if they needed to. We saw that information about protecting people from the risk of abuse was displayed throughout the building and discussed at team meetings and also resident meetings. This helped to raise awareness with people who were vulnerable.

People had their individual risks assessed and these were reviewed regularly, or when their circumstances changed. For example, if they had experienced a number of falls. We spoke with a relative of a person who had experienced a period of falling. They told us, "A little while ago, we had an incident where [person] had a tumble. The staff phoned me and put a sensor mat in place, but [person] can move quickly when they get up so we looked at also using a crash mat for when they are asleep and staff did this for us."

The registered manager reviewed all accidents, incidents and near misses to help identify themes and trends. They used this information to check that all appropriate actions to reduce further risks had been taken. Staff knew about people's individual risks and were able to tell us who was at risk, how they were at risk and what they did to reduce the risks. This was in relation to falls, pressure care and mobility. We noted that one person was trying to go out wearing shoes that had split and therefore posed a trip hazard. The staff member discussed this with the person and encouraged them to wear alternative footwear.

People were supported by sufficient numbers of staff. Throughout the inspection we saw that the home was calm, relaxed and peaceful. Staff had sufficient time to spend with people and when people used their call bell to summon assistance this was quickly responded to. The registered manager regularly completed a dependency assessment of people's needs, and this was used to consider the staffing levels for the home. We were able to see from this tool, that where people's needs changed over time, the risk level and subsequent hours were also reviewed. People and relatives confirmed to us there were sufficient staff. One person said, "Yes there are enough, I never feel rushed, yesterday I was quick to help in the morning but today I took longer, and the girls did not get flustered or rush they just took the time I needed." One person's relative said, "People are not ignored, if the call bell goes they answer it, if people need a bit of one to one time they receive it, there are no staffing worries here, all the staff work incredibly hard, and will still go the extra mile when needed."

Staff were recruited through a robust process. We saw that staff files included verified written references, interview notes, proof of identity and a criminal records check. This helped to ensure that those employed were fit to work in a care setting.

People's medicines were managed safely. Medicine records were completed consistently and quantities of medicines in stock tallied with the records held. There was a protocol in place for medicines prescribed on

as and when needed basis so that staff were able to administer these appropriately. Time sensitive medicines, such as those prescribed for Parkinson's disease, were administered at the correct times. We observed a medicines round and saw that the staff were working in accordance with safe practice. There were monthly audits of the medicines and a senior staff member carried out a daily check to ensure they had been administered in accordance with the prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who were sufficiently trained and supervised. One person said, "I definitely think the carers and managers all have the right training, without question they are very well trained." Relatives also felt staff had the appropriate training. One relative said, "They are all great carers from what I see, they instinctively know what [person] needs and how to give them the right care at the right time."

Staff felt they had enough training for their role. One staff member said, "Training is available for all sorts of things, I have done all the usual bits like safeguarding, but am also able to train in specialist dementia care which has a qualification." We saw that staff had received training in areas including health and safety, moving and handling, dementia care, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and also further education such as vocational qualifications. New staff completed an induction, and this included staff who had previously worked for the service and had a short break.

Staff also received regular one to one supervision. One staff member told us, "I feel very supported, even when there's a problem, I can speak to someone." We saw from records that supervision was an opportunity for staff to discuss personal development and all other aspects of their role. We also saw that there were regular team meetings to provide additional opportunities to discuss any issues, lessons learned or good practice as a group.

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 so that they can 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). 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 were being met. We found that service was working in accordance with the MCA and DoLS guidance.

People had their consent sought and where needed, their capacity assessed. Where people lacked the capacity to consent, mental capacity assessments and best interest decisions had been completed. In all examples, the person themselves had been spoken with, and also their respective relatives. Rationale for completing the assessment and best interest decision was included. However in some cases the record included multiple decisions on one assessment. For example, the use of bed rails and for close supervision and monitoring. We discussed this with the management team who told us they would ensure an individual record was completed for both decisions.

Staff were seen throughout the inspection to seek people`s consent and respect their views. One person, who had capacity to make their own decisions and choices, had developed a pressure ulcer from sitting in their chair. Records showed, and the person confirmed to us that staff had discussed with them the risks of

sitting for long periods in the chair, however, they said they understood the risks and would not use the bed. Staff had put in place measures to mitigate the risks of further deterioration, however had also respected the person's choices. The person told us, "I have not slept in a bed for years, and I will not sleep in that one, they [staff] have told me that I should do, and badger me about it, but it's what I want, I know what can happen but they respect what I like."

People received appropriate support to eat and drink well and their nutritional needs were met. We saw at breakfast and lunchtime that staff were attentive to people's nutritional needs, spending time supporting people to eat sufficient amounts. Where people required a pureed, soft or diabetic diet, this was provided. One person was seen to ask for a cup of tea following their lunch, and staff had special milk for this person due to their dietary requirements. When people were assisted to eat their meal, they were not rushed, and staff concentrated fully on the person they were supporting, engaging in meaningful conversation and keeping a friendly and sociable air to the discussion. When people finished their meal, staff offered them extra helpings, and ensured their drinks were kept topped up throughout. One person was seen to cough whilst eating. The staff were quick to respond and provide support, and when we enquired if the person had been choking, they told us they had not, it was due to a health condition and that they had recently seen the doctor for a change of medicine.

People were weighed regularly and where they had lost weight, this was monitored and responded to appropriately. People who required their food and drink intake to be monitored had their charts completed. These were reviewed twice daily by a senior staff member to help ensure they were eating and drinking sufficient amounts. Weight charts we looked at for people who were, or had recently experienced weight loss showed that this was well managed and weights were stabilising or increasing. In addition to freshly prepared meals, people were provided with supplementary drinks, milkshakes and for people who did not sit at the table when eating, a range of finger foods were available. One person's relative said, "[Person] lost weight and I used to ask about it all the time because I was worried, but [person] is on the up now. A couple of months ago, the staff got the doctor to review the medication, that literally took [person] off their feet. They took [person] off those tablets, and now the weight is back to where it should be."

People were supported by a range of health professionals when required. We saw that when people required additional support, they were referred to GP's, consultants, dieticians, dentists, chiropodists, mental health services and specialist teams such as the local Parkinson's nurse. To support people's enablement to return home following a short stay in Jubilee Court, people had access to physiotherapists, district nursing teams and occupational therapists. One health professional told us, "They [staff] will always call when they are worried, and have all the information we need when we get here, if we ask for something to be done a certain way then they do so, and will always question if they do not understand how something is done."

Good

Is the service caring?

Our findings

People told us that the staff were attentive and kind. They told us the staff were caring, sensitive and listened to their views and opinions. One person said, "This place is the best, not because of the nice decoration, but because they actually do care about us all." Another person told us, "They are very thoughtful here – look they've even left me a blanket in case I feel a chill." A relative told us, "They are all great carers, I chose this home for [person] because there were no faults with it at all, and the carers listen to us, and clearly care a great deal."

People were treated with dignity and respect. We noted that staff were respectful when they spoke with people and spent time talking to people, asking their choices for how they wanted to spend their day or what they wanted to eat. One person told us, "They always come and ask me if I would like to go to the lounge to join in but usually I don't want to, I like my room." We saw that preferences such as the gender of staff who supported them was also recorded in care plans. We also found that people's likes, dislikes, preferences were well known by staff as they were confidently able to tell us about the people they supported. We saw that staff laughed with people and reassured them when they became anxious. This demonstrated a good understanding of people as individuals.

People told us they liked living at Jubilee Court. One person told us that they visited their family sometimes on Sundays. They said, "When I lived on my own I used to dread going home in the evening but now about 8 o'clock I think oh good it's time to go back now." Residents told us that visitors could come whenever they wanted to and relatives confirmed this. One told us, "We've never been told there are any times when we can't come, we can come when we want to."

People were involved in planning their care. People or their relatives had completed an assessment of their life history and particular hobbies and interests when they moved into the home. This included all the areas important to the person, such as previous employment, holidays, friends and family member. People were invited to sign their care plans at reviews and evaluations and the subject was discussed at resident meetings to remind people that they can read their care plan at any time.

Confidentiality and privacy was promoted. We observed staff knocking on bedroom doors before going in and waiting for a response and doors were closed when care was delivered. We saw that records were stored securely and they were returned to the appropriate storage when staff had finished reviewing or writing in them. Staff were reminded about confidentially at team meetings and there were reminders around the home to further raise awareness.

Requires Improvement

Is the service responsive?

Our findings

People's care plans were mostly person centred and detailed. However, there were some areas that needed further development. On the enablement unit we found that care plans were not developed to fully address people's needs. For example, one person was living at the home following a period in hospital prior to returning home.

The enablement goals for this person were recorded as, "To gain confidence and strength, and to assess abilities e.g. personal care." The care plan had not clearly identified how to assist the person to achieve their goals and had not been reviewed thoroughly since the person moved in the home three weeks before our inspection. One area to support the persons improvement around their strength was reviewed as, "[Person] needs reassurance and encouragement to mobilise more often and to try longer distances." However, no distances the person should be attempting to cover or an assessment of their mobility was included. Staff we spoke with however were able to describe to us the person's abilities in using their walking frame and could describe how the person was growing in both confidence and ability.

When assessing people's overall dependency, staff had not always included the additional support needs for people with dementia around feeling safe in the home, or with behaviours that challenge. One staff member whose responsibility it was to complete this tool for one person told us this was because the tool was for those people with a dementia diagnosis, and the person we had reviewed did not have this. However, we confirmed that they demonstrated the same behaviours and to ensure the assessment was reflective of their needs, this information needed to be incorporated. They told us they did not include this information for any person without a diagnosis of dementia. We spoke with the registered manager who agreed that the information would be required to give an accurate assessment of the person needs.

We saw in other people's records that nutritional tools were not always totalled to give an accurate overall risk score, and food and fluid charts were not always accurately totalled. However, staff were booked on appropriate training around records management shortly after our inspection as the management team had identified that this was an area that required improvement.

People received care that met their needs. People told us that staff supported them in a way that they preferred and in accordance with individual assessments. People had clean clothes, their hair brushed, were clean shaven and finger nails were clean. However, we noted that two people were in need of a chiropodist. We told the registered manager about this and a chiropodist visit was arranged promptly. Staff were aware of the needs of people they supported and worked in a way that demonstrated this. For example, one person was transferred with the hoist from the chair to their wheelchair so they could attend an activity they had asked to do. We observed staff whilst they assisted the person who was clearly very nervous and fearful of using the hoist. Staff spent time explaining clearly what they were doing, and showed the person all the equipment they were using and explained how it worked. They gently hoisted the person, who clearly became frightened. They were heard to repeatedly say, "Stop, I'm falling, I'm falling," and becoming further agitated. However the staff responded immediately, with one staff member touching the person's arm for reassurance and a second singing a song to distract the person, which clearly worked as the person was

then heard to say, "No, I'm not falling, I'm okay." Once sat in their wheelchair, they appeared pleased with themselves for allowing the staff to hoist them, and expressed to the staff their gratitude. They said, "Thank you, I did okay, I still don't like it but you two [staff] made it bearable."

People had access to activities that suited their hobbies and interests. One person told us, "We went to a lovely old house and we listened to some opera and look they took a photo. I had such a lovely time, I would never have been able to do that at home you know." People were asked about their hobbies and interests when they moved into the home. We saw one person had said they enjoyed gardening before moving to Jubilee Court, but had been unable to enjoy their garden or plants lately. Staff had supported the person to go out on the grounds of the home, look at the plants and flowers and spend time enjoying an activity previously unavailable to them. Other people were supported with individual crafts such as knitting, drawing and creative arts, where they were able to use either a well-equipped craft studio or use the privacy of their own room. When people were taken on various days out, the activity staff took numerous photographs of the day and gave them copies of the photos as a memento, a recent example being a trip to a local air show.

People told us that they were able to join in with group activities in the home, and that if they chose to stay in their room or not join in then staff spent time with them on a one to one basis. An activity staff member confirmed this by saying, "Today we will have bingo downstairs for anyone who wants to attend, and then this afternoon, for those people who choose to stay in their room or not come, then we will provide someone to do one to one activity." One person told us, "I do join in some things but not bingo, there are different things on different days." During the inspection we saw that the activity staff and care staff were aware of those people, and spent time with them and their particular pursuits. One staff member was seen to be reminiscing with one person using photographs of their local area and talking about places they went to school and lived. For a second person, staff had been in their room and put on a sports program for them. When we asked if this was what the person wanted to watch they said, "I like my sport, they [staff] know how much I do and if there is something on they will pop in and put it on for me."

The home employed three permanent activity staff and one part time member. The staff member we spoke with had been in post for a short while, having previously been a member of the care team, however they were passionate and committed to meeting people's needs. They were in the process of organising a range of different activities for people including a charity coffee morning, day for grandparents (and great grandparents) and reviewing how some of the games in the home were carried out. For example, they told us, "The residents love to play skittles, but some of them find it difficult to throw the ball because they can't get out of the chair. It may sound like a strange request but I asked [registered manager] for a drain pipe, so we can use that for people to shoot the ball down and be able to join in." Another person had previously enjoyed table tennis. When the home found that they enjoyed it, they purchased a table tennis table. The person now regularly enjoyed a game with a member of staff.

People knew how to make a complaint and these were responded to appropriately. There was a system displayed throughout the home on how to make a complaint and complaint forms were accessible. We reviewed the complaints and grumbles log and saw that the registered manager responded to each one and carried out investigations as needed.

Good

Is the service well-led?

Our findings

When we last inspected the service on 24 May 2016 we found that some of their management systems were not robust. They sent us an action plan telling us how they would address these issues. At this inspection we found that they had made the necessary improvements and management systems were effective.

There were systems in place to monitor the quality of the service. These had been developed further following the last inspection. We saw that there was more control in regards to medicines and there was a system being implemented to ensure information about changes or issues were communicated to the registered manager quickly.

The registered manager told us that following our last inspection they identified that they needed to be able to be out of the office and overseeing the standards more often, rather than just depending on senior staff in the home reporting to them. The registered manager had identified that within the enablement floor of the home they required assistance to further develop the reporting processes to ensure risks were responded to quickly. The provider had identified that another home manager was particularly skilled in this area and had asked them to come across to support this improvement. The measures they had implemented had clearly had a positive effect. On the day of inspection staff had identified and reported a suspected pressure ulcer in the morning, which had been notified, reported and then subsequently referred to the district nurses, with pressure equipment in place and an appropriate care plan developed by late afternoon.

People did not all know who the registered manager was. The registered manager told us that they acknowledged the need to be out on the floor more often which was why they had been given additional support to enable them to do this. The staff told us that the registered manager regularly walked round checking on them. They had identified that some work was needed in regards to ensuring the consistency of records throughout the home and arranged for training in this area. One staff member told us, "I'm booked on records training next week."

People, their relatives and staff were positive about the leadership in the home. There was a new deputy manager in post who staff were positive about. One staff member said, "[The deputy manager] held a meeting when they started, told us what their plans were, what they expected and asked for our input. They're really good." Staff also told us that the registered manager was approachable. One staff member said, "There's an open door policy, always will take time to listen."

The approach in the service was person centred and morale in the home had improved. Staff were taking every opportunity to spend time with people and they spoke positively about their roles. Staff told us they knew what was expected of them and what the values of the provider were.