

The Jubilee House Care Trust Limited

Jubilee House Care Trust - 20-21-22 Lincoln Close

Inspection report

20-22 Lincoln Close
Welwyn Garden City
Hertfordshire
AL7 2NN

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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 inspection took place on 8 March 2016 and was unannounced. At our last inspection on 9 December 2013, the service was found to be meeting the required standards in the areas we looked at.

20-21-22 Lincoln Close is a care home for six people who are living with learning disabilities. There were six people living at the home at the time of this inspection. It consists of two properties, a two bedroom and a four bedroom flat with a shared garden. Each person has their own bedroom with shared bathrooms and kitchens and each flat contains a dining room and a lounge.

There was a manager in post who had 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 welcomed us into the home and told us they felt safe and happy living at Lincoln Close. Staff were clear about their role in supporting people and about how they positively managed risks to people's safety and well-being. There were clear plans on how to support people to have independence and control over their lives while promoting their safety, comfort and wellbeing.

Staff had received training in how to safeguard people from abuse and knew how to report concerns. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. There were sufficient numbers of suitable staff available to meet people's individual needs. People were supported to manage their medicines safely.

The atmosphere in the home was welcoming and there were positive and caring interactions between the staff and the people who lived in the home. People told us they were fully involved in planning their care and they were encouraged to develop their skills and interests. There were clear plans on how people wished to be supported and the goals they wanted to achieve. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

People's permission was sought before staff assisted them with care or support. Staff were supported to develop the required skills and knowledge to provide care effectively to people.

People's relatives were encouraged to be involved in reviewing people's support plans. People were actively supported to maintain family relationships and friendships.

The home was well led by a manager who knew the people living in the home and supported them to have their views and ideas heard and acted upon. There was a positive open culture with staff working together in an atmosphere which valued their contribution to the service. Systems were in place to monitor the quality of the service and promote continuous improvement.

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 protected by staff who understood the safeguarding procedures and would report concerns.

There were sufficient staff members available to meet people's needs.

People were supported by a staff team who had been safely recruited.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People could choose how they spent their days and were supported and encouraged to engage in a range of activities within the home and in the wider community.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People had confidence in the staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

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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.'

This inspection took place on 8 March 2016 by one inspector who visited unannounced. Before the inspection, we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounge, dining room and were able to observe interactions and the support offered.

During the inspection we spoke with five people who used the service, three staff members, and the registered manager. We looked at care plans relating to two people who used the service and two staff files and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We also toured the building. Following the inspection we contacted four relatives for feedback.

Is the service safe?

Our findings

We saw people were relaxed and related easily with staff throughout the day of our inspection. There was a calm friendly atmosphere. Everyone we spoke with living at Lincoln Close said they felt safe. One person told us "I feel safe here and I am happy" Relatives said they were confident about the care their relative received that it was safe and there were sufficient staff available.

Staff had a good understanding and knowledge of how to safeguard people against the risk of abuse. They had received training which they said was clear and helpful. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly. There had been one safeguarding incident last year which was acted on immediately with all relevant agencies informed and involved in supporting the person. The manager is the safeguarding champion of the organisation and carries out audits of each of the homes within the organisation. Safeguarding is a standing item on the staff team meetings so staff can discuss any aspect of safeguarding or ask any questions. All the staff were aware of the whistle blowing policy and said they were encouraged, by the provider, to use it should the need arise.

People were involved in assessments to help manage risks that could occur in many areas of their lives. For example, within the environment such as when working in the kitchen, or when outdoors such as road and stranger awareness as well as areas around how people behave. One person told us "I can answer the door but I always tell staff if I do not know them". There were risk assessments which identified the triggers which could initiate behaviour which challenge others, which detailed how staff should manage these situations to ensure the safety of the individual as well as other people who may be present. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example one person's care plan stated "If I am talking too loudly please remind me in a nice way to be quieter and use an indoor voice" while another care plan addressing ways people may welcome people said "Please remind me if it is more important to shake hands".

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Staff records confirmed checks had been made to ensure they were safe to work with vulnerable adults before a position was offered to them. One of the people living in the home said how they helped introduce new staff into their home. "I show them around the house, show them the fire alarms and tell them which bins they need to use".

Staff told us there were sufficient numbers of staff on duty to keep people safe. There were always two staff on duty during the day with a sleep in shift each night. However this was increased to three staff to provide extra support in the evenings on Thursdays to Mondays. We saw staff had time to sit and support people, as well as engage people in activities.

People kept their medicines in their rooms in a locked cabinet. There were clear assessments of people's

capacity to manage their own medicines. One person was completely self-medicating and called the staff when they had taken their medicines. Other people were supported by staff observing or prompting them to take their medicines. We saw there were suitable arrangements for the safe storage, management and disposal of people's medicines. One person's medicines assessment stated "I like staff to check that I have taken my medicines. I will need support on a short course of medicines; I cannot swallow tablets so I chose soluble or liquid medicines".

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in First Aid. Staff were clear about their responsibilities in maintaining a safe environment for people. We saw arrangements about what to do in the case of a fire was discussed with people living at the home. Everyone spoken with knew what to do in an event of a fire. "We need to leave if we hear the alarm" one person said. Each person had a personal emergency evacuation plan. (PEEP)

Is the service effective?

Our findings

People told us staff were good at supporting them and knew what support they needed. We observed people made decisions about their care and what they wanted to do. One person who gave us a tour of the home showed us where everyone had a picture of their key worker, saying "They really help us we can talk with them and they help us do things".

Relatives all spoke very positively about staff and their skills at helping their relatives be relaxed and happy. One person said "My [relative] is encouraged by the staff, they really are helpful to all of the people there".

Feedback from other professionals said how staff had good knowledge of the people they supported and were keen to have people's wishes respected.

We saw staff knew people well, were aware of their needs and met them in a way which encouraged, involved and promoted people's abilities. We observed interactions during the day and how staff managed various situations. Staff were consistent and kind when relating to people. They listened and responded clearly. For example one person wanted staff to do something straight away even though they were busy with someone else staff were patient and explained why they could not do it straight away but they would once they had finished.

Staff told us they had an annual competency book for the key areas of their work to support them in maintaining and developing their skills. They had continual professional development and were supported to attend any training that helped them in supporting people. Staff said they had received training in managing behaviour which challenged and worked together as a team to ensure consistency of approach for people.

The manager said regular team meetings were held to enable the staff team to highlight areas where more support was needed and to encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues and said that the registered manager was always available for advice or support. All staff said they worked as a team and felt supported in their role by the manager and their co-workers. Staff confirmed they received regular supervision and an annual appraisal of their work.

People were encouraged and supported to be actively involved in any decisions about their life. When people were unable to give their consent a best interest decision was made with key people in their lives. We saw a good example of how a best interest decision was arrived at. We observed people making choices about their care throughout the inspection. One of the staff member said "We ask people what they would like to do, encourage them to make choices they are all adults and we are here to support them".

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff knew about how these principles applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority in respect of some people who lived at Lincoln Close which were still pending an outcome.

Whilst consideration was given to the age of people in the home and meals their peers would enjoy staff were mindful about the need to support healthy eating. People were encouraged to follow healthy diets and met together with staff each Sunday to decide on the menus for the week. Staff said it was an informal meeting where everyone was involved who wished to be. One of the people in the home said "The food is lovely I chose the cod". Staff had created, together with people in the home, a healthy eating folder with different recipes to try for example a vegetable chilli bowl which is a favourite. People are involved with the shopping and cooking. On the day we visited one person was making hot drinks for everyone.

Relatives said how people were supported to maintain good health and access relevant healthcare services where necessary. They were confident they would be told of any concerns and kept up to date if there were any health concerns. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One person's relative preferred to accompany them to medical appointments and this had been facilitated by staff. Everyone had an annual health check, regular visits to the dentists and other professionals as required. People were referred to mental health services when required. The manager and staff said they worked in partnership with all parties to ensure the best outcome for people. We received positive feedback from professionals about the support the staff offer people in the home.

Is the service caring?

Our findings

We were welcomed into the home and shown around by one of the people who lived at Lincoln Close. "I can show you around and I can show you my room" There was a warm, and relaxed atmosphere within the home with everyone relating in an easy way. Another person said "I like the staff they help me". People felt at home in the small staff office and respected staff when they said they needed to have a private conversation.

Relatives had positive comments to share about the staff team and how they related to their family members and to them. "Staff are kind, friendly and make the place homely. They are easy to talk with. My relative is always happy they like the staff and the staff know and understand them and they support them really well". All the relatives said they were made to feel welcome when they visited and staff would facilitate visits if necessary.

We observed staff relate to people in a kind caring way which promoted their self-esteem and encouraged their independence. There was a separate telephone in the lounge for people who lived in the house which people said they were happy to have. One person told us how they had their own mobile phone and let staff know when they were coming back from being out. Everyone was given the option to have their own front door key.

Staff were patient and gave people time to explain themselves and gave encouragement to people to make choices. For example one person decided they did not wish to attend their current day centre but wanted to change to another day centre. The manager listened and contacted a social worker to follow up. The manager explained there was not a routine everyone was encouraged to decide what they wanted to do

People's care records clearly detailed their preferences and showed how they liked being supported. We observed staff using the information when they were relating to people. When we asked a staff member how did they know how to support someone when they started they said they read peoples care plans and then asked them how they wished to be supported. People told us they helped create their care plans and reviewed them regularly with their key staff member. One person told us "We look at it and I then sign it too."

We observed how people and staff were respectful to each other and people's privacy and dignity were respected and promoted. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff respecting people's privacy by knocking on entry doors to people's private space. The manager told us staff rang the bell to gain entry to Lincoln Close as "It is their home and needs to be respected". In the minutes of house meetings we saw the manager reminded everyone that their bedroom was their own private space and as such people needed to seek permission before entering someone's room. Everyone had made a promise to one another they would always ask each other's permission. We observed one person who was taking a cup of coffee to another person living in the home say to a staff member "I will knock on their door first before I go in".

Is the service responsive?

Our findings

People were fully involved in creating their plan of care and support with the staff team and of reviewing them regularly to reflect any changes in their circumstances or in their goals. One person told us "I am very happy with my key worker we talk". Relatives spoke positively about the staff and how well they knew and supported their family member.

Feedback from professionals was also positive saying staff provided personalised care that was responsive, kind and considerate.

The two care plans seen gave a clear picture of how people wanted to be supported, identified any health, communication or behaviour needs and peoples preferred social activities. These were regularly reviewed to ensure staff supported people in the way they wished. Relatives said they were involved in reviews and one relative spoke of how the staff rearranged reviews in such a way as to help them attend. There were close working relationships with other professionals to make sure peoples physical and mental health needs were addressed.

The registered manager we spoke with said they were working with people to be more involved in their finances. Currently people kept their own monies securely in their room but the registered manager was looking for each person to open their own bank account following the appropriate assessments in order to further develop their life skills..

Four people showed us their rooms and how they had chosen the colour scheme and decoration. One person was awaiting delivery of furniture that has been designed for them. Each person's room was personalised to their taste and personality. People said they chose the colour of the lounge and had decided to remove an exercise bike they had to give more room.

People took part in a range of social activities which included going out to a Gateway club, the local pub, having drumming lessons, manicures, attending a monthly church for adults with learning disabilities. People said they enjoyed their trips to the local pub and enjoyed meals out. Some people chose to go to day centres and two people worked in local shops. One person showed us what they were going to the shops to buy later in the day. We saw people were supported to maintain friendships and also keep contact with their families. One person spoke of visiting a friend and how they then came to see them also.

People said staff listened to them and there were regular house meetings where they could talk about things they wished to do as well as any issues to do with the house. These meetings were documented and anything raised was followed up. At the last meeting people spoke about their holiday ideas which were agreed they would finalise with their keyworkers before the end of March.

People were encouraged to raise any concerns, worries or problems they had with their key workers or during regular house meetings. All the people spoken with said they could tell any of the staff if they were worried or unhappy. Relatives said they were confident they would be contacted if there were any concerns

and all said they felt they could approach the manager or any of the staff with a concern and it would be dealt with. On relative said "Staff contact us if there is any problem they are all so approachable I would have no worry talking to them about anything". Staff told us advocacy services were available if people needed additional support.

Is the service well-led?

Our findings

We had positive feedback about the manager from people living in the home, relatives, staff and other professionals. One staff member said "The manager is great she helps where she can and she builds up your confidence". People described the manager as supportive, always having an open door, proactive and approachable.

The home was well led and managed. There was a clear focus on the people who lived in the home which meant that choice, independence and respect were central to how the home operated and support was provided. These values were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture which benefited everybody at the home.

All staff said how they worked as a team and felt valued by the registered manager and their other colleagues. One of the relatives commented "All the staff are friendly and get on well with each other as well as with our relatives; it's a homely friendly place".

There were regular staff meetings which the staff appreciated and felt able to contribute to. Staff also had regular individual supervision which was another forum for staff to communicate as well as be supported and receive feedback about their work. Staff were clear about their roles and the focus on people who they supported and enabling them to be as independent as possible. One staff member said "It's a really good team everyone gets stuck into doing everything. Each one is supportive and it makes a difference to the people we support".

The provider arranged for an independent feedback survey to be carried out for each of their services. The results were positive and any suggestions had been noted and acted upon. Relatives said they felt their relatives' voice was heard in the home and their suggestions taken seriously.

There were systems in place to assess the quality of the service they provided. These included audits of care plans, medication, health and safety audits and audits to assess the cleanliness and level of infection control within the home. People living in the home supported staff with some health and safety checks. The provider had appointed different managers as champions in various areas including safeguarding, healthy eating, infection control and they carried out regular audits and offered support to people and staff.

The manager and staff created an open culture with a shared vision of care and support tailored to encouraging each person to develop their skills and work towards their goals. People were treated with respect and dignity and had relaxed and positive relationships with care staff.