Parkcare Homes Limited

Jubilee Gardens

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 30 July 2014 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 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service. This inspection was unannounced.

Jubilee Gardens provides residential and nursing care to older people with dementia. It is a purpose built home which provides care for 50 people. The home has four separate units. One supports people who need residential care and the other three support people who need nursing care.

Jubilee Gardens is required to have a registered manager in place. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

On the day of our inspection there were 46 people living at Jubilee Gardens and of those, 34 people required nursing care.

The service did not always engage people in individual interests. Opportunities were missed in supporting people living with dementia to undertake daily life tasks and retain those skills.

People who lived at Jubilee Gardens and the staff who supported them thought people who lived at the home were safe. There were systems and processes in place to protect people from the risk of harm. These included robust recruitment practice, staff training, environmental, equipment, and building audits.

People told us staff were kind and respectful to them. We observed staff being caring to people throughout the time we inspected the home. We saw staff respected people's dignity and privacy when providing care.

We assessed the information provided about the needs of people living at the home and the number of staff available to meet people's needs. We found there were sufficient staff to meet people's needs.

The service employed two staff to provide social and emotional stimulation for people. We saw people enjoyed the group events, however we saw less engagement with people on an individual basis unless it was as part of a care task.

Staff understood they needed to respect people's decisions if they had the capacity to make those decisions. Assessments had been made and reviewed about people's capacity. Where people did not have capacity, decisions were taken in their 'best interest'. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Where people had been assessed as needing their liberty restricted to keep them safe, referrals had been made to the local authority for their approval.

People's health and social care needs were appropriately assessed. Care plans provided accurate and up to date information for staff to help them care for people effectively. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to help keep people safe.

There were effective management systems in place to monitor and improve the quality of service provided. Staff told us they felt able to talk with the manager if they had any concerns or opinions and they would be listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service is safe.

Good

People told us they felt safe living at the home. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

Robust staff recruitment practice meant staff were suitable to work with people living at the home.

Staff understood and followed the Mental Capacity Act 2005 (MCA). The manager had met the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service effective?
The service is effective.

Good

We saw people were supported by staff who demonstrated a good understanding of dementia.

People or their relatives were involved in assessments and care planning undertaken to meet their needs.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

Is the service caring?
The service is caring.

Good

People who lived at the home told us they were listened to and treated with kindness.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Is the service responsive?
The service is responsive.

Good

The service provided a variety of group interests for people to take part in. There were not many opportunities for people to carry out individual interests or hobbies.

The service was responsive to people's changing health care needs. We saw timely referrals and interventions by the GP, dieticians, speech and language therapists, dentists and opticians.

Complaints were responded to appropriately. Information about how to make a complaint was easily accessible to people.

Is the service well-led?
The service is well led.

Good

The staff team had confidence in the registered manager. They told us the service was well led and they felt management at the home was open and inclusive.

Summary of findings

The provider had systems in place to check and improve the quality of service provided by the home.

The provider was implementing best practice initiatives for people living with dementia.

Jubilee Gardens

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors. We were accompanied by a nurse specialist advisor 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. Our Expert by Experience had personal experience of caring for a relative with dementia.

Before our inspection we reviewed all the information we held about the home. This included information we requested from the provider, the Provider Information Return (PIR). The PIR provided us with detailed information about the work undertaken at the service to improve the quality of care over the last 12 months.

We also reviewed information such as notifications (a notification is information about important events which the service is required to send us by law) received from the manager, safeguarding referrals, complaints and any other information from members of the public.

We spent time observing care in the lounge and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 18 people, as well as seven relatives and friends and two other visitors. We also spoke with 12 staff and looked at records. We were unable to speak with the registered manager at the time of our visit because they were on annual leave. We spoke with them on return from leave for information we were unable to get at the time of our inspection.

We looked at eight people's records and other records such as quality assurance audits, three staff records, and complaints, incident and accident records.

Prior to our visit we contacted the commissioners of the service and other health care professionals.

The last inspection was carried out in March 2014. This was a follow up inspection to check three areas which had previously not met our legal requirements. We found improvements had been made in all areas we reviewed. This meant the provider met their legal requirements.

Good

Is the service safe?

Our findings

We asked people who lived at Jubilee Gardens whether they felt safe living at the home. They told us "I feel safe as houses", "It's safe here". We asked relatives whether they felt their relations were safe. They all told us they felt people were safe.

We asked staff how they ensured people who lived at the home were safe. All staff we spoke with had a clear understanding of what constituted abuse and what actions they should take if they saw abuse happen. We asked a few staff what they would do if they saw a person being shouted at or pushed by a member of staff. A typical response was, "It's not acceptable, you would speak with the person and tell them you would report this to management. It would be safeguarding." This meant the registered manager and staff had a good understanding of policies and procedures they had to follow (known as 'safeguarding') if they had concerns a person living at the home had been abused.

We saw the telephone numbers staff should ring if they had concerns about safeguarding in the corridor and porch. We also saw the contact details for the local authority safeguarding team in the manager's office. Staff also told us they had an information pack which told them what to do to report a safeguarding incident. This meant staff had easy access to information to help them know what to do if they witnessed a safeguarding incident.

Prior to our visit we had been made aware of a safeguarding incident in the home. We saw that staff had contacted the manager on witnessing the incident and the registered manager had dealt with the incident according to safeguarding policies and procedures. This meant it was dealt with quickly and the person was kept safe from any further potential harm.

The care notes demonstrated staff responsible for care planning and reviews, had a good understanding of the Mental Capacity Act 2005. Each person had an individualised mental capacity assessment for each area of care provision. For example, it included people's capacity to understand safety, nutrition and end of life care. We saw detailed documentation about decisions taken in the best interest of people who could not make decisions for themselves.

We saw from the provider information report sent to us by the registered manager, that three people had their liberty restricted and had been subject to a Deprivation of Liberty Safeguard (DoLS) authorised by the supervisory body (the local authority). The provider was complying with the conditions attached to the authorisations. We also saw the registered manager was aware of a recent high court ruling which extended the scope of Deprivation of Liberty Safeguards and had started to send further applications to the local authority for them to consider.

We asked staff, people and their relatives whether they thought there were enough staff on duty during the day and night. We were told there were enough staff to meet people's needs. One person told us, "All the staff are really nice people…they haven't got a lot of time…they must walk 100 miles a day." A relative told us, "Staffing is generally very good, occasionally there are not enough but this has improved." A member of staff told us, "Staffing levels are good, there are enough staff to meet people's needs." On the day of our visit we saw enough staff on duty to meet people's needs.

We discussed staffing with the registered manager on her return from annual leave. She felt the service had sufficient staff on the rota to meet people's needs. She informed us that levels of staff sickness had significantly decreased and told us when the rota needed to be covered to accommodate staff absence, the company provided incentives to staff to work extra hours such as offering enhancements to pay.

During the day of our inspection we saw there was usually a staff presence in communal areas to support people. People being cared for in their rooms looked comfortable and well cared for. Call bells were answered promptly.

We saw staff had a good understanding of risk relating to people. We observed a person with dementia getting anxious and telling staff they wanted to go home. Staff diverted their attention to another activity and by doing so, reduced their anxiety. We also saw staff responded well to a person who wanted to leave their unit. This person's liberty had been restricted and they were not able to leave. Staff found ways of diverting the person to reduce their anxiety.

We saw records which demonstrated the registered manager had identified any potential risks to people and had put actions in place to reduce the risks. For example,

Good

Is the service safe?

one person was prone to bruising as a result of involuntary spasms and was prescribed Aspirin. The person's bruising was documented onto a 'body map' which showed where they had bruised and the date. This was looked at by the registered manager and the person's relatives on a weekly basis who signed to confirm they had seen the updates. This meant the registered manager had systems in place to identify and act on any new risks linked to the care of people living at the home.

Is the service effective?

Our findings

We observed staff support people in each of the four units at Jubilee Gardens. We saw staff had a good understanding of the needs of each person and we observed they had knowledge and skills to carry out their care and nursing responsibilities effectively.

We found by looking at training records, and by observing interaction between staff and people that staff had a good understanding of how to respond to the needs of people living with dementia.

For example, we observed a member of staff supporting a person with dementia to eat. The person was not able to communicate verbally. The staff member used the person's hand signals and facial expressions to help them know when to give the person the next mouthful of food.

Staff had undertaken other training considered essential to maintain the health, safety and welfare of people living at the home. This included infection control, moving and handling and people handling, safe handling of medicines, safeguarding adults, health and safety and fire safety. We saw good systems in place to ensure staff had participated in training or updated training to ensure they retained their knowledge and skills.

We spoke with staff about the training they had received. We spoke with a member of domestic staff. They told us they had undertaken the essential training and also went one day a week for a number of weeks on dementia care training. They told us this had been very useful. Another member of staff told us they had recently been nominated and won an award in the West Midlands for being the, "'Best dementia carer." Staff told us much of the training was undertaken on-line but training such as moving and handling people was a practical training session.

The provider information return (PIR) told us staff received work supervision every eight weeks and an annual review of work. This meant staff had regular opportunities to discuss and review their work practice with the manager to support good quality care. The PIR also informed us that new staff received an induction programme where they were required to complete assigned modules on the corporate e-learning programme as well as have a review of their work at the end of a their three month probationary period. This was to ensure that any concerns in performance were identified and acted on quickly before quality of care was compromised. We saw records which confirmed staff received one to one supervision and support to help them undertake their roles.

We found people were supported to eat and drink and to maintain a balanced diet. People had a choice of food and drink, and we found staff knew people's preferences. Care records showed individual needs had been identified and acted upon. For example, people with swallowing difficulties had been referred to the speech and language therapy team, and staff had acted on their advice by providing where appropriate, soft foods and thickened fluids.

We spoke with people about the food and drink they received. People told us they enjoyed the food provided. One person told us, "The food is very good, I eat in the dining room. It's lovely, We have a choice of food." A relatives told us, "The food is OK, they've started to do salads." Another said they enjoyed going through the menu with their loved one as the menu was provided in picture form and their relative understood the pictures. This meant the service was catering to people's dementia care needs by providing a picture based menu.

We looked at how people were supported to maintain good health and have access to healthcare services and receive on going health care support. Prior to our inspection we were informed by a care professional in regular contact with the service that there was good liaison with staff in relation to the safety of people living at home, and referrals to other health and social care professionals were appropriately made.

We saw the service had a weekly visit from the GP, and had links with other professionals such as district nurses, speech and language services, and tissue viability services. On the day of our inspection two health care professions had visited one of the people living at Jubilee Gardens. They told us that staff at Jubilee Gardens had a good understanding of the people who lived at the home, and provided them with detailed information at each visit. This meant they had an effective working relationship.

Good

Is the service caring?

Our findings

During our inspection we spoke with 18 people living at the home and seven relatives. The majority of people using the service told us they felt the staff were caring and kind. One person told us, “The staff are very good, staff are kind.”

We saw staff interact with people on each of the units. We saw many examples of positive interaction. This included seeing staff engaged with people in conversation with gentle humour, holding people’s hands and providing the warmth of touch. We saw one person hug a member of staff and give them a kiss on the cheek. We also saw a care worker being given a small bouquet of flowers from a person living at the home as a thank you for their kindness. It was one person’s significant birthday. Staff had marked the occasion with happy birthday banners and celebrated the person’s birthday by sharing a cake. They explained to other people what the celebrations were for so they could feel included.

During our observations we used a short observational framework (SOFI 2) for inspection. This helped us to gather information about the care provided from the point of view of a person using the service. We used SOFI 2 in one of the communal lounges. We saw staff paid attention to the needs of people using the lounge. They were kind and supportive to people, and interacted with warmth and friendliness.

People told us their dignity and privacy was respected when staff supported them. We saw staff ensure that bathroom doors were closed when people used the bathroom, and personal care was provided in people’s own bedroom or en-suite facility. When people requested assistance with personal care, staff dealt with their requests discreetly to maintain people’s dignity. We saw staff address people by their preferred name.

We saw people were involved in decisions about their care, treatment and support. Care plans showed that people had taken part in decisions about their care and treatment. When people’s capacity was changeable, staff made good use of time when the person was more able to understand what was being asked. For example, one person refused to have a daily wash or a shower. The member of staff wanted to be clear that the person’s refusal to have a daily wash or a shower was in keeping with their preferences before the person lived with dementia. The person explained they had only ever had a stand up wash once a week and had no interest in showers. This meant staff knew this was always the person’s choice and they were not depriving them of something they would have wanted in the past.

We spoke with relatives about the care their family members had received. One relative told us they felt fully informed by staff about the care provided, and they were reassured staff knew the person well. Another relative told us they had been involved with care assessments and staff updated them about the care their family member received.

Good

Is the service responsive?

Our findings

Two staff were employed to support people with hobbies, activities and interests. On the day of our inspection we saw people engaged in a group event of music and movement. We saw white boards in each unit which gave information about events but this session was not written on the boards until just before it started. One person told us, "There are things to do, but I didn't know music and movement was on today." This meant people did not always know about events when they were taking place. We saw those who attended the music and movement session really liked it. Recently a school choir had attended the home. People told us, We had great singers recently, a choir. They were singing outside in the garden. Loads of us sat outside. I ended up playing ball with one of the young boys, it was lovely."

We found when staff undertook care tasks they took their time and used these opportunities to engage well with people, for example, when supporting a person's mobility or when supporting the person to eat. Apart from these periods of time, we did not see care staff have time to sit and talk with people or engage in meaningful interests with them. Staff and relatives told us they did not think staff had enough time to support people with their interests or hobbies. One relative told us, "We would love [relation] to have more fresh air, we would like [relation] to be engaged more and have more social activities." One member of staff told us, "You can't do activities, you just can't do it."

One of the staff told us they were working with care staff to engage with people in one to one interests. They showed us a file they had put in each person's room for staff to record when they had undertaken one to one work. The records held little information about one to one support. This meant the service was not responding to people's individual interests and needs as well as it was in providing group activities.

We saw the registered manager missed opportunities to engage with people in meaningful daily tasks or interests and to maintain life skills. For example, some people might have wanted to help lay the table for dinner or clean their own rooms.

In each care record we looked at there was a section entitled 'This is Me'. This had been completed by the person (where possible), their relatives and a staff member. It included a lot of detail about the person, their likes, dislikes, and details about their lives prior to living at Jubilee Gardens. This helped staff to understand the person, particularly if the person did not have capacity or verbal communication to inform staff themselves. For example, it provided staff with information about the person's family and information about their working life.

The service had recently introduced a 'resident of the day' system. This meant that once a month, the staff would focus specifically on one person. This involved reviewing their care needs with them and providing activities the person had expressed they enjoyed.

Staff obtain people's consent before they carried out any aspect of care. An example of this was at the dinner table. A member of staff said "[person], can I put this protector on you so you don't get food on your clothes?" They then waited for the person to give permission before putting the clothes protector on them.

In the care records, there was information which demonstrated people's health and social care needs were supported by other health and social care professionals in a timely way. Reviews had been held with dieticians, speech and language therapists, the GP, and the dentist. We also saw print outs from NHS Choices in the files of people with more complex health conditions. This meant staff had easy access to information to help them understand the specific needs of people.

No one was receiving end of life care at the time of our visit, but we saw staff had 'end of life' care plans in place. This was because staff recognised people living at the home were moving towards the end of their life and wanted to ensure they had the appropriate information available for when people moved into their last phase of life.

Relatives told us the registered manager and deputy manager were approachable. One relative told us they had spoken with the registered manager over concerns about times their loved one had gone without a shower. They told us this had improved. Another told us they had complained that nail care for the person had not been given. They told us it was sorted out.

We saw formal complaints had been considered, investigated and responded to. We saw the complaints

Good

Is the service responsive?

policy and procedure was easily accessible and had been written in an easy read format for people. The manager had investigated the complaints within the timescales outlined in the policy.

Is the service well-led?

Our findings

We spoke with staff about the leadership of the home. One member of staff told us things had improved since the registered manager had been in post. They said, “She’s so easy to talk to if you have a problem.” Another told us, “It’s good management, they are always happy to listen and take your views.” A third member of staff told us, “She’s doing a brilliant job, she’s got time and she listens to you.”

We looked at the minutes of staff team meetings. We saw issues affecting the service were raised at these meetings. Staff told us they felt able to tell management their views and opinions at meetings. One person said, “If we have a problem, we get it sorted out at meetings. These meetings are every few months or when needed.” We found there was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

We found incident and accidents were monitored by the registered manager to ensure any trends were identified and action taken. For example falls had been recorded and falls risk assessments and care plans amended to accommodate the changing risk.

The provider had systems to monitor the quality of care. They had their own internal compliance team which held their own inspections of the service. Areas for improvement identified from these inspections, were promptly acted upon and addressed. We noted the new Chief Executive of the organisation undertook a ‘mystery shopping’ exercise at the service, and fed back to the manager issue which required attention. These had been quickly and effectively dealt with.

We saw some people who lived at Jubilee Gardens participated in meetings to give their opinions about life in the home. Their opinions were recorded and through discussions with staff we found their views had been acted upon. For example, staff had acted on people’s request for a different range of cakes and biscuits to have with their drinks. We were told people who did not want to, or who could not attend group meetings met with a member of staff who would speak with them on a one to one basis about their opinions about the service.

The provider information return told us the provider was looking at involving people who lived at the home, in meetings which looked at safety and the quality of service provision. They were also considering how rotating the staff who attended the meeting could increase staff’s involvement so they could gain a better understanding of the quality monitoring process and provide their own feedback to the group.

Monthly audits were undertaken to monitor how well the service was doing in meeting important quality assurance and safety standards. For example care plans and medicine administration records were audited to make sure care plans were up to date and had sufficient information to keep people safe. We saw that as a result of one audit, a workshop was held with staff to help them improve the quality of recording how people received their care. We saw the environmental audit had informed that handrails needed repainting and some chairs were stained. On the day of our visit we saw the maintenance worker was painting the handrails, and we were told they had been given approval by the organisation to replace the stained chairs. This meant the service acted on issues they saw which needed addressing.

The provider information return told us the provider had signed up to schemes to improve the quality of care provided to people with dementia. For example, the provider had signed up to the ‘Care Fit for VIPs’ scheme. This is an on-line resource developed by the Association for Dementia Studies to provide care services with information and support to deliver good quality person centred dementia care.

We were also informed that by December 2014, all staff would have completed in-house ‘Creative Minds’ training. This training has been accredited by the University of Brighton and is focussed on supporting staff to enable people with dementia to live life to their fullest capacity. This meant the provider was working towards implementing best practice in supporting the needs of people with dementia.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.