

Mr John Albert Pownall

Jubilee House

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 

Overall summary

This inspection took place on 21 October 2014. Jubilee House provides accommodation and personal care for up to six people with a learning disability. On the day of our inspection six people were using the service.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the care home. Staff understood their responsibilities to protect people from the risk of abuse. People received their medication when they needed it and medication was safely stored.

People were supported by a sufficient number of staff and effective recruitment and selection procedures were operated to ensure staff were safe to work with vulnerable adults.

People received support from health care professionals when needed and staff had the knowledge and skills to care for people safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

Summary of findings

(MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation.

People had access to sufficient quantities of food and drink. The people we spoke with told us they enjoyed the food and were involved in selecting dishes to go on the menu.

People were treated with dignity and respect by staff. People who used the service told us they felt staff were always kind and respectful to them. People were able to be involved in the planning and reviewing of their care.

People gave their opinions on how the service was run and there were effective systems in place to monitor the quality of the service. These resulted in improvements to the service where required.

Summary of findings

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 safe.

People received the support required to keep them and other people safe.

People received their medication when required and it was stored and recorded appropriately.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink.

People had access to healthcare professionals such as their GP and district nurse when required.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected. Staff cared for people in a kind and considerate manner.

People's choices about how they wished to spend their time were respected.

People were supported to be involved in their care planning and making decisions about their care in a way that suited their needs.

Good



Is the service responsive?

The service was responsive.

People were supported with their interests and hobbies and to maintain community involvement.

Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

People's views about the service were asked for and improvements were made.

The provider operated a robust quality monitoring system to check that the care met people's needs.

There was an open, positive culture in the home.

Good



Jubilee House

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.

We visited the service on 21 October 2014. The inspection team consisted of one inspector. This was an unannounced inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and healthcare professionals and asked them for their views. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who were using the service, three relatives, three members of care staff and the provider. The registered manager was not present during our inspection. We also observed the way staff cared for people in the communal areas of the building. We looked at the care plans of two people and any associated daily records such as the daily log and incident records. We looked at four staff files as well as a range of records relating to the running of the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the care home. One person said, “I feel safe, the staff look after me.” The other person said, “I am safe, it’s alright here.” We spoke with three relatives of people who used the service who told us that they felt their loved one was safe at the care home.

Staff told us if they suspected abuse they would report it to the manager or provider. Staff also knew how to contact the local authority to share the information themselves and we saw appropriate referrals had been made to the local authority.

Systems were in place to ensure there was an appropriate response to any allegation of abuse. The staff we spoke with had a good understanding of the different forms of abuse that can occur and how to report these. All staff had received training in safeguarding vulnerable adults from abuse.

Steps had been taken to reduce the possibility of abuse occurring. People’s care plans contained information about how staff should support them to keep them safe. For example, there was information about what might cause a person to become distressed and display behaviour which may be difficult to manage. The care plans also provided guidance to staff in how best to respond to keep people safe. The staff we spoke with were aware of this information. Staff had received training in the management of challenging behaviour.

People told us that they did not feel restricted and that staff also tried to reduce any risks to their health and safety.

Each of the care plans we looked at contained assessments of the different risks to the person’s health, safety and well-being. We saw that risks were appropriately managed to keep people safe but this did not restrict their freedom. Staff were aware of the different risk assessments each person had in place and their role in keeping people safe. Risks were reviewed by staff with people before they undertook activities such as using public transport. Staff had a folder which contained relevant risk assessments for each person, this was used during our inspection.

The people we spoke with told us that they felt there were enough staff to meet everybody’s needs. One person said, “Yes there are always enough staff because I do lots of activities.” We were also told, “I go out a lot on my own. But there is always someone in the house when I return.”

People’s needs were responded to in a timely manner during our inspection. The staff we spoke with told us that they felt there were always enough staff at all times of day. Staffing levels were flexible depending on what support people required each day, for example, support to attend an appointment. The required checks were carried out on staff before they started to work at the care home.

We asked the people we spoke with if they were happy with the way in which their medication was being managed. Only one of these people was taking medication at the time of our inspection and they told us they were satisfied with how it was managed. Staff were able to clearly explain how medication was administered and recorded. We looked at four sets of medication administration records and saw that medication was being correctly recorded. Medication was safely stored.

Is the service effective?

Our findings

People we spoke with told us they felt they were cared for well by staff who were competent. One person said, “I like all the staff.” The relatives we spoke with also told us that staff communicated well with them about their loved one and were competent.

The staff we spoke with told us they received all the support they needed to carry out their duties. One member of staff told us that the home was supporting them to undertake a vocational care qualification which added to their understanding of how to support people in the care home. Staff told us that they received regular support during supervision and that their performance was assessed during supervision. We also looked at staff training records which showed that staff received training relevant to their role and this was refreshed at regular intervals. The staff we spoke with told us that they valued the training they were provided with and this had helped them develop their knowledge and skills.

People told us that they were supported to make decisions about their care. We saw that the provider followed the principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. We looked at the care plans of two people and saw there were MCA assessments and best interest decision assessments in place. These were fully completed and clearly showed the nature of the decision that was being assessed.

The care provider was aware of a recent court ruling which has impacted on whether or not a DoLS needs to be in place and the manager had made some DoLS applications. The provider had acted to make sure they were meeting people’s needs without restricting their freedom.

The people we spoke with told us that they enjoyed the food and that they were given plenty to eat and drink. One person said, “I get enough to eat and drink. I can buy my own snacks.” The other person said, “We get to choose the menu, I get enough to eat.” We observed the stocks of food in the kitchen and saw that there was a good variety of food and drinks available. Staff told us people had access to food and drinks at any time throughout the day. We saw people accessing food and drinks during our inspection. One person had been supported with extra nutritional supplements because staff were concerned about their weight. This had resulted in the person’s weight stabilising.

People told us that they had access to the relevant healthcare professionals when required. One person said, “I see the doctor when I need to. I saw the dentist as well.” People received support from healthcare professionals when required. For example, staff had noted that one person’s weight had fluctuated and contacted a dietician. The appropriate changes had been made to support the person with their nutritional intake. The dietician had advised staff to provide the person with supplements and higher calorie foods and these were being provided. People also had access to their GP, dentist, optician and other healthcare service. We saw from records that staff recorded the outcome of each appointment and updated the person’s care plan where relevant.

Is the service caring?

Our findings

People told us they were happy living in the home. Each person told us that they were well treated and the staff were caring. One person said, "It's okay here, the staff are nice." We spoke with three relatives who told us that their loved one was well cared for. One person said, "[My relative] always seems happy when I meet them." We were also told, "[My relative] seems happy, they've not told me about any problems."

We observed that staff interacted with people in a kind and caring manner. For example, one person became upset when they could not remember something. The staff supported the person in a patient and kind way to try and recall what they wanted to say. We saw staff respond to choices people made, for example one person decided they wanted to go into the city centre. Staff ensured that the person had everything they needed before they set off. Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. Staff spoke about people in a kind and caring manner when the person was not present.

We saw that people were provided with choices about how they wished to spend their time during our inspection. For example, a timetable was put together with the involvement of people using the service about the different hobbies and interests they wished to pursue. One person

had recently started horse riding with the support of staff and attended this on a regular basis. Some people attended a local college and one person visited some local shops independently.

We asked people if they were able to be involved in making decisions and planning their own care. One person told us that they were involved in making decisions about their day to day care and support. They told us that they were involved in regular reviews of their care plan. We saw that people had been involved in drawing up an 'All about me' document which detailed the things that were important to each person. These had been completed in a format to suit each person's individual needs.

People had been involved in providing information for their care plans which were reviewed on a regular basis. Staff told us that they were the key worker for a named person and carried out their monthly care review. Staff told us that they had the time to genuinely care for people and that their tasks and paperwork were fitted in around people using the service. We saw that this was the case during our inspection.

People told us they were treated with dignity and respect by staff. The relatives we spoke with told us they were able to visit the home whenever they wished to and that their loved one was well treated by staff. The staff we spoke with did not raise any concerns about the way in which people were treated. Staff also respected people's privacy and personal space. There was information displayed in the home about the importance of treating people with dignity and respect.

Is the service responsive?

Our findings

The people who used the service that we spoke with told us they received the support they wanted in line with their needs. One person told us that their activities were tailored individually to their interests. We spoke with three relatives who told us that they felt the service responded well to any changes in people's needs.

Staff had spent time with people to understand how they wished to be supported and what was important to them. Staff were aware of the information that had been collated about people and how that impacted on the care and support provided.

Care plans were reviewed on a monthly basis by staff and we saw that changes and additions to care plans were made when required. For example, one person's care plan had been updated to reflect advice received from a healthcare professional. The staff we spoke with were aware of people's current needs and told us the manager ensured they were informed when a person's needs had changed. Staff said that they got the time to read people's care plans when their support needs had changed.

Staff encouraged people to develop relationships and avoid social isolation. A range of group and one to one pursuits were provided and people were encouraged to participate. People regularly visited a local pub for a meal and this was greatly enjoyed by everybody. There were

communal areas available in the home as well as a garden. We were told that some people enjoyed playing football together in the garden. Staff evaluated how successful the provision of entertainment was and if something was deemed to have been unsuccessful, staff responded by consulting people about alternative activities. People were also encouraged to maintain their independence and were supported to carry out their own hobbies and interests.

People told us they felt they could raise concerns or make a complaint. Both people told us that they would have no issue with making a complaint if they needed to. The relatives we spoke with also told us that they would feel comfortable about making a complaint and that it would be taken seriously. We observed people knocking on the office door and speaking with the deputy manager and provider during our inspection. It was apparent that people felt comfortable speaking with them.

There had not been any complaints about the service. The complaints procedure was accessible and provided in a format that people could understand. People also attended regular house meetings where any concerns or ideas could be discussed. We saw the minutes of recent meetings and these demonstrated that people were given the opportunity to speak up. Any actions that had been recorded were followed up at the next meeting to confirm completion. This meant that any concerns or comments had been effectively responded to.

Is the service well-led?

Our findings

The service had a registered manager. People we spoke with told us the manager was approachable. One person said, “The manager is very nice, I can always talk to her.” The relatives we spoke with told us that they found the manager and provider to be approachable and willing to listen to suggestions. During our inspection the deputy manager and provider were visible in the communal areas of the home and spent time talking to people who used the service and staff.

Effective systems were in place to obtain feedback about the quality of the service. There were regular house meetings which people were encouraged to attend and contribute to. Satisfaction surveys were provided to people who used the service and their relatives and the responses were very positive. Action was taken where possible following any comments made by people.

The staff we spoke with told us that they felt supported by the manager and provider. Staff felt there was a positive and open culture in the home. There were regular staff meetings and we saw that staff were able to contribute their views during these meetings. Systems were in place

for the reporting of any incidents in the home. These were reviewed by the manager and any learning was shared with the staff team in order to bring about improvement. This meant that the management was open to ideas and suggestions from people and staff in order to improve the quality of service being provided.

Staff told us they felt they were provided with the resources required to improve the quality of the service. The provider responded to requests and ideas by providing the additional resources required. There were clear decision making structures in place, staff understood their role and what they were accountable for.

The people we spoke with told us they felt the service was of a good quality, one person said, “I am happy with the quality here, it’s great.” The relatives we spoke with also told us they felt the service was of a good quality.

There was a robust programme of audits being completed in areas such as medication and maintenance of the building. These had resulted in improvements to the service as well as providing assurances that people were being cared for safely and their needs were being met. Accurate and up to date records were maintained in respect of people who used the service and staff.