

Jubilee Care Homes Nottm Limited

Windsor House

Inspection report

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Tel: 01159818096

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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 27 September 2017. The inspection was unannounced. Windsor House provides accommodation, care and support for up to six people with a learning disability. On the day of our inspection five people were living at the service.

The service had a registered manager in place at the time of our inspection. 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 felt safe and were supported by staff who knew how to recognise and respond to allegations or incidents of abuse. Risks to people's health and safety had been identified, assessed and measures put in place to minimise the risk of harm.

People were supported to take their prescribed medicines and medicines were managed safely. People were supported to eat and drink enough and to maintain their health.

People were supported by sufficient amounts of staff who were providing with training and support to carry out their roles effectively. People could be assured that safe recruitment practices had been followed.

People's right to make decisions for themselves were respected and staff acted in the best interests of those people who lacked the capacity to make their own decisions. People who sometimes communicated through their behaviour were supported by staff who recognised how to support them and respond in a positive way.

People were supported by staff who were kind and friendly, treated them with dignity and respected their privacy. Staff knew people well and respected their choices. People were provided with information which was accessible to them and had access to advocacy services if required.

People received personalised care which met their needs and reflected their preferences. People were supported to maintain their independence as much as possible to pursue their interests. People could be assured that complaints would be taken seriously and acted upon.

Windsor House had a positive and open atmosphere and people and staff felt involved in the running of the service. People could be assured that there were effective systems in place to monitor and improve 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 was safe.

People were protected from the risk of abuse and risks to people's safety were assessed and managed.

People were supported by sufficient amounts of staff.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received support and training to help them carry out their roles and responsibilities effectively.

People's rights to make decisions for themselves were respected and staff acted in the best interests of those people who lacked the capacity to make their own decisions.

People were supported to eat and drink enough and to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and friendly, treated them with dignity and respected their privacy.

Staff knew people well and respected their choices.

People were provided with information which was accessible to them and had access to advocacy services if required.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which met their needs and reflected their preferences.

People were supported to maintain their independence as much as possible to pursue their interests.

People could be assured that complaints would be taken seriously and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and staff were involved in the running of the service.

Staff felt supported by the management team and described a positive and open atmosphere at the service.

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

Windsor 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.

This inspection took place on 27 September 2017. The inspection was unannounced and the inspection team consisted of one inspector.

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, such as allegations of abuse or serious injuries, which the provider is required to send us by law. Before the inspection, the provider completed 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 visit we spoke with two people who lived at the service. We spoke with two members of care staff, the registered manager and the operations manager. We looked at the care records of two people who lived at the service and the medicines records of three people. We also looked at the recruitment records of three members of staff, as well as some records relating to the running of the service including policies and audits carried out by the registered manager. Following our visit we contacted two relatives of people who lived at the service and asked them for their views.

Is the service safe?

Our findings

People felt safe in the service. Both of the people we spoke with told us they felt safe and would approach staff if they were concerned about their safety. One person told us, "Yes (feel safe). I'm fine. I would talk to [Operations manager] or [Registered manager] if I was upset. There is always someone I can talk to." People's relatives also felt their relation was safe as there was always staff at the service and their relation was always happy to return to the service after visiting. We saw that information was available in the service and records showed that people had discussed what abuse meant and how they could keep themselves safe during meetings.

People were supported by staff who were knowledgeable about different types of abuse which may occur and how they would respond to any allegation or incident of abuse. They told us they were confident the registered manager would take appropriate action in relation to concerns about people's safety and were aware of the role of external agencies in investigating abuse. One staff member commented, "I would speak to my manager. [Operations manager] would be involved. I would go to the (local authority) safeguarding team if I needed to. There is information on the board." Records showed that appropriate information had been shared with the local safeguarding authority when required.

People were supported by staff to maintain their safety and manage risks to their safety and welfare. People's support plans contained individual risk assessments in relation to different areas of risk such as maintaining safety in the community, going out in the car and risk of scalding. Records showed that identified risks were assessed and regularly reviewed to ensure that measures in place were effective and as least restrictive of the person's rights and independence as possible. Some people who lived at the service communicated through their behaviour. For these people there were clear plans in place for staff detailing how to keep the person and others safe. The staff we spoke with were knowledgeable about the different risks to people's safety and how these could be minimised.

Records showed that regular safety checks were carried out at the home, for example, testing of water temperatures, emergency lighting and fire alarms. Staff told us they had received training such as fire training and first aid training and would use this knowledge in the event of an emergency. People also had individual fire evacuation plans which detailed the support they would need to evacuate the building in the case of a fire.

People felt they were supported by sufficient amounts of staff. One person told us, "(Staff are) always there if I need them." During our inspection we observed there were enough staff to support people with daily activities and to attend appointments. One of the relatives we spoke with told us that their relation was able to access the community with staff support but felt they were not always able to pursue their own interests as people went out in a group. We spoke to the registered manager about this who gave examples of how staff were deployed so that the person was supported to maintain their interests.

Staff we spoke with felt there were sufficient numbers of staff to meet people's needs. One staff member told us, "(Staffing levels are) very good. There are enough staff to take people out." The operations manager told

us that staffing levels were adjusted according to people's needs such as whether people required support to attend appointments. We saw from records that sufficient numbers of staff were planned and provided each day.

People could be assured the provider had taken steps to protect people from staff who may not be fit and safe to support them. For example, checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff commencing work at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults and are used to assist employers in making safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained and were kept in staff files.

People received their medicines when they needed them. People told us they were supported to take medicines which had been prescribed by their doctor if they needed them. Staff told us they had received training in the administration of medicines and had their competency to administer medicines assessed every year. Records we viewed confirmed this to be the case in addition to the action taken when a medicines error had been made.

Staff were provided with information to aid the safe administration of medicines including a record of the person's doctor, a photo of the person and a record of any allergies. We found that this information was not always recorded in the same place and the operations manager told they had ensured this information was consistently recorded following our inspection. We found that staff had recorded when they had administered medicines and were following safe protocols to ensure medicines were given as prescribed. For example, a member of staff told us that two staff would check the medicines against the medicines administration record to ensure these were correct. Medicines were stored safely and securely and regular audits were carried out by the management team which we saw were effective in identifying any issues, such as when temperature checks had not been recorded. This meant that systems were effective in ensuring that medicines were stored and administered safely.

Is the service effective?

Our findings

People told us they felt staff displayed appropriate knowledge and skill in meeting their needs. One person confirmed that staff knew how they liked to be supported and another person told us that staff, "know what they are doing."

The staff we spoke with told us they felt supported by the management team to perform their roles to the best of their ability. They confirmed they received an induction when they commenced working at the service which consisted of working alongside experienced staff. They also told us they had time to read policies and procedures and people's care plans to enable them to support people in the most effective way. Staff also confirmed they received regular supervision to discuss their performance, any training they required and different areas of service provision. Records we viewed confirmed that staff had received an induction when they commenced work and regular supervision.

People were supported by staff who had received training appropriate to their roles. The staff we spoke with described the training they received as "amazing" and "really, really good." They gave us examples of how the training they had received supported them in their role, such as responding to behaviour which could challenge. The registered manager confirmed that all staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. In addition, records showed that staff had completed other areas of training which the provider had identified as mandatory such as first aid and fire training.

People were supported to make decisions on a day to day basis. The people we spoke with told us, "I choose when I get up and go to bed" and another person confirmed that staff always asked for their consent before providing care and support. People's relatives also felt their relation was able to make decisions about how they spent their day. One person's relative told us, "They do ask [relation] who will say if doesn't want to do something." People's care plans recorded that people had consented to aspects of care provision, such as having their photo taken.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff showed a good understanding of the principles of the MCA and told us that people were supported to make their own decisions if they were able. They told us that people's support plans informed them when people had been assessed as lacking the capacity to make certain decisions and how to support them in their best interests. Records confirmed this to be the case. We saw that people's support plans contained clearly documented capacity assessments and best interest decisions in relation to specific decisions such as the management of finances or the management of medicines. This meant that people's rights under the

MCA were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that applications to deprive people of their liberty had been made if needed. For example, one person needed the support of staff to access the community safely and was not free to leave the service unsupported. We checked this person had a DoLS authorisation in place and that any conditions of authorisation were being met. Staff were aware of which people were subject to a DoLS authorisation and the registered manager ensured that people were not deprived of their liberty unlawfully.

People who sometimes communicated through their behaviour were supported by staff who recognised how to support them and respond in a positive way. There were support plans in place informing staff of how best to support the person which included information about potential triggers for behaviour and how staff should respond in the least restrictive way. When we spoke with staff they displayed good knowledge of people and the information contained within support plans.

People were supported to eat and drink enough to maintain their health. People told us they liked the food and gave examples of meals they had eaten and enjoyed such as shepherd's pie and take away meals. People told us the food they liked to eat was included in menus at the service and that they helped staff prepare meals. We observed that people were supported to eat and drink sufficient amounts throughout the day of our visit and that people's preferences about what they ate were catered for.

People's support plans contained information about the support people required to eat and drink, including about how people should be supported to eat a healthy and balanced diet. Any potential risks in relation to people's nutrition had been assessed, such as a person choosing to regularly eat the same thing. The staff we spoke with told us about the support they gave people to encourage healthy eating, for example if the person wished to lose weight or had a healthcare condition which was impacted upon by what they ate.

People were supported to maintain their health and had access to external healthcare professionals. One person told us they were supported to see the doctor and described how staff supported them to manage their anxiety about injections. Relatives we spoke with told us their relations were supported to attend healthcare appointments.

People's healthcare needs were detailed in their support plans and each person had a health action plan specifying the support they required to maintain their health. For example, one person had a detailed support plan in relation to their condition which provided staff with information about the signs and symptoms of deterioration in the person's health and what action they should take in response. Records showed that people had attended a variety of healthcare appointments as required such as with the community nurse, GP, optician and dentist. Staff described the action they would take if they noticed a deterioration in a person's healthcare.

Is the service caring?

Our findings

People described positive relationships with staff who were caring. For example one person told us, "[Name of staff member] is my friend" whilst another person told us, "They (staff) are kind. They help with everything." People's relatives also felt that staff were kind and one person's relative told us that their relation felt comfortable approaching certain staff members with any problems they had.

People were supported by staff who interacted with them in a friendly and positive manner. We observed that staff interacted with people respectfully and supportively. For example, one person sighed loudly and a staff member asked them if anything was the matter. Another person had a healthcare appointment on the day of our visit and was encouraged to leave for their appointment at a suitable time in a friendly and jovial way.

Staff told us they had time to sit and talk with people and read their care plans in order to get to know people, their backgrounds and interests. The records we saw contained lots of information about people and what was important to them, such as their preferred name, how to tell when they were unhappy and what made them happy. Important information about how to help the person maintain family relationships and express their individuality was recorded and contained clear guidance for staff. The staff we spoke with were aware of people's support needs and likes and dislikes.

People were encouraged to make day to day decisions and contribute to their support plans. People confirmed they were involved in decisions about the support they received. Staff confirmed they checked with people about how they wished to be supported. One staff member told us, "People will decide what they want to do." Records showed that people were supported to identify different goals in relation to aspects of support such as personal care or eating and drinking.

On the day of our visit we saw that people were involved in producing a complaints leaflet which included photos and was personalised to them. We observed that people were asked their opinion on the format they wished the leaflet to be produced in. People also told us they made decisions about the decoration of their bedrooms and the bedroom we saw was personalised to reflect the person's preferences. This meant that people's views were sought about different areas of service provision and their preferences respected.

People's support plans contained information about how the person communicated and information was available in formats that people would be able to understand. This included pictorial information produced by people living at the service about abuse and dignity. People were also supported to access advocacy services if required. Advocates are trained professionals who support, enable and empower people to speak up. Information about advocacy was available in the service and the registered manager told us that advocacy was discussed at meetings with people to ensure people understood their rights to access an advocate. The registered manager told us that one person was currently using an independent advocate.

People were treated with dignity and respect by staff. People told us their privacy was respected if they chose to spend time alone in their rooms, with family and friends or when they were on the phone. People

had a good understanding of the rights to privacy and dignity and had been involved in developing information about how they were supported with this, such as reminding people and staff to knock on doors before entering. The staff we spoke with were very knowledgeable about the need to respect people's privacy and dignity and provided several examples of how they did this. For example, they spoke about the importance of keeping information about people confidential and people having the opportunity to lock their bedrooms and use 'do not disturb' signs.

Is the service responsive?

Our findings

People received personalised care which met their needs and reflected their preferences. Both of the people we spoke with were aware of their support plans and told us they felt listened to by staff. One person told us about the things they liked to eat and activities they liked to do and told us that staff supported them to do these things. Another person told us they had input into their support plan and stated that staff, "check I am happy" with the support provided.

The provider told us in their provider information return (PIR) that, 'Life history work is undertaken and a folder has been created with input from the individual which includes photographs, likes, dislikes, who is important to them and activities that they have done.' We saw two examples of these folders during our visit and one person showed pride when showing us this information which included photos of activities they had undertaken and people who were important to them.

The staff we spoke with were knowledgeable about the needs and preferences of the people they supported. They told us they had time to read people's support plans and were able to contribute information. One member of staff described the information contained within support plans as "brilliant." People's support plans were regularly reviewed and updated when changes occurred. For example, one person's support plan was updated on the day of our visit following an external meeting so that all staff were updated on how the meeting went and future plans.

People were supported to maintain and develop their independence as much as possible. People told us they helped staff prepare meals and accompanied staff when shopping for food items. People's support plans also contained detailed information about what people could do for themselves and what tasks they needed staff support for. On the day of our visit, we observed that some people were independent in accessing the community. The staff we spoke with also felt that people were supported to remain as independent as possible. One staff member told us that people were "definitely" supported to be as independent as possible.

People were supported to maintain and develop their hobbies and interests and to lead an active social life. One person told us they liked going to the cinema and singing in a choir and confirmed they regularly got to partake in these activities. Another person confirmed they had engaged in their preferred activity on their birthday. One staff member described how a person living at the service had an interest in sports and told us the person was supported to pursue this interest in the community. We also observed the person being supported to play football in the garden on the day of our visit and playing a sports themed game with another person who lived at the service. The staff we spoke with told us that staffing levels were adjusted so that people could be supported to pursue their interests accompanied by staff if required.

People's support plans contained details of relationships which were important to people and how they should be supported to maintain these. The people we spoke with confirmed they regularly got to spend time with people who were important to them. The operations manager described how they supported people to manage complex relationships, such as relationships with family members and records confirmed

that staff were proactive in supporting people to manage tensions which may arise between people who lived at the service. For example, records showed that a meeting had been held with people who lived at the service to resolve an issue which had arisen.

People felt confident to raise any concerns they had and felt these would be responded to. One person told us they regularly saw the registered manager and would speak to them or the operations manager if they had any concerns. Another person told us, "I would speak to [operations manager], they would listen." One person's relative told us they were concerned about some information their relation had provided and that staff responded appropriately to their concern and gave them information which alleviated this. On the day of our visit one person was involved in producing personalised complaints leaflet which provided people with information about how to make a complaint in a format they would understand.

People could be assured that complaints would be taken seriously and acted upon. The staff we spoke with knew their responsibility to report any concerns raised with them to the registered manager. Staff were confident that the management team would act appropriately in response to any concerns or complaints raised with them. Records showed that two concerns had been raised by people living at the service in the last 12 months and these had been recorded and responded to.

Is the service well-led?

Our findings

People told us they were happy living at Windsor House and spoke positively about the support they received from staff. One person told us, "Staff know what is important to me. We have meetings and you can say what you want. It is good support." People's relatives also felt their relation was happy at Windsor House and they felt listened to by the provider. One person's relative told us, "[House manager] lets me know their thoughts. I can talk to [house manager]."

People were supported by staff who felt listened to and told us they were able to raise concerns or make suggestions about how the service was run. One staff member told us, "It is a lovely atmosphere, I enjoy it. 100% wouldn't hesitate to raise a concern. It would be acted upon. We have staff meetings and individual meetings where we can make suggestions. I feel comfortable to raise concerns if needed." Staff told us they received feedback from the management team about their performance. One staff member told us, "I ask for feedback and get it. We get time to reflect on our performance. I love it." Records showed that when a medication error had been made in the service, the staff member involved had written a reflective account to describe what they had learnt from the incident and how they would ensure this would not happen again.

People who lived at Windsor House had a say in how the service was run. The provider told us in their PIR that, 'Weekly speaking up meetings are held where each individual can have their say and input into what they would like to do, such as meals out, holidays etc. Bi monthly service user meetings are held and anything raised is acted upon.' The people we spoke with confirmed that they attended regular meetings where they could make suggestions which were acted upon. In addition, people, their relatives and professionals were asked to complete a quality assurance questionnaire on an annual basis. The results of the last questionnaire which had been completed in January 2017 had been collated and showed a high level of satisfaction with the service.

The service had a registered manager in post at the time of our visit. The registered manager also had responsibility for managing other services operated by the provider and told us how they divided their time between the services. All of the people and staff we spoke with told us that the registered manager maintained a visible presence. The registered manager was also supported by a deputy manager and the operations manager. The management team worked together to ensure that management support was available to staff at all times.

The registered manager told us they felt supported by the provider and had the resources and information they needed to fulfil their responsibilities. They told us that a member of the management team would review any incidents or accidents which had occurred at the service and would take the appropriate action to respond to these and ensure people's safety, for example by ensuring that a referral had been made to the safeguarding team if required. We checked our records which showed the registered manager had notified us of certain events which had occurred in the service. A notification is information about important events which the provider is required to send us by law.

Throughout our visit we observed that people who lived at the service had a good relationship with the

registered manager and operations manager. We saw that people felt comfortable approaching the management team for information. People's relatives also confirmed this view, one person's relative told us, "[Relation] has got people to speak to."

The service sought to promote people's rights and offer people person centred support which recognised their differences and promoted equality. All of the staff we spoke with described how they supported this vision by offering people choices and support to make decisions, pursue their interests and achieve their goals. The staff we spoke with were reflective of the support they gave to people and aware of the need to promote people's independence and let them do as much as they were able for themselves.

People could be assured that the quality of the service was monitored by the provider. The deputy manager carried out weekly audits of different areas of service provision such as the environment, medicines, staffing and support planning. The registered manager checked audits to ensure these were effective in identifying and responding to any areas of improvement. The operations manager also carried out regular audits to ensure the registered manager was responding to any issues in relation to service provision.

The provider had signed up to the Social Care commitment. The Social Care commitment is a promise made by people who work in social care to give the best care and support they can. The staff we spoke with told us they felt the staff worked well as a team to deliver the best support they could to people. They were positive about the feedback they received from the management team to do so. Records showed that observations of staff support were carried out by the management team and we saw that feedback was provided to staff during supervision meetings.

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