Quantum Care Limited

Jubilee Court

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection was carried out on 30 September 2015 and was unannounced.

Jubilee Court provides accommodation and personal care for up to 91 older people, some of who live with dementia. The service also provides intermediate and enablement care. This is when the service works with health and social care professionals to improve a person's health to either return home or move to an appropriate care setting. There were 85 people living at the service on the day of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

When we last inspected the service on 18 July 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the most of the standards. However, there were areas that required improvement.

Summary of findings

CQC is required to monitor the operation of the Mental Capacity Act (MCA)2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. Some had been authorised and the manager had a log of when these were due to be reviewed and some were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People told us that their needs were met and care plans were mostly up to date. There were some contradictions in information recorded. Activities were provided for most people. however, people on the intermediate and enablement units felt that the were insufficient. People had access to the community.

People were supported to eat and drink sufficient amounts and there was regular access to health and social care professionals. There were enough sufficiently trained staff who had been recruited through a robust process.

There were systems in place to obtain feedback back and respond appropriately to concerns, suggestions and complaints. Staff were positive about the management of the home and there were systems in place to monitor risks and the quality of the service. However, these did not always identify and therefore address the issues we found as part of our inspection.

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 not always safe.

Staff did not always know how to report allegations of abuse externally.

People's medicines were not managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported appropriately in regards to their ability to make decisions. However, on the intermediate and enablement units, people's decisions may not have always been taken into consideration.

People had access to health services, however, one person may not have had their health needs met.

Staff received regular supervision and training relevant to their roles and were supported to complete further training for their development.

People were supported to eat and drink sufficient amounts and this was monitored regularly.

Requires improvement

Is the service caring?
The service was not always caring.

Privacy and dignity was not always promoted throughout the home and records were not always stored securely.

People felt that staff were kind, caring and knew them well.

People, their relatives and professionals told us that staff treated them with respect.

Requires improvement

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and the manager responded appropriately.

People received care that met their individual needs.

There was a provision of activities to support hobbies and interests for most people, however, people staying on the intermediate and enablement units felt they were not kept informed of activities going on.

Good

Summary of findings

Is the service well-led?

The service was not consistently well led.

There were systems in place to monitor, identify and manage the quality of the service. However, issues we identified at our inspection had not been identified or addressed by these systems.

Staff were positive about the management team and were clear on what their role was. However, people and their relatives were not clear who the manager was.

Requires improvement

Jubilee Court

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

This visit took place on 30 September 2015 and was carried out by an inspection team which was formed of two inspectors and an expert by experience. An expert by experience is a person who has experience of having used or cared for someone who used this type of service. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 10 people who lived at the service, five relatives and visitors, eight members of staff, the registered manager and the quality manager. We received feedback from health and social care professionals. We viewed three people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed safely. We observed staff administering medicines on four of the units and reviewed the way medicines were managed on two of those units. One person told us that sometimes their medicines were muddled up with another person's with a similar name. When we reviewed their pain relief medicines we found that they had been prescribed the same medicines in some cases but with different dose. When we counted these medicines we found that where one box was four tablets short for one person, the other person's box of the same tablets had four extra tablets.

We counted 13 boxes of tablets. Out of these, eight contained the incorrect number. We also saw that even though one of these medicines had been counted by a staff member, the discrepancy had not been identified and therefore no action had been taken as a result of possible missed doses of medicine. Medicine audits that had been completed had not identified any shortfalls. Staff told us that they received regular medicine administration competency assessments and annual training refreshers and we also saw that management of medicines was a reoccurring subject at team meetings. However, this had not ensured that medicines were always recorded accurately or were given in accordance with prescriber's instructions.

Due to the concerns in regards to the management of medicines, this was a breach of Regulation 12 of the Health and Social Care Act (Regulated activities) 2014.

People told us they felt safe living at Jubilee Court. One person said, "I am safe here, they look after me well." Relatives also told us that people were safe. A relative told us, "My [relative] is very safe indeed here. The staff are very good."

Staff were clear on what form abuse may take and were confident that they would report this to their manager, or another senior person in the organisation. However, not everyone could tell us if or how they would whistleblow to external agencies such as the local safeguarding authority or CQC. However, there was information displayed around the home on how to report safeguarding concerns and we noted that the manager had responded appropriately to any concerns raised with them.

People had individual risk assessments specific to their needs. We saw that these were reviewed regularly and staff were aware of how to support people to reduce the risk of harm. Accidents were recorded clearly and this was reviewed by the manager. The information was reported to the provider who helped to identify if there were any themes or trends and ensure all required action had been taken.

People and their relatives gave mixed views about staffing levels. One person said, "I don't have to wait long at all." Another person said, "One improvement could be more staff. They work their socks off but there aren't not enough of them." We were also told that when the needs of people increased, additional staff were not always provided. However, we viewed the staff rota and spoke with staff and the manager, who told us that generally the staffing levels were able to meet people's needs with the odd day where extra support was needed. Staff told us that on these occasions, the care team managers supported them with providing care. We observed care throughout the inspection and found that people were getting their needs met in a timely manner.

The manager told us that the service did not use agency staff. They said that they had a large bank of casual staff and that this was regularly refreshed due to a rolling recruitment process. Staff in all units told us that they were seldom short staffed and this would usually be for a very short time whilst replacement staff arrived to cover sickness. The manager told us that the staffing levels on the enablement and intermediate units were set by the NHS and if a person was requiring more support, than they were request additional staff hours from them. We noted on the day of inspection people were getting there needs met in a timely manner and call bells were answered promptly.

Staff employed had undergone a robust recruitment process. This included full employment history, criminal records checks and verified references. Staff confirmed that they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure that people were supported by staff who were fit to do so.

Requires improvement

Is the service effective?

Our findings

People were supported by staff who and received the appropriate training for their role. We saw that staff had received training in safeguarding people from abuse, moving and handling, dementia care and a robust induction. One staff member told us that the induction was, "Not far off an NVQ." Staff were positive about the training they had received and felt it equipped them for their role.

Staff received regular one to one supervision. They told us this was an opportunity to discuss things openly and covered any ongoing issues and further development. There were also regular staff meetings, these were held as a whole team and by each unit to discuss localised subjects.

People had their ability to make decisions assessed. Where they were assessed as not having capacity to make decisions, the appropriate steps were taken. For example, best interest meetings where decisions to support people were recorded. The appropriate DoLS applications had been made, with many outcomes received. These were kept on people's care plans so that staff were aware of the outcomes. In addition the manager kept a log to ensure they were reviewed when required.

However, we noted that some decisions taken in respect of people on the enablement and intermediate units where made by healthcare professionals without the person being consulted and without their agreement. We were told by staff and the management team that in some cases people were told they must come out of their bedrooms for the day and had TV's removed from their rooms as it was deemed in their best interests by visiting healthcare professionals to encourage people out of their rooms. This however did not following a robust best interests process. We discussed this with the management team who told us they followed the advice of healthcare professionals without first consulting the people concerned. This meant that people's choice and rights may not always been respected as they were not part of the decision making. The manager told us they would immediately review the situation to ensure that people were fully involved in decisions that effected them wherever possible.

People were supported to eat and drink sufficient amounts to maintain or promote their health and told us they enjoyed the food. One person told us, "The food is fantastic, it is always good." When we arrived we saw people were asked where they would like to sit in the dining room and then asked what they would like for breakfast. Where people were assessed as being at risk, monitoring charts were in place, which included the reason intake was to be monitored, and these were reviewed by the care team manager at the end of each shift. This helped to ensure that any action to address a poor intake could be taken promptly.

On the intermediate care unit we noted staff making a sandwich for a person who had not had any appetite since they arrived at the unit. The sandwich was cut up into bite sized pieces to encourage the person to try some. The person's relative said they had lost their appetite because they were unhappy and anxious being away from their own home for the first time in many years. They told us that staff had done all in their power, providing support and their favourite foods to encourage their relative to eat. We were told by health care professionals that the appropriate referrals were made as needed, for example to the dietician. People were positive about the food which looked and smelled appetising. The chef manager told us that they were aware of the different dietary requirements as this was recorded on the daily menu sheets and staff kept them informed when new people moved into the enablement or intermediate unit.

There was a daily presence of health care professionals on the enablement and intermediate units. These included GP's, district nurses and physiotherapists. Staff worked with them to provide support to help people return home. On the other units, medical professionals were called in to see people when their health needs changed. People were also visited by a hairdresser, chiropodist and opticians as needed. However, one person described symptoms of discomfort associated with a possible infection, which is a common risk for their condition, and told us that this had not been responded to by staff. We reviewed their care notes and saw that additional symptoms had been recorded by care staff for six days. We asked the care staff and the care team manager about this who told us they were not aware of the person complaining of ill health. This meant that as a result had not received medical advice and therefore treatment of the condition.

Due to this person's health condition not being responded to this was a breach of Regulation 12 of the Health and Social Care Act (Regulated activities) 2014.

Requires improvement

Is the service effective?

Relatives told us that as a rule, staff did not accompany people to health appointments. We discussed this with the home manager who confirmed that, where possible, relatives accompanied people to health appointments. However, if this was not possible additional staff were rostered on duty to allow capacity for staff to take people.

We saw evidence on staff rota's where additional staff had been provided to facilitate hospital appointments. On the intermediate care unit people were not accompanied to hospital appointments as this was not contracted by clinical commissioning group (CCG).

Requires improvement

Is the service caring?

Our findings

People told us they were not always involved in planning their care. One person said, “Care plans, no we’ve never had one of those.” One relative told us, “We are finding it difficult to find out who to talk to about [their] health or services available.” We discussed this with the management team printed off copies of the service user guide during the inspection for people on the enablement and intermediate units. Staff told us that people were more involved on the six monthly reviews rather that the monthly updates. We saw that the six monthly reviews recorded the signature of the person or a relative where appropriate.

People’s privacy and dignity was not consistently promoted. Although one person told us, “They are always very careful, they close doors and make sure people don’t come in and out.” We saw that bedroom doors were open or closed depending on people’s preference. One person said, “I have mine on the jar, but I could have it shut if I wanted to.” We saw staff knocked before entering a room. Some people had key safes installed so that they could lock their doors if they wished.

However, we saw on two occasions, one person who was being transported through communal areas in a wheelchair with their catheter bag on show. We also noted people’s care plans were stored in lockable cabinets in the communal areas of each unit but care notes were left on top of sideboards, with some daily records loose in a lounge drawer in one unit. The cabinets were not locked during the course of the day. This was except for Lily Lane where the care plans were stored in an office. Three times we found this office to be standing open with no staff inside. This meant that people’s care plans were not securely stored to promote confidentiality. This was an area that required improvement.

Staff interacted with people in a kind and gentle manner. We saw a housekeeper on Magnolia who chatted with people whilst they moved around the unit. We also heard a housekeeper say to a person, “I would like to go in and clean your room while you are at lunch, would that be alright?” Staff on the ground and first floor units made people feel at home. We heard a staff member on Evergreen unit say, “I am putting the kettle on for elevenses, would you like a coffee?” People had memory boxes outside of their bedrooms and these were personalised and gave a clear picture of the person.

Bedrooms looked cosy with plenty of the personal things in them and there were also items of comfort, such as blankets, cushions and ornaments around the communal areas. When staff spoke about the people they supported they exhibited affection. We were told by a staff member that a person they supported enjoyed birds and nature, so they built them a bird feeder outside of their window as they spent most of their time in bed. This showed that staff knew people well and had developed relationships with them which helped to make them feel valued.

People, their relatives and professionals told us that staff treated them with respect. One person told us, “The carers are always very polite.” Another person said, “They [staff] never complain, they are always friendly and cheerful.” Relatives told us that they were welcomed in the home. One person told us, “I can come in when I want to. I have been here at night in the past when I thought it was necessary.” One health care professional told us that they felt the service provided at the home was very good. They said, “I like the respect they show for the residents here.” We observed staff assisting a person to transfer from a wheelchair to an armchair by means of a mechanical hoist. The staff members spoke with the person throughout the transfer gently re-assuring them.

Good

Is the service responsive?

Our findings

People received care that met their physical care needs. One person said, "You couldn't get any better care." We saw that people were given support with accessing the toilet, pressure care management and getting washed and dressed. People's care plans were mostly up to date and included information on how staff should support them. However, there were some contradictions on two of the plans we viewed. One in relation to if a person had a catheter and the other in relation to the type of mattress a person should have where only parts of the plans had been updated. Care was being provided in accordance with their needs on the day of inspection but the whole care plan required updating to ensure all sections were accurate.

On most of the units we found that people had frequent interaction with staff and were engaged in activity such as games, singing and a coffee morning. However, on the enablement and intermediate units we found that, although people had their physical needs met, there was limited stimulation and interaction for them. People staying on these units told us that they were not aware of activities going on in the home. One person on these units told us, "I have been here two weeks and there haven't been any activities up here." There was a quarterly newsletter to inform people of the activities going on in the home and this was supported by posters displayed around the home. However, people who were only at the home for a short period of time may not have been resident when the newsletter was issued and were not always able to walk around to see the posters. We saw that staff did not engage with people unless supporting them with a task. The regional manager told us that the purpose of the unit was to encourage people to get better and return home, which health and social care professionals told us the home did well, so the main focus was on household tasks and physiotherapy. However, this meant that people were not adequately supported to pursue social interests or take part in stimulating activities in all areas of the home. There was a variety of daily activities on four of the units in the home, the intermediate and enablement units tended to focus on activities that benefitted health, such as physiotherapy, more so than hobbies and interests. Professionals told us that there was a collaborated approach between them and the service to ensure they helped people achieve their goals. We saw people involved in a coffee morning and a quiz but also one to one card games, puzzles and chatting. We saw that people were encouraged to host their own activity such as a crossword evening. There were also gentleman's evenings and a knitting club.

People knew how to raise concerns, give feedback or make a complaint. One person said, "If I wanted to complain I would ask to see the manager." A relative shared with us detail of complaints they had made to the management team. We looked at the manager's complaints records and noted that the manager had responded appropriately. The manager also maintained a 'grumble book' to record issues raised verbally. For example, one issue was that people were not satisfied with the afternoon tea provided at weekends. The manager had met with the chef to discuss this issue and now extra options were provided at weekends for tea.

The service sent out surveys to get people's views and developed an action plan for any areas with suggestions or shortfalls identified. For example, short walks were introduced for a person who wanted more exercise and cooked breakfasts for people who wanted them. We also saw that regular meetings had commenced for people and their relatives to give a forum to discuss events, concerns and make suggestions.

Requires improvement

Is the service well-led?

Our findings

People and their relatives told us they were not sure who the manager was. Some people referred to the care team manager on one unit as being the possible manager. However, staff told us that the manager was on the units most days offering support, giving guidance and making sure everything had been done. All staff spoken with told us that the management team were open and inclusive. We saw the manager walking around the home during the inspection. Some people also told us that they were not sure who the care team managers were. We noted that the care team managers were visible on reception and, for parts of the day, on the units. Their roles included liaising with professionals, supervising care provision and updating care records and were in addition to care staff.

The manager communicated to staff what was expected of them in their roles and the standards expected in the home. Staff meetings were held regularly and notes showed that they discussed any lessons learned from past events, issues or complaints. Staff confirmed this and we saw that a meeting was held on one unit during the course of this inspection. Records for a meeting held on 25 August 2015 showed that various areas of practice were discussed including Health and safety, confidentiality, complaints and legislation. However, it is not clear how effective these meetings were. It was documented that staff must ensure that the cabinets storing care plans must be locked at all times. We found cupboards throughout the home to be unlocked at this inspection. The minutes also showed that all aspects of safe medicine management were discussed but we found shortfalls in medicine practice at this inspection.

The Re enablement unit was managed in line with the provider's policies and procedures but with some NHS staff such as physiotherapists and Occupational Therapists working alongside them. The unit was NHS funded and managed therefore they ensured that people had the equipment and support they needed to go home with via the community routes and therefore provided a different type of service to the other units in the home. The unit manager carried out their regular checks to ensure they were working in line with the relevant standards. However, we noted that the due to other professionals involvement, the management team followed their guidance which contradicted some of the systems the home had in place in other units. For example, ensuring people decided how they spent their day, providing a person centred and holistic approach and establishing meaningful relationships. The regional manager told us, "This is to encourage them to want to move on." We found that this was in contrast to the management and leadership of the other units.

There were systems in place to identify issues and monitor the quality of the service. Where shortfalls were identified, action plans were developed. Audits and reviews were completed by the management team to enable an overview and ensure required actions where completed. We saw the regional manager visited regularly and also an internal auditor. The most recent completed the day prior to our inspection and the manager was awaiting their action plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service did not ensure that medicines were managed safely and in all cases, people had their health needs met.**