Imperial Healthcare (UK) Ltd

Jubilee Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Jubilee Court on 28 and 29 August 2018. The inspection was carried out by an inspector and an expert by experience. The first day of the inspection was unannounced. Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Jubilee Court provides accommodation for up to 29 people in one adapted building. At the time of the inspection 24 people were living there. People were living with a range of needs related to their mental health or dementia. Some people's needs were associated with old age. Accommodation is provided over three floors with a passenger lift that provides level access to all parts of the home.

The provider had applied to deregister the service. This is because the provider had changed the company name and was required to register this with CQC as a new registration. This means there are two identical reports for Jubilee Court, one for each provider. The registered manager deregistration had taken place at the time of the inspection. There was no registered manager at 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. However, there was a manager at the service.

This is the first inspection for the service under this provider as it is recently registered with CQC.

People received care that was safe. Risks to people were assessed and steps taken to reduce these without unnecessarily restricting their freedom. Staff had a good understanding of the risks associated with the people they looked after. Risk assessments provided guidance staff needed. There were systems in place to ensure people's medicines were ordered, stored administered and disposed of safely. There were enough staff working each shift to meet people's needs. The premises and equipment were safely maintained. Accidents and incidents were reviewed and action taken to reduce the likelihood of any reoccurrence.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. There was a training programme for staff to help ensure they had the appropriate knowledge and skills to support people. Staff received regular supervision and appraisals.

People were supported to eat and drink a choice of food that met their individual needs and preferences. Their health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

People were supported by staff who knew them well and were kind and caring. They were able to make decisions and choices about what they did each day. People's dignity and privacy was respected and staff

had a good understanding of what was important to people.

People received care that was person-centred and met their individual needs and choices. Staff knew people well and understood their care and support needs. There was an activity programme which people enjoyed participating in as they wished.

Complaints were recorded, investigated and responded to appropriately. People told us they were happy to raise any concerns with the manager and staff. The manager was well thought of and supportive to people and staff.

There were effective systems in place to assure quality and identify if any improvements to the service were needed. This included systems to gather feedback from people and staff which was used to improve 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's medicines were ordered, stored administered and disposed of safely.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided the guidance staff needed.

Staff had a good understanding of safeguarding procedures. This meant people were protected from the risks of harm, abuse or discrimination.

Is the service effective?

Good

The service was effective.

People were given choice and staff worked within the principles of the Mental Capacity Act 2005.

There was a training programme for staff and they received regular supervision and appraisals.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring.

People were enabled to make decisions and choices about what they did each day.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was person-centred and met their individual needs and choices. Staff knew people well and understood their care and support needs.

There was an activity programme which people enjoyed participating in as they wished.

Complaints had been recorded, investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The manager was well thought of and supportive to people and staff.

There were effective systems in place to assure quality and identify if any improvements to the service were needed.

Systems were in place to gather feedback from people and staff and this was used to improve the service.

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 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 28 and 29 August 2018 and the first day of the inspection was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included four staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with nine people who lived at the home, one visitor and sixteen staff members, this included the manager and provider. Following the inspection, we contacted four health and social care professionals who visit the service to ask for their feedback.

We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People told us they felt safe living at Jubilee Court. One person said, "Everything makes me feel safe, as it was in my own home." Another person told us, "The staff treat me properly, I would tell someone if not but never needed to." People were protected against the risk of abuse and harm. Staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. They told us how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations. When safeguarding concerns were raised, the manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

People were supported to remain safe at Jubilee Court. Risks were well managed and helped people to remain safe without unnecessarily restricting their freedom. Staff understood the risks associated with people's care and support and a range of risk assessments were in place which provided further guidance. Risk assessments contained guidance about people's mobility, skin integrity, behaviours that may challenge and health related conditions such as diabetes. Where people were at risk of developing pressure wounds there was guidance about regular position changes, the use of pressure relieving mattresses and good continence care. We observed this taking place throughout the inspection.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed. Analysis helped to identify if there were any themes or trends. The manager told us they had identified an increase on falls for one person and they had been referred to the falls team. The person was now receiving support from a physiotherapist to improve their mobility. Information about accidents and incidents was shared with staff to ensure they were aware. This helped them to learn from what had happened and to prevent a reoccurrence. The manager had identified a general increase in the number of accidents and incidents during the recent hot weather. They told us they had ensured people were kept as cool as possible using fans, not going out at peak times, promoting extra fluids and wet cooling foods such as ice-creams and lollies to help reduce the risks. Staff understood their responsibilities in reporting and recording incidents.

People received the support they needed in a safe and timely way because there were enough staff working each shift. One person told us, "I think there is enough staff, there's always someone available if you need it." Throughout the inspection we saw staff responded to people's needs in a timely way and call bells were answered promptly. There were four care staff working each day plus a cook and housekeeper. The manager worked in addition to these numbers. There was an activity person who also worked three afternoons. The manager told us they occasionally used agency staff but shortfalls were generally covered by regular staff who worked extra hours. Staff told us they had worked extra shifts to cover staff shortages over the holiday period. We saw a notice on the staff board thanking staff for doing this. There was ongoing recruitment with a new staff member due to start work at the home shortly.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references.

People received their medicines as prescribed and safely. One person told us, "Medication is always on time and I can have painkillers if I need them." There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR's) were completed and showed people had received their medicines as prescribed. Where people had been prescribed a variable dose of medicine there was clear guidance about how much they should take each day.

Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. Where PRN medicines had been prescribed there were individual protocols in place to ensure people received these appropriately and consistently. During the inspection people were given their PRN medicines when they needed them. Staff were clear that alternative approaches, including reassurance and comfort were provided before people were given PRN medicines for anxiety.

Only staff who had received medicine training and been assessed as competent were able to give medicines. They had a good understanding of people and the medicines people had been prescribed. Regular medicine audits were in place to help identify any shortfalls.

The home was clean and tidy. One person said, "It's clean and tidy here, the cleaning staff are very good." There were designated housekeeping staff who were responsible for the day to day cleaning of the home. There was an infection control policy and Protective Personal Equipment (PPE) such as aprons and gloves were available and used during the inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean soiled linen and clothing.

There was ongoing maintenance and a maintenance program. The manager was aware of areas where improvements were needed and explained that re-decoration at the home was ongoing. Maintenance staff worked at the home three days a week and were available on other days if needed. Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.

Environmental and equipment risks were identified and managed appropriately. One person told us, "I feel safe here, we are so well looked after, and if there is any danger at all the staff would evacuate the building." Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Regular fire checks took place and this included fire drills for staff. Fire alarm testing took place during the inspection. Although people had been told this was a test, some responded to the alarm and met with staff at the designated meeting point. A recent fire risk assessment had been completed and this identified areas where action was required. The manager told us these would be addressed within the suggested timeframes. Some people at the home smoked. There were risk assessments in place to ensure they were able to do this as safely as possible.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills to support them. One person said, "The staff know how to look after me." People's needs were assessed and care and support was delivered in line with current legislation and evidence-based guidance. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. The Malnutrition Universal Screening Tool (MUST) was used to identify people who were at risk of becoming malnourished or dehydrated. These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses. Staff also received advice and guidance from appropriate visiting healthcare professionals which helped ensure care and support was up to date and appropriate.

Staff received regular training and supervision to help ensure they had the knowledge and skills to support people effectively. When staff started work at the home they completed an induction. This included an introduction to the home, the general day to day running, they read the policies and were introduced to people. They completed some training and this include moving and handling. Staff also spent time shadowing regular staff, until they were competent and confident to provide care unsupervised. Induction checklists were in place and these included information about what they staff member had seen, done and discussed. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

There was a training program which included moving and handling, infection control, dementia and safeguarding. Most training was provided online, but practical training such as first aid and moving and handling was provided face to face. There was a weekly audit to identify what training staff needed to complete. There was evidence that this was ongoing. There was information on staff notice boards to remind staff to complete their online training. Staff were aware of their responsibilities to complete this. Competency checks had been completed for staff who administered medicines and the manager showed us further competency assessments were now being introduced. These included, moving and handling, personal care and assisting with meals. A few of these had been completed and the process was ongoing. The manager told us informal competency assessments were currently happening but this new method would make the process more formal and include documentary evidence to support people's learning. Staff were supported to continue their learning and development through further training. This included Diploma in Health and Social Care in levels, 2, 3 and 5.

There was a supervision program and staff received regular supervision. This helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support. Staff told us they felt supported and could discuss any concerns with the manager.

People were supported to eat a wide range of food and drink to meet their individual nutritional needs.

People were offered a choice of healthy, freshly cooked meals, drinks and snacks each day which they told us they enjoyed. One person said, "Food is excellent, I get too much, plenty to drink, good variety." Another told us, "You can compare the food with the Savoy, very well presented and seasoned, tastes delicious." People ate their meals where they chose. Most people ate lunch in the dining room but others remained in the lounge or their own bedrooms. One person said, "I eat in the dining room and it is very good." The dining room was well presented with table cloths, napkins, placemats and condiments. Mealtimes were a relaxed and sociable occasion, one person told us they had, "A very nice experience at meal times."

People's individual nutritional needs were met. One person told us, "Food is very good, but I'm strict with myself, the cook gives us two choices and accommodates my diabetes." Staff told us about another person who was less able to eat due to their general frailty. Therefore, the person's food had been pureed and they were able to enjoy meals of their choice. The cook told us about a further person, who due to their fluctuating mental health, may have periods of time when they chose not to eat or ate less and was at risk of weight loss. When this happened, extra calories were added to the person's meals through fortification. This was stopped when the person began eating and drinking again. People were weighed regularly which helped staff identify if anyone was at risk of malnutrition or weight loss. If concerns were identified then referrals were made to the GP for advice and guidance.

People were supported to maintain good health. They received on-going healthcare support and could see their GP when they wished and when there was a change in their health. During the inspection one person developed a health concern and staff contacted the person's GP for advice and guidance. People told us staff helped them to maintain good health and they could see their GP when they wished. Comments included, "They (staff) arrange a doctor or chiropodist if I need one," "I have not needed to see a doctor but it would be arranged" and "The staff ask after my health." Where people were living with health related conditions staff supported them to attend regular health checks and appointments. Staff worked well with other organisations to provide a coordinated approach to care. Records showed there was joint working with mental health teams, district nurses and the falls team. Where necessary referrals were made for specialist services and medical and nursing assessments. We saw positive written feedback from healthcare professionals. A nurse had praised staff on the high standard of care provided to a person who had received end of life care. A DoLS assessor had commended staff within the DoLS review for one person. They had identified the person had not needed a PRN medicine for anxiety as staff had supported the person sensitively and appropriately.

People's needs were met through the design and adaptation of the home. There was a passenger lift and level access throughout. There were signposts throughout the home which helped people find their way around. The manager told us the design to the home would be constantly reviewed to ensure it met people's needs. For example, as more people were living with dementia there may be the need to review and increase the signage. There were adapted bathrooms and toilets to support people. People could move freely around the home as they wished. There was level access to a rear garden. A number of people smoked and there was a covered smoking area outside which enabled people to smoke comfortably and safely. The garden was well-maintained and people told us this was a place they enjoyed to spend time. There were a number of bird feeders which had been placed at a height for people to attend to.

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. Mental capacity assessments were in place and identified where people lacked capacity. Where appropriate best interest decisions had been made. These were detailed and showed people, their

representatives and health and social care professionals were involved in the decisions. One person lacked capacity to agree to having their photograph taken. The best interest decision demonstrated it was in the person's best interest to have their photo taken for identification in relation to care documents and MAR's to prevent mis-identification. There was further information that this person liked to look well-presented and this was important to them. Therefore, attention should be given to the person's appearance before any photos were taken. This demonstrated the person's beliefs, which they were no longer able to express, were taken into consideration when making this decision.

Throughout the inspection we saw staff offering people choices and asking their consent before they offered care and support. People who were able had signed consent forms to demonstrate their agreement. Staff had a good understanding of MCA, the importance of offering people choices and respecting those choices. Some people made decisions which may be considered unwise, for example smoking and eating a diet that may be considered unhealthy. Staff told us they offered people alternative choices and discussed their decisions with them but understood the importance of respecting people's choices.

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 authorisation procedures for this in care homes and hospitals 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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. There were four DoLS authorisations in place. Some people had conditions attached to their DoLS. The manager was able to tell us about these conditions and told us how they were being met. Copies of the applications, authorisations and conditions were available to staff.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. One person said, "The staff most definitely are kind and caring, they give me time, they discuss my care with me, and they encourage your independence." Another person said, "Very caring staff, very respectful and very jolly." A visitor told us, "The staff are caring; they communicate well with her, gentle, caring and kind."

Staff knew people really well. They had a good understanding of people's physical, emotional and health needs, their likes and choices and what was important to each person. Staff were able to tell us about the people they cared for, their personal histories and how this affected people on a day to day basis. They spoke about people's individual care needs and preferences for example, what time they liked to get up and what they liked to do during the day.

There was a relaxed and happy atmosphere at the home. Throughout the day there was sociable conversation and friendly chatter amongst people and staff. Staff spoke about people with real affection and discussions demonstrated they wanted people to have the best experience they could whilst living at Jubilee Court. One person was distressed and staff spent time with the person, holding their hand, chatting with them and reassuring them. One staff member discussed the importance of showing people affection. They told us about one person who liked to have a hug and how staff did this appropriately in response to the person's needs.

People's dignity and privacy was maintained. One person told us, "I'm absolutely treated with dignity and respect, (staff) knock on my door and ask permission (to come in)." A visitor said, "(Name) dignity is respected, I would mention it if I was not happy with the care." Throughout the inspection we observed staff supporting people to maintain their dignity. Staff identified one person may need to change their clothes, the staff member discreetly suggested this to the person who declined and the person's choice was respected. Staff were observant to situations which may impact on people's dignity. They complimented people on their appearance and we observed staff re-arranging someone's clothing to ensure they were well-presented. People were supported to maintain their own personal hygiene and wear clothes that were well laundered and of their own choice. One person said, "I have a bath every day, I choose my clothes, and I help with my own laundry."

People's bedrooms were personalised with their possessions such as personal photographs and mementos and arranged in a way that suited each person. One person said, "My room is how I want it, and I chose the colour." We saw some bedrooms were full of people's possessions and others were sparse. Staff explained this was how each person liked their room and what was important to them. This helped to make people's bedrooms individual and homely to each person.

Staff had a good understanding of dignity, equality and diversity. They told us they were aware of the need to treat people equally irrespective of age, disability, sex or race. This was demonstrated throughout the inspection. One staff member said, "We listen and respect what people say. We try not to change anybody." Staff told us about one person who spoke a number of languages. Staff who were able, spoke with the

person in other languages. This supported the person's individuality and helped them to feel accepted. People were supported to maintain their spiritual and religious choices. There was information in their care plans and staff were aware of people's beliefs. One person told us, "I go to Church when I want to." Another person said, "I could see a Priest if I wanted to." Staff told us how they had supported one person to attend church each week.

People were supported to make their own choices and decisions and maintain their independence. People told us they could get up and go to bed when they liked and could make their own decisions about what they did each day. Staff supported and encouraged people to maintain their independence. One person wished to buy something from the shop and asked staff to go on their behalf. Staff discussed this with the person and encouraged the person to come with them. The person declined and this was respected.

People were supported to maintain relationships with those who were important to them. One person said, "Visitors are made welcome, offered refreshments." A visitor told us they could visit when they wished. People were supported to spend time away from the home if they chose. The manager told us about one person who wished to spend a weekend with family. The person required a regular injection and staff taught a family member how to do this which enabled the person to have their time away. The manager told us a care package had been arranged for another person to spend some time at home. Although this did not happen due to the person's poor health, it would be re-arranged in the future.

Information about people was treated confidentially. The manager and staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. Care plans were stored securely on the computer and were password protected. Paper records were securely stored. Only staff with appropriate authority could access them.

Good

Is the service responsive?

Our findings

People received care and support that was person-centred and responsive to their individual needs and preferences. Before people moved into the home the manager completed an assessment to ensure the person's needs, choices and preferences could be met at the home. This assessment also ensured staff had the appropriate skills to support the person. This assessment was completed, as far as possible, with the person and where appropriate their relatives. Information from the assessment was used to develop care plans and risk assessments. Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. There was also information about people's hobbies and interests and what they might like to do each day. These were regularly reviewed and updated.

Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example staff monitored and recorded position changes for people who were at risk of developing pressure wounds. For those who needed it they recorded the fluid and food people consumed.

Staff told us about the improvements people had made since living at Jubilee Court. One person had been extremely unwell when they moved into the home. They were unable to walk without support and were declining food and fluids. Over a four month period the person had regained capacity and was now walking independently. Another person, who smoked, had required staff to monitor their cigarettes. This had involved staff, through agreement with the person, providing one cigarette an hour to the person. However, as the person's health and well-being improved they were now responsible for their own cigarettes. Staff told us how they were supporting a further person to find a part-time job. Although this information was within people's care plans we recommended to the manager they consider developing a goal based care plan for some people. This would help develop individual goals which were measurable. The manager told us this was something that would do.

People were encouraged and supported to remain active and have enough to do each day. There was an activity program and this included a range of group and individual activities provided by staff and outside entertainers. Comments from people included, "I do some of the activities; I enjoy the films, not struck on quizzes," and "I do like the activities, I enjoy exercise and quizzes." People's care plans contained information about the activities people enjoyed and what staff should do to prevent isolation. One person remained in bed and the care plan informed staff to play music in the bedroom and spend time with the person. We observed that this happened. When people were not engaged in activities they spent time chatting with each other and with staff. During the inspection we saw one person playing a board game with staff. Other people were entertained by a musical entertainer. The activity co-ordinator had a really good understanding of developing activities that people enjoyed but also stimulated them physically and mentally. We were given an example of word puzzles which people enjoyed as groups, these often resulted in laughter which helped to lift people's moods.

The manager recognised that some people did not wish to participate in activities provided at the home.

Some people were able to go out independently and pursue their own interests. One person told us, "I don't do too many activities, I don't get too involved as I find other things to do, I am quite content." Another person told us, "I love knitting, I don't like activities, I like being in my room." However, the manager recognised the importance of ensuring everybody was regularly asked if they would like to participate or if there was anything they would like to do. The activity co-ordinator regularly spoke with everybody to identify if there was anything they would like to do.

Activities were regularly discussed at resident's meetings to ensure they were what people enjoyed. The manager told us that they may introduce a new entertainer but would not re-book until they had gained feedback from people. This helped ensure activities provided reflected people's interests.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Communication care plans contained information to guide staff. This included whether people wore glasses or hearing aids and if they could use the call bell. Staff communicated appropriately with each person and understood the importance of communicating in a way that met people's individual needs. The manager had recognised as people were getting older some documents were not as easy to read. Therefore, the service user guide and statement of purpose had been produced in a large print format.

There was a complaint's policy in place and the manager had also produced this in an easy read format to promote people's understanding. Records showed complaints raised were responded to and addressed appropriately. People's concerns were addressed as they arose. This prevented them becoming formal complaints. Most people told us they had not had any complaints but would talk to staff if they did. One person said, "If I had a complaint I know who to go to, any problems is dealt with." One person told us they had previously made a complaint and were supported by staff to resolve this. Two people told us they were not always happy with the laundry system. The manager told us they were aware of this and working with people and staff to resolve it. The manager had identified that if concerns were not dealt with they may escalate into formal complaints. Therefore, they were going to introduce a 'grumbles' book where minor concerns could be recorded. The manager told us they could then address all concerns promptly and analyse concerns to identify any themes or trends. Where appropriate, any complaints received were discussed with staff. This helped to ensure, as far as possible, that lessons had been learnt and actions taken to prevent a reoccurrence.

As far as possible, people were supported to remain at the home until the end of their lives. Staff were aware of the support people needed to keep them comfortable in their last days. Care plans showed that people's end of life wishes had been discussed with them and their families. These wishes were respected. Some people chose not to discuss their end of life wishes and this was also respected. Staff liaised with healthcare professionals to ensure the appropriate support was in place. This included anticipatory or 'just in case' medicines which had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Good

Is the service well-led?

Our findings

There was no registered manager at the service. However, there was a manager at the service. The provider had applied to deregister the service and the registered manager deregistration had taken place ahead of the deregistration of the service.

People, spoke highly of the manager. They said they were friendly and approachable. They told us they were happy living at Jubilee Court. One person said, "The staff and manager are kind and approachable; I am happy and settled living here." Another person told us, "Very free and easy place, food is good, staff are nice and I know the manager." A further person said, "It is rather nice living here, we are well looked after." A visitor said, "The manager has introduced herself, and she is friendly and approachable." Throughout the inspection we observed people speaking with the manager whenever they wished. People came to the office to discuss specific matters and just for a chat.

There was an audit system in place which included audits and checks by staff, the manager and an external consultant. Where areas for improvement and development were identified there was an action plan about what was required. These were signed when completed. A dignity audit had identified life histories were not in place. We saw work had started to address this. The manager had worked at the home for a number of years, in different roles, with the previous provider. This meant they had a good overview of what was needed to improve and develop the home.

There was an electronic care planning system which staff accessed via a hand-held device. Copies of each person's care plans had also been printed out. These, and other information, such as medical letters, were kept together and were easily accessible. The manager had also recognised staff needed time to get used to using the electronic devices. Therefore, paper records were also maintained, for example bed rail and mattress checks and activities people done each day.

There was a range of policies and procedures in place. The manager told us these had just been reviewed and updated. These were ready for staff to read and sign. During the inspection it was identified that the policies had not been personalised to the service. The manager told us this would be addressed before they were shared with staff.

The manager worked at the home most days. They were a visible presence and knew people, their relatives and staff well. Staff told us they felt supported by the manager and their colleagues. One staff member said, "Good staff, we're well supported, a lot of on-line training. We have supervision every couple of months, the manager is supportive and approachable." Another staff member said, "I love the team." There was an 'open-door' policy and interactions between the manager and staff were relaxed and supportive.

The manager and staff were committed to good team work and communication sharing. Staff were updated at a handover between shifts which was thorough and staff were able to discuss matters relating to individuals and their care and support needs. There were regular staff meetings and these were used to identify any concerns, inform staff about changes and planned improvements. These meetings allowed for

discussion and communication with staff.

The manager asked for feedback from people, and those who mattered to them, to improve and develop the service through meetings, satisfaction surveys and regular contact with people and their relatives. Feedback was also sought from visiting health and social care professionals. Meetings were used to update people on planned events and changes to the home. Discussions were held about activities and menu choices. When there had been a new activity or entertainer people were asked for their feedback before this was added to the regular activity program. Following a meeting the manager produced an action plan based on people's feedback. For example, people had asked for more boiled potatoes on the menu and boiled and mashed potatoes were now available daily for those who wanted them.

Feedback from satisfaction surveys were also used to plan improvements. Staff views were also sourced through satisfaction surveys. These were followed up with a staff meeting to review the findings. The manager told us they were planning to send out satisfaction surveys quarterly to provide on-going feedback about the service rather than once a year. This would help identify if people were happy with changes that had taken place and recognise where a different approach may be needed.

The manager told us they were able to discuss any concerns or ask for guidance from the provider or nominated individual at any time. They told us they felt supported by the provider. The manager engaged with local stakeholders and engaged with health and social care professionals to ensure they were up to date with changes in legislation and best practice. There were three homes within the provider group and the managers from these three homes supported each other.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. There was a procedure in place to respond appropriately to notifiable safety incidents that may occur in the service.