

Supreme Care Services Limited

Jubilee Lodge

Inspection report

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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 was an unannounced inspection that took place on 23 and 24 October 2018.

Jubilee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides care for up to three people who misuse drugs and alcohol or have mental health issues. It is located in the Morden area of London.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with mental health support needs and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

At the last inspection in April 2016, the home was rated overall good with a good rating for all five key questions.

The home provided a safe environment to live and work in. There was a welcoming and friendly atmosphere. People said they liked living at the home and were happy there. They were supported to make choices, including a variety of activities at home and in the community. They were comfortable with the way staff provided care and support for them. Throughout our visit there were positive interactions with staff and each other.

The records were up to date and covered each aspect of the care and support provided. People's care plans were individualised to them and contained regularly reviewed, comprehensive information. This empowered staff to support people efficiently and professionally. People were encouraged to discuss their health needs with staff and had access to GP's and other community based health care professionals. They were encouraged and supported to choose healthy and balanced diets that also met their likes, dislikes and preferences, whilst protecting them from nutrition and hydration associated risks. They told us they chose what they ate and were happy with the quality of meals provided.

People received constructive support, knew the staff that supported them and staff were fully aware of people's needs, routines and preferences. Relatives told us that staff worked well as a team. Staff had appropriate skills and provided care and support, within agreed boundaries and in a professional, friendly and supportive way. This was focussed on people and their individual needs. The staff were well trained and made themselves accessible to people and their relatives. Staff told us that the home was a good place to

work and they enjoyed working there. They received good training and support.

Relatives said the registered manager and staff were approachable, responsive, encouraged feedback and consistently monitored and assessed the quality of the service.

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 remains Good'

Is the service effective?

Good ●

'The service remains Good'

Is the service caring?

Good ●

'The service remains Good'

Is the service responsive?

Good ●

'The service remains Good'

Is the service well-led?

Good ●

'The service remains Good'

Jubilee Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on 23 and 25 October 2018.

The inspection was carried out by one inspector.

During the inspection, we spoke with one person, two relatives, two care staff and the registered manager. We also contacted three healthcare professionals. There were two people using the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support, was shown around the home and checked records, policies and procedures and quality assurance systems. We also looked at the personal care and support plans for two people and two staff files.

Is the service safe?

Our findings

People were safe living at the home. One person said, "I feel safe." A relative said, "A safe place for [person] to live."

Staff were aware of what constituted abuse and the course of action to take if they encountered it. They were given policies and procedures regarding abuse and had received induction and refresher training. This enabled them to protect people from abuse and harm safely.

Staff knew how to raise a safeguarding alert, when this should happen and were appropriately trained. Safeguarding alerts were reported, investigated and recorded. There was no current safeguarding activity. There was also information about keeping safe available to people living at the home.

Staff were trained in and understood de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. These were focussed on people individually and staff had appropriate knowledge to do this successfully. Staff actions were recorded in people's care plans.

Communal areas were monitored by CCTV whilst not compromising people's rights to privacy.

The staff recruitment process was rigorous and staff records showed that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of learning disabilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to people starting in post. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was also a three-month probationary period with a review. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge, within the induction training and the person was employed.

Staff rotas demonstrated that staffing levels could meet people's needs and enable them to safely pursue their chosen activities.

People had risk assessments which enabled them to take acceptable risks and enjoy their lives safely. Risk assessments included people's health, daily living and social activities. Risks were reviewed regularly and updated as people's needs and interests changed. Staff shared information internally, regarding risks to individuals including any behavioural issues during shift handovers, two monthly staff meetings and as they occurred during a shift. Staff told us they knew people living at the home well, were able to identify situations where people may be at risk and acted to minimise risks. They also shared appropriate information with external staff providing activities, such the 'Avanti' club which offers recovery support.

Accident and incident records were kept and accidents and incidents were discussed and learned from by the staff team, at shift handover and revisited during staff meetings. Staff demonstrated this by their in-depth knowledge of people. There was a whistle-blowing procedure for staff to use. There were general risk

assessments for the home and equipment used that were regularly reviewed and updated. Staff had also received infection control and food hygiene training and the way they worked reflected this. Equipment used to support people was regularly serviced and maintained.

Medicine was safely administered, regularly audited and appropriately stored and disposed of. A recent pharmacy audit had taken place by the local 'Boots' pharmacy. We checked people's medicine records and found that they were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. There were no controlled drugs kept on the premises.

Is the service effective?

Our findings

People decided the care and support they received and when and how it was delivered. They told us that staff provided care and support in a way that they liked. One person said, "They [staff] are okay." A relative said, "They [staff] do a very good job."

Staff knew that they must treat people equally and respect their diversity and human rights. People said they were treated fairly and equally. Staff had received appropriate training, were knowledgeable and made themselves accessible to people and their relatives.

The registered manager explained the procedure followed if a new person was considering moving in. There was a policy and procedure that stated people and their relatives would be consulted and involved in the decision-making process before moving in. Service commissioners forwarded assessment information to the home, which carried out pre-admission assessments. People were invited to visit the home as many times as they wished before deciding if they wanted to live there. Information from any previous placements was also requested, if available. Staff said they would also seek the views of people already living at the home. When people visited the registered manager and staff would add to the assessment information.

Staff received comprehensive induction and mandatory refresher training. New staff also shadowed more experienced ones as part of the induction. This was to increase their knowledge of people living at Jubilee Lodge. The training matrix followed the Skills for Care 'Common induction standards' and identified when mandatory training was required. The training provided included duty of care, person centred work, mental health, dementia and learning disabilities, communication, moving and handling, basic life support, recording and information governance. There was also access to specialist service specific training such as autism. Staff meetings, bi-monthly supervision and annual appraisals were partly used to further identify any individual or group training needs. Staff had training and development plans on file. Staff said the training they had received was good and enabled them to do their job. One staff told us, "Been working here three years and the training is good."

People's care plans contained health, nutrition, diet information and health action plans. These included nutritional assessments that were completed and regularly updated and fluid charts, if required. Staff monitored people's weight, when needed and they observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. Staff told us that any health concerns were discussed with the person, their relatives and their GP as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based health care professionals, such as district nurses and physiotherapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required.

People decided their own menu and shopping plan weekly and participated in cooking. One person told us, "I like cooking and am improving." Meals were timed to coincide with people's activities, their preferences and they chose if they wished to eat with each other or on their own.

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 people lack mental capacity to take 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).

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) required the provider to submit applications to a 'Supervisory body' for authority, when required. There was no current need for appropriate applications to be submitted. Staff we spoke with understood their responsibilities regarding the MCA and DoLS. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

The service worked closely with the local authority and had contact with organisations that provided service specific guidance and informed them of activities of interest, such as the Merton council volunteers service.

Is the service caring?

Our findings

The home's atmosphere was comfortable, relaxed and this was reflected in the way people did what they wished. This was due to the calm and friendly staff approach to meeting people's needs, that was done in a skilful, patient and cheerful way. It showed us that staff knew people and their needs and preferences well. Staff were warm, encouraging and approachable. One person told us, "[staff] is really nice to me." A relative said, "They [staff] are fantastic."

Staff were trained to make sure people's rights to be treated with dignity and respect were observed and they provided support that was delivered in an inclusive and enjoyable way. They took trouble to facilitate positive interaction between people and encourage friendships and relationships and frequently consulted people about what they wanted to do or if they needed anything. People told us staff treated them with kindness, dignity and respect. They also told us staff were compassionate and that the care provided was of a good standard and delivered in an empowering way. This matched the staff care practices we saw. There was a lot of smiling and positive interaction between people and staff that everyone clearly enjoyed.

Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in staff's positive care practices and confirmed by people and their relatives. Staff did not talk down to people and they were treated respectfully, equally and as equals.

People were stimulated and encouraged to have conversations with staff and others in a patient and skilled way. Staff applied their knowledge of people and their needs and preferences to enable people to lead happy and rewarding lives. This was both individually and as a team. Their approach to care was supported and underpinned by the life history information contained in people's care plans that they and staff contributed to and regularly updated.

There was a visitor's policy which stated that visitors were welcome at any time with the people's agreement.

The home had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Is the service responsive?

Our findings

The home enabled people to make decisions about their care, support and the activities they wanted to follow. Staff made sure people had understood what they had said and that they understood what people were telling them. They asked what people wanted to do, where they wanted to go, when and who with. People also discussed activities with staff during keyworker sessions and house meetings.

Staff met people's needs and wishes in a prompt way, that they were comfortable with. They made themselves available to people if they wanted to discuss any wishes or concerns they might have. People's positive responses reflected the appropriateness of the support staff provided. One person said, "Really good, [staff] helps me out all the time." A relative said, "They [staff] get him doing things."

People and their relatives were given easy to understand information about the service and organisation that included ground rules, what they could expect and the expectations of them. The placement was reviewed after six weeks to check that the care people were receiving was what they needed and people were happy with it. The registered manager said that if the support was not what was required, alternatives would be discussed and information provided to prospective services where needs might be better met. The service met the requirements of the Accessible Information Standard by providing people with tailored, individual communication strategies that met their needs.

People's care plans were individualised and person focused. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual, contained people's 'social and life histories' and were live documents that were added to when new information became available. The assessment process identified any communication issues or requirements. These were recorded in people's care plans so that staff were aware of them. This information enabled staff to better understand people's needs, preferences and choices, respect them and provide the care and support needed. People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. People agreed goals with a lead keyworker, when they first moved in and when they had gained more confidence the review could take place with any of the staff, due to the size of the home. The goals were underpinned by risk assessments and daily notes confirmed that identified activities had taken place and interests pursued. The care provided was focussed on people as individuals and we saw staff put their person-centred training into practice.

One person had a weekly activity planner that made use of local community based activities. Another person did not have an activity planner as they were very independent, chose what they wished to do and liked to spend time with their girlfriend. They had achieved a certificate in motor mechanics from an organisation that gave opportunities to people who were not in mainstream education. There was a photo on display of them proudly holding the certificate. They were currently applying for jobs in the motor industry. People also attended the 'Avanti' club that provided recovery support through music. A community centre provided activities such as a lunch club and arts and crafts. Since the last inspection, one person had moved on to independent living, got married and was living in Australia. One person said, "I've got enough to do." A relative told us, "It is difficult finding the right activities for [person], but they get him to go out

everyday shopping or to the park." Activities included going for a walk, visiting local parks, shopping and trips to Wimbledon. There had also been two trips to Brighton. People went out for meals and had takeaway nights. People were encouraged to do tasks at home to develop their life skills such as cooking, tidying their rooms, washing up and putting the rubbish out. People also had regular visits to and from their relatives.

People were aware of the complaints procedure and how to use it. It was provided in an easy to understand format. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns.

The home and organisation used different methods to provide information and listen and respond to people and their relatives. Annual questionnaires were sent to people, their relatives and staff. There were also monthly keyworker and annual care reviews that people were invited to.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed.

Is the service well-led?

Our findings

The registered manager and staff made people and their relatives feel comfortable and they were happy to approach them if they had any concerns. A staff member commented, "The [registered] manager gets ten out of ten for support." A relative told us, "Very impressed with the [registered] manager, she is very aware of the problems of mental health and very proactive." The home had a culture that was open with people's views being listened to and acted upon.

The organisation's vision and values were clearly set out. Staff understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the organisation's stated vision and values as they went about their duties. There was a culture of supportive, clear, honest, transparent and enabling leadership.

There were clear lines of communication and boundaries within the home that people and staff understood and observed. Staff said the support they received from the registered manager and organisation was good. They told us, when they made suggestions to improve the service they were listened to. One staff member said, "They [provider] look after us and the training is good." Staff said they really enjoyed working at the service. This was supported by the low staff turnover. There were regular people's meetings that enabled everyone to voice their opinion.

Staff told us there were good opportunities for internal promotion and this was reflected by the management structure of the service.

There was a policy and procedure in place to inform other services, such as district nurses, of relevant information should services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was performing well. This enabled required improvements to be made. The quality audits included, a quality assessment framework that encompassed daily records, care plans, risk assessments, recruitment process, health and safety and fire. The registered manager said the system was being digitally uploaded rather than paper based and could be accessed electronically.

Shift handovers included information about each person that enabled staff coming on duty to be aware of anything they needed to know. There were also local authority contract monitoring visits.