

The Jubilee House Care Trust Limited

Jubilee Domiciliary Care Agency

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Jubilee Domiciliary Care Agency is a domiciliary care agency providing personal care to 1 person at the time of the inspection.

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

Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff enabled people to access specialist health and social care support in the community.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and had plans to personalise the décor in their home to suit their taste. .

The service made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

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.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing

and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff understood how to protect people from poor care and abuse. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture:

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 March 2019).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Upon finalisation of the report we have been made aware that the domiciliary care provider had changed office address but we had not been notified. Whilst this does not impact on the quality of care delivered, and therefore the report remains relevant, it is a breach of condition of registration. The provider is working to resolve this issue and has now made the necessary application to CQC.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jubilee Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the

inspection.

Inspection activity started on 4 August 2023 and ended on 23 August 2023. During this time we used remote technology to speak to people, their relatives, staff and review documents.

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, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 1 person and 1 of their relatives to gain their feedback about the care experienced. We spoke to 3 staff including the registered manager and care staff. We reviewed 2 staff recruitment records and 1 person's care records including their medicine records. We looked at various quality assurance documents and policies.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection, we found concerns in relation to fire safety. At this inspection we found that fire safety concerns had been addressed. People had personal emergency evacuation plans in place. Staff managed the safety of the living environment well through checks and action to minimise risk.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Where people were unable to make decisions for themselves, they had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and did their best to meet them. The service helped keep people safe through formal and informal sharing of information about risks.

Using medicines safely

- At our last inspection we found some concerns in relation to accurate recording on medicine administration charts (MAR). At this inspection we found no concerns in relation the management of medicines and accuracy of MAR's. People were supported by staff who followed systems and processes to administer, record and store medicines safely
- The service ensured people were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and staff about their medicines. Staff made sure people received information about medicines in a way they could understand.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. Managers arranged shift patterns to meet people's needs in a way which ensured flexibility built into care visits so people could have more choice of how to spend their time. .

- Staff recruitment and induction training processes promoted safety. The recruitment process included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service had a policy around the prevention and control of infection, which included minimising risks of COVID-19. They used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave people honest information and suitable support.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People had care and support plans that were personalised, holistic, built on their strengths and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. This included assessing any protected characteristics such as disability, gender and religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training that included shadowing more experienced staff in practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. The service had clear procedures for team working and peer support that promoted good quality care and support.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The service checked staff's competency to ensure they understood and applied training and best practice. Updated training and refresher courses helped staff continuously meet people's needs appropriately.

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

- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time in their home but were offered guidance from staff about healthy eating. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans called Purple Folders. These supported people with a learning disability to receive equality of access to medical treatment and assessment in the county of Hertfordshire. Health and social care professionals used these to support people in the way they needed.
- People played an active role in maintaining their own health and wellbeing. People were supported to attend annual health checks, screening and primary care services. People were referred to health care

professionals to support their wellbeing and help them to live healthy lives.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. Where people lacked the mental capacity to make certain decisions for themselves or had fluctuating capacity, decisions made by staff on their behalf were in line with the law and supported by effective staff training and supervision.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. People were well matched with their designated staff member and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful

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

- Staff supported people to maintain links with those that are important to them. People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff respected people's choices and wherever possible, accommodated their wishes.
- Staff supported people to express their views using their preferred method of communication. People were given time to listen, process information and respond to staff and other professionals.

Respecting and promoting people's privacy, dignity and independence

- Staff helped people find voluntary work and leisure activities. Staff knew when people needed their space and privacy and respected this.
- People had a plan which identified target goals and supported them to achieve greater confidence and independence. People had the opportunity to try new experiences, develop new skills and gain independence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgeably about tailoring the level of support to individual's needs
- People learnt everyday living skills and developed new interests by following individualised learning with staff who knew them well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff ensured people had access to information in formats they could understand. There were visual structures, including photographs, the use of gestures and picture cards which helped people know what was likely to happen during the day and who would be supporting them.

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 were encouraged and motivated by staff to reach their goals and aspirations. People were supported to participate in their chosen social and leisure interests on a regular basis.
- Clear plans were developed with commissioners to enable people to move back to their local community as soon as possible. .

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was also in a more accessible version using simple English and photos. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support

- The provider was not currently supporting anyone with end of life care.
- People had a care plan in place to look at how they would be supported to be in good health. Staff would contact people's relatives and relevant health professionals for support in making decisions for treatment in the event of a serious illness.
- We discussed with the registered manager the importance of trying to understand people's wishes in the event of serious illness to ensure their rights were protected. They will review this in future with people and their relatives during the assessment process.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found there was inconsistency in relation to management and leadership resulting in a lack of person centred care being delivered. At this inspection we found this had been addressed and there was clear leadership that fully promoted the use of person centred approaches. For example, people's preferences about how they wanted their care delivered was at the heart of care delivery. They were involved in all decisions about their care and encouraged to explore new opportunities. The registered manager had developed a culture of valuing people and enabling people to take risks safely to promote their independence.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a good level of provider oversight and robust quality assurance systems such as audits, spot checks or staff practice and feedback about the care.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff were able to explain their role in respect of individual people without having to refer to documentation
- Upon finalisation of the report we have been made aware that the domiciliary care provider had changed office address but we had not been notified. The provider has now made the necessary applications to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instill a culture of care which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and alert to the culture they were developing. They took a genuine interest in what people, staff, family, advocates and other professionals had to say.

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 registered manager ensured all notifiable incidents were correctly reported.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Management and staff put people's needs and wishes at the heart of everything they did. They set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff felt able to raise concerns with managers without fear of what might happen as a result.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider invested sufficiently in the service, embracing change and delivering improvements. There was a service improvement plan in place with clear objectives.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing.