

The Jubilee House Care Trust Limited

# Jubilee House Care Trust - 29 Jonquil Close

## Inspection report

29 Jonquil Close  
Welwyn Garden City  
Hertfordshire  
AL7 3HX

Tel: 01707391113  
Website: [www.jubileehouse.com](http://www.jubileehouse.com)

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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

### About the service

Jubilee House Care Trust – 29 Jonquil Close is a residential care home providing personal care to six people with complex and profound learning disabilities. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were calm, relaxed and comfortable in the presence of staff. Staff had undergone training in the safeguarding people and had a good understanding of the reporting processes. Risks to people's safety and well-being had been identified and assessed. Staff knew the action they should take and followed the guidance provided to them.

There were sufficient staff on duty in the service to meet people's needs when needed. Staff confirmed they were also able to spend time engaged with people in meaningful activities. Staff were recruited safely and received an in-depth induction and ongoing training to provide them with the skills required for their roles.

Medicines were stored and managed safely. The manager and provider analysed accidents and incidents for trends and patterns and lessons learnt were shared with staff. People lived in a clean well-maintained environment.

People had lived at the service for a number of years. Detailed plans of care and support that guided staff in how people preferred their support to be delivered were in place. Staff were knowledgeable about the people that they were supporting and provided personalised care. People's health and wellbeing was closely monitored and staff supported them to access healthcare services, when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's concerns were listened to and acted upon. There was a robust system in place to gather feedback from people, relatives and professionals. No formal complaints had been raised at the service; however, there was a procedure in place should any concerns be raised.

There was a positive culture of person-centred, quality care throughout the organisation. The robust quality assurance system in place provided the manager and provider with a detailed overview of service quality and where improvements needed to be made. Senior staff were dedicated to maintaining high standards.

There was strong leadership at the service and staff spoke highly of the manager and provider.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Jubilee House Care Trust - 29 Jonquil Close

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was completed by one inspector.

### Service and service type

Jubilee House Care Trust - 29 Jonquil Close 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.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and was in the process of registering. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

The people living at Jubilee Trust – 29 Jonquil Close communicate with facial expressions, sounds and gestures. We observed the care and support provided to help us understand the experiences of people who could not talk with us. We contacted two relatives about their experience of the care provided. We spoke with five members of staff including the manager and the chief executive from the provider organisation.

We reviewed a range of records. This included two people's care records and medication records. We looked at files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. Documentation was provided as requested and this enabled us to look at training data, meeting minutes and quality assurance records. These records were reviewed on 1st November 2019.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be calm, relaxed and comfortable in the company of staff.
- Staff had completed safeguarding training and were able to explain the potential signs of abuse and the procedures they needed to follow should they have any concerns.
- Information regarding safeguarding and how to report concerns was displayed in the service.
- At the time of our inspection, records showed that there were no current safeguarding concerns. In the past 12 months, one safeguarding referral had been made. The provider confirmed, and records showed, that they had fully investigated the concern raised and appropriate action had been taken in response.

Assessing risk, safety monitoring and management

- People were safe because risks associated with their needs or from the environment were assessed and measures put in place to mitigate them. Staff understood the risks to people's safety and welfare and knew what action they needed to take.
- Care files contained various risk assessments to cover a range of needs which had been regularly reviewed.
- Each person had a suitable personal emergency evacuation plan on file to ensure that staff could promptly move them to a place of safety in the event of a fire.
- Systems were in place to monitor the safety of the environment. Regular health and safety audits were taking place.

Staffing and recruitment

- There was a safe system of staff recruitment. Appropriate checks were made of staff suitability. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Staff told us they were happy with the staffing levels and did not feel rushed. Staff told us they had enough time for meaningful interactions with the people they supported.
- We observed that staff were attentive and able to respond promptly to the needs of people.

Using medicines safely

- People's medicines were managed safely. Safe systems were in place for the ordering, receipt storage and disposal of medicines.
- We checked medicines and saw accurate records for each person. Records showed that medicines were audited regularly so that any potential errors could be identified and addressed quickly.

- All staff undertook medicine training on a regular basis and confirmed that an observed competency check was completed before they were able to administer medicines.
- We saw that people's medicines were regularly checked and reviewed by their GP and community psychiatrist, where required.

#### Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care.
- We saw records of regular audits to monitor the cleanliness of the service.
- The premises were clean and tidy throughout with no unpleasant odours.

#### Learning lessons when things go wrong

- Staff responded appropriately to accidents and incidents which were minimal.
- Accidents or incidents were recorded and reported promptly. Reports were monitored and checked by the manager to ensure appropriate action had been taken and if any learning could be identified and subsequently shared with staff. Discussions took place in staff meetings and handovers to share any learning.
- The manager gave us examples of how they had been analysing incident reports to identify any patterns or trends and what action they had taken to reduce the likelihood of the same issues being repeated.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive. People's goals and care preferences were identified, and their support regularly reviewed.
- People's care plans included the person's life history, support needs around mobility, medicines, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and preferences.

Staff support: induction, training, skills and experience

- Staff spoke positively of the induction process and received training in a range of topics to ensure they could meet people's needs. We saw records of staff training were being maintained and monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision from the manager and felt supported by this process.

Supporting people to eat and drink enough to maintain a balanced diet

- People were consulted about what they ate and were able to make meal choices using pictorial information, verbal prompting, and through being shown the options available.
- Staff had gathered information from people and their relatives regarding food preferences. These were recorded in their care plan.
- Meal times are set to suit people's individual needs, were not rushed and there were enough members of staff to provide personal support.
- Where risks had been identified with regard to eating and drinking, there were clear instructions in people's care plans about how risks should be reduced. Staff understood these risks and followed the advice given by dietitians and other health care professionals to ensure risks were mitigated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff were prompt to respond to any changes in people's health conditions.
- Peoples health needs were supported. Staff had a good understanding of people's health and wellbeing and ensured people attended health checks and appointments.
- Records showed the service had worked with other professionals to promote people's health such as GPs, dietitians and pharmacists.
- Staff we spoke with had a good understanding about the current medical and health conditions of the

people they supported.

Adapting service, design, decoration to meet people's needs

- People had their own rooms with shared bathrooms and toilets. There was a large lounge with a dining area and one smaller lounge/sensory room.
- People were supported to personalise their own space. Each bedroom was individual with different colour schemes and design. Staff told us that these choices were reflective of people's personalities
- There were enough communal facilities and a spacious garden that people could access. The environment met the needs of the people in the service

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Records showed that the provider made suitable applications for DoLS where people were deprived of their liberty.
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people.
- Staff were heard seeking people's consent before offering support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed thoughtful and tactile interactions between staff and people. Staff ensured they were on a person's level and maintained eye contact when engaging with them.
- Throughout the inspection we observed staff treating people with respect and compassion. Staff spoke to people in a way they understood and, in line with their individual communication requirements, as detailed in their care plan.
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way.
- Relatives confirmed their family members were well supported and cared for by staff. They said they were kept well informed and they were asked to provide feedback about the service.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views in relation to their care.
- Records showed that people were encouraged to share their thoughts on their care as part of regular reviews. Where people did not communicate verbally, staff told us they recorded people's reactions to their care provision and relatives were involved in decision making.
- Staff had a good understanding of people's individual needs and preferences. People were supported to express their views and make decisions about their care in key worker sessions and resident meetings.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. Care plans detailed the tasks that people could carry out for themselves.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- We observed that staff were discreet when supporting people with personal care. Bedroom and bathroom doors were closed. Staff respected people's right to be alone and to be private when they wanted to be.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their needs and preferences. Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- We saw that, as far as possible, people were involved in planning and reviewing their care. Where people were not able to plan their own care, we saw relatives had been involved.
- Most staff had worked with the people living at the service for a long time and knew them well. Where new staff had joined they told us care plans were a good source of information as well as talking with people using the service, their relatives and more experienced members of staff.
- Records showed that evaluation and reviews of people's support plans were carried out at regular intervals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes.
- Some people used vocalisations, facial expressions and gestures to communicate. Staff understood the ways in which people who did not communicate verbally expressed their feelings and needs.
- The manager was aware of the AIS. Information was provided in different formats such as pictorial, verbal and use of signs that people were familiar with. Easy read documentation was also available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests and those people close to them were recorded in their individual care plans. This important information was known to staff. Staff supported people to maintain relationships with people who were important to them.
- People had individualised activity programmes. People were supported to lead an active life, going out most days if they wanted to. Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends.
- People were supported to develop their independence and set meaningful achievable goals to aspire to.

#### Improving care quality in response to complaints or concerns

- Records showed that there had been no formal complaints received in the last 12 months. People were able to express their concerns to staff using their preferred method of communication. Staff dealt with day to day irritations and upsets immediately to avoid escalation.
- Staff monitored those people less able to make complaints for signs of distress or upset. They looked at the causes of this and sought to resolve this as quickly as possible.
- A complaints policy and procedure were in place and was readily available in the service.

#### End of life care and support

- At the time of our inspection there was no one being supported with end of life care.
- The manager had identified that people had not been asked about their last wishes or had end of life plans in place.
- The manager shared with us the 'Last wishes for ageing and dying' plans that they planned on completing with people. However, as not everyone was able to comment or understand what the end of their life might be or mean, wishes expressed by a relative on their behalf were to be recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback about the atmosphere and management at the service was positive.
- Staff were positive about the support they received from the provider and the management team. They told us that they found them supportive and approachable.
- Staff felt involved and informed about changes in the service. Staff were appreciative of the improvements the manager had made since taking up post.
- Staff showed a commitment to providing people with good quality care and support. Several staff had been in post for many years and spoke about how they liked working at the service and felt involved and valued.
- The manager was a visible presence in the service and showed a detailed knowledge of their individual needs.
- Regular resident's meetings were conducted for them to provide their feedback on the service.
- Staff said that communication between them and the manager was good. Staff meetings were held regularly, and staff felt confident in raising issues or suggesting ideas for shared discussion.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and the importance of being transparent with others, as well as taking on improvements across the service.
- Records showed that the provider promptly identified where lessons had to be learnt.
- The manager fostered an open and transparent culture that encouraged the involvement and feedback of people and staff for the benefit of improving the service offered.
- The manager analysed accidents and incidents to identify where improvements were needed to people's support, risk assessment or staff training and practice.
- At this inspection the previous inspection rating was clearly and openly displayed in the service and on the providers website

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider ensured that compliance and quality monitoring staff visited the service at regular intervals

to undertake their own assessment. Where shortfalls were identified actions were taken to improve outcomes. People's care records were regularly reviewed, as well as checks of the premises, equipment and people's care experience.

- There was a clear management structure in place, with senior support staff and support workers. Staff understood the lines of accountability and responsibility.
- There was a support network of other registered managers who met regularly with the provider. The manager attended these meetings where they could share good practice and discuss important issues such as changes to legislation or guidance that may impact on their service.
- Quality assurance processes were followed to monitor and improve the service. A comprehensive action plan was developed from several sources of information to drive improvement to the service.

#### Working in partnership with others

- The provider worked alongside placing local authorities to ensure placements were suitable. A range of other healthcare professionals and community organisations supported the service.
- The manager was able to demonstrate how they worked in partnership with social care professionals, commissioning staff, health care specialists and local GP services in addition to the safeguarding team and local community team for people with learning disabilities when required.