The Orders Of St. John Care Trust

Jubilee Lodge

Inspection report

Meadow Way
Bourton-on-the-Water
Cheltenham
Gloucestershire
GL54 2GN

Tel: 01451823100

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 June 2016 and was unannounced. Jubilee Lodge Centre provides accommodation for 74 people who require personal care with nursing. There were 71 people were living in the home at the time of our inspection. The home provided personal care and support for people with nursing needs; people who live with dementia and those who required a short period of recovery and therapy before they returned to their own home.

Jubilee Lodge is a purpose built home set over two floors and divided into four units known as households. Each household has a small kitchen and adjacent dining room and a variety of lounges and quite areas to sit in. The home had a shop, activities room and hairdressers.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives were positive about the care they received and felt safe. There were caring and friendly interactions between staff and people. Relatives felt welcomed at any time and could take part in the home's activities.

People were being supported by suitable numbers of trained staff. Staff had been trained in understanding their responsibilities in reporting any allegations or incidents of abuse. Staff were knowledgeable about people's physical, mental and emotional needs. People's risks had been assessed and monitored by staff. They were referred to external health care services if there were changes in their wellbeing. The management and administration of people's medicines was based on their individual support needs. People enjoyed the meals provided. They were encouraged to eat and drink. People's specialist diets were catered for.

People's support plans included information about how they preferred to be supported. Staff were knowledgeable about their needs, wishes and preferences. However, the details of the lawful consent to receive care were not always evident when people could not make a decision about their care and support for themselves. They received care which reflected their individual preferences and routines. Staff had a good understanding of their personal histories and knew people well. However, some people's care plans had not been updated to reflect their needs. People's daily notes were variable and often focused on tasks rather than people's well-being. However, staff were knowledgeable about people's risks, changes in their needs and support requirements.

Staff listened and acted on people's concerns. Events and information about the home was shared with people and their relatives. People's recreational and social needs were met. They enjoyed activities in the

home as well as places of interest in the local area.

Systems were in place to ensure people were supported by staff who had been supported to carry out their role. Their previous employment history and background had been checked. Staff said they felt supported and could raise concerns with the registered manager. The registered manager had a good understanding of their role. They provided support to staff to ensure people's health needs were being monitored. Quality monitoring systems were in place to check and address any shortfalls in the service. Where concerns had been raised by people and their relatives these had been addressed immediately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were given their medicines on time and appropriately.

People felt safe living at the home. People were supported in accordance to their risk management plans. Staff understood when they should report any allegations or concerns

People were supported by staff whose employment history and character had been checked before working in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

People who were able were involved in making decisions about their care and support. However, there was little recorded evidence of the assessments of people who lacked mental capacity to consent to their care.

People were referred to the appropriate health and social care professional when their needs had changed. People were provided with a choice of food and drinks.

People were cared for by staff who had been trained and supported to carry out their role.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Relatives and visitors were welcomed into the home.

Staff knew people well. They treated people with dignity and respect.

People were encouraged to remain independent.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care records focussed on their care and support needs but had not always been updated when their needs had changed. Daily records were not always focused on the person's well-being.

A range of activities provided people with recreational and social stimulation.

People's views of living at the home were valued. They knew how to make a complaint and were confident they would be listened to.

Is the service well-led?

Good

The service was well- led.

Systems were in place to capture the views and experiences of people who lived in the home. Staff felt supported by the manager.

The quality of care was being regularly monitored and checked. Actions were taken where shortfalls in the service had been highlighted.

Jubilee Lodge

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 16 and 17 June 2016 and was unannounced. The inspection team consisted of a lead inspector, a 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. The expert had experience and knowledge of caring for older people.

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 also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During the inspection we spent time walking around the home and observing how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 16 people and eight relatives and visitors as well as three health care professionals. We looked at the care plans associated records of 13 people.

We also spoke with nine care staff as well as kitchen staff, an activities coordinator and the registered manager. We looked at five staff files including the recruitment procedures and the training and development of all staff. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Good

Is the service safe?

Our findings

People who lived at Jubilee Lodge told us they felt safe living in the home. One person said, "I trust the staff here and I know that the service will always look after me and keep my belongings safe." Another person said, "I feel very safe and comfortable here. I'm relaxed and happy to be here." Relatives also confirmed they felt their loved ones were safe living in the home. One relative explained the history of their mother's care and felt they had now found a home that met her needs. They said, "We are very happy that Mum is here. I know she likes it as she is a lot more relaxed."

There were processes and systems in place to protect people from avoidable harm including staff training and a clear protocol of reporting any concerns. Staff understood their responsibility in protecting people from harm. They told us the actions they would take if they suspected a person was being harmed or abused. They explained where they would report their concerns to and how to find contact details of outside safeguarding organisations. One staff member explained, "I would report any concerns or poor practices straight to the unit or care leader. I would check to make sure they had done something about it as well." The registered manager and unit leads had notified the appropriate agencies and CQC when incidents of concerns had been raised. They had also implemented actions to help reduce the risk of the incident reoccurring.

People's risks were managed well. Their individual risks had been identified and recorded using various assessment tools such as assessing people's risk of falling or developing a pressure ulcer. Staff were knowledgeable about individual people and could tell us about people's risks associated with their health and well-being. For example, they told us how they managed people who were at risk of falling or at risk of weight loss. Clear systems and protocols were in place to support people to maintain good condition of their skin if they had been identified as at risk of developing pressure ulcers. Records showed that people were regularly re-positioned to alleviate pressure from their skin and supported in line with their care plan.

Records showed that people's risks were regularly reviewed. Health care professionals were positive about the care being provided and told us staff contacted them in a timely manner if there were concerns or changes in people's well-being. People were supported to make decisions about their own risks. For example, one person had chosen not to use their walking stick whilst walking. Staff respected this but observed their safety from a respectable distance.

Safe recruitment practices were followed. Records relating to the recruitment of staff showed that relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. The checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview. This ensured that people were cared for by suitable staff. The registered manager told us, "The recruitment of good quality staff has been difficult in this rural area." They went on to say, "For the first time ever we have had to use agency staff." They told us about the actions they had taken to recruit and retain staff. For example, they had supported new staff in finding local accommodation. Some nurses had been recruited from abroad but were waiting

for confirmation that they could practice as a nurse in the UK. Until the authorisation was received, the overseas nurses were working as senior care staff and gaining an understanding of the culture and policies of the home.

We were told the provider was about to implement a new centralised recruitment system to assist with the recruitment process of staff including the standardisation of advertising, job descriptions and applying for jobs.

People told us there was sufficient staff to meet their needs. Relatives were generally positive about the numbers of staff on duty but were aware there were recruitment challenges of the home. One relative said, "There have been some changes in staff but it appears to have settled down now." A minimum of one nurse was available at all times to provide clinical support to people across the two nursing households. The nursing staff were supported by the unit leads. Each household had a unit or care lead in charge on every shift. Their role was to manage the staff and people in their household and to carry out additional tasks such as managing staff rotas and updating people's care plans. This structure allowed the nurses to concentrate solely on the nursing needs of people. The unit and care leads had received advanced training to give them a greater understanding in the management of the households and the monitoring of people's needs. We were shown a sample of past staff rotas of one of the households. They showed that people had been supported by the number of staff as deemed correct by the provider. Rotas showed that where there had been staff shortages, staff across the home had picked up additional shifts or people had been supported by agency staff. People's care dependency needs were regularly reviewed which informed the management as to how many staff required to be on duty. We were told of examples when the staffing levels had increased on one household due to the increased needs of people.

People's medicines were managed and stored in a safe and effective way. Medicine administration records (MAR) were completed correctly after people had taken their medicines. Records and systems were in place for the safe return and disposal of unused medicines. Protocols and additional guidance were in place to guide staff if people required medicines such as pain relief on an 'as required' basis. GPs visited the home regularly and reviewed people's medicines.

Staff gave people time to take their medicines and were respectful in their approach. Staff responsible for administering people's medicines received regular update training and their skills were observed and monitored. Where staff had made errors in administration or in managing people's medicines, the registered manager had investigated and taken action. Further training in the management of medicines was provided if staff knowledge or competencies were in question.

Effective cleaning systems were in place to ensure the home was clean and maintained. Staff were knowledgeable about assessing and preventing the spread of infection. They wore gloves, aprons and tabards at the appropriate times to prevent cross contamination. Hand sanitising gels were in place throughout the home which assisted with the prevention of cross contamination.

Requires Improvement

Is the service effective?

Our findings

People who were able to make decisions for themselves were involved in the planning of their care and had consented to the care and support being provided. We observed staff encouraging people to make their own decisions and choices about their day and asking people for consent before they supported them with personal care. However, some people had been identified as not having the mental capacity to make significant decisions or able to consent to aspects of their care. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where best interest's decisions had been made, on behalf of a person, they had been recorded. These records stated who had been involved in this process, for example health care professionals, staff and family members, as well as the decision outcome.

Most staff had received training in the Mental Capacity Act and had a basic knowledge of supporting people to preserve their human rights. Staff had a good understanding about supporting people to make their own day to day decisions or how to act in their best interests. However, where staff had made significant decisions on behalf of people, there were no clear records of a mental capacity assessment confirming the person lacked mental capacity to make these decisions. For example, one person who lived with dementia often became disorientated and was at risk of falling. Staff had made the decision to install a sensory motion alarm next to the person's bed. This had been done so staff would know when the person started to move around and they could arrive and provide the support needed to prevent a fall. However, there was no recorded evidence that this person had consented to the installation of this monitoring equipment or that it had been installed in the person's best interests using the principles of the MCA. Another person sometimes refused assistance with their personal hygiene and often declined health care appointments such as the optician. There was no recorded evidence that this person's mental capacity had been assessed to identify if they were able to weigh up the pros and cons of their decision. However staff were able to tell us how they have used different strategies to encourage this person to have support with their personal care.

We raised this with the unit lead of the dementia household who shared with us the provider's new 'best interest's core care plan' booklet. We were told that the booklet was about to implemented and will be used to assess people who were considered as lacking mental capacity to make significant and important decisions about their care and support. Therefore people's consent to their care will be sought in line with legislation.

Whilst plans were in place to address the records of obtaining people's lawful consent; we require the home to be consistent in their practices over time. We will check this during our next planned comprehensive inspection.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).The local authority had authorised that two people should be deprived of their liberty and that they should be continuously supervised and not free the home. We were told the registered manager was waiting for an authorisation assessment for two other people.

People were supported by staff who had been trained to carry out their role. The registered manager monitored the training requirements of all staff. Staff had received training that was deemed as mandatory by the provider such as safe moving and handling and safeguarding people from abuse. Staff were positive about the training they received. One staff member said, "It's a great atmosphere here. I'm learning lots of new skills." Health care professionals told us staff were trained to carry out their role and given additional training in areas such as monitoring people's blood pressure. This training helped to reduce the need to contact district nurses to carry out any monitoring support. The provider was about to implement an updated two day course in dementia awareness which would be rolled out to all staff. Plans were also in place to redeliver fire management and first aid training to staff in the next couple of months.

One new staff member explained the provider's induction programme and workbook which was delivered in line with the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Their induction also included shadowing more experienced colleagues on the households as well as a full day of moving and handing training. Induction training covered subjects such as nutrition and infection control. This ensured new staff had the skills to carry out their role as well as meeting the national standards of care. The skills and competencies of new staff were regularly checked throughout their probation period. Staff told us they felt supported and could always contact their unit lead or the registered manager if they had any concerns.

The unit and care leader staff had been trained to carry out additional administrative and clinical responsibilities within their households. Their additional knowledge and skills were assessed before they were deemed competent to carry out minor medical procedures such as taking people's blood pressure and pulse. One unit lead told us they were currently undertaking an in house course called 'The care leadership programme'. They explained it had helped them develop their leadership skills and they had become more confident in managing their household. They stated, "It's the best thing I have ever done." The registered manager who was a qualified nurse met weekly with the unit leads and nurses. Records of the meetings showed they discussed any concerns about the well-being of people and they were reminded and updated about expected care and clinical practices.

Staff who had shown potential had been supported to develop in their career and take on more responsibilities, for example becoming a lead in a specialised area such as dementia care. Staff had also been given the opportunity to complete national qualifications in health and social care. Plans were in place for both activities coordinators to undertake a national qualification in providing activities in a care setting.

The structure of the management and support of staff had been reviewed. This had given staff the opportunity to have regular support meetings with their line manager. Staff confirmed they felt supported and now regularly met with their line manager. One staff member said, "The support here is excellent. I'm very confident in the seniors and managers and the advice I'm given." We were told that all line managers had received training in supervising staff. The registered manager told us they reviewed all supervision meeting notes. They said, "I like to see what is being discussed and take an interest in all staff." Where staff performance had fallen short of the expected required standards or concerns had been raised, staff had been supported with further training or mentoring by senior staff.

People told us they enjoyed the meals and were encouraged to maintain a balanced diet. We received comments such as, "The food is very nice and just like the food I would have if I were at home"; "They [the staff] have been good to me here. I could not wish for better. Good food and everything" and "I like the quality of the food here and my choices of what I want to eat are always respected."

During one day of our inspection, we observed people eating their lunch time meal. Those who wanted to eat in the dining room were assisted by staff and offered a choice of where to sit. The atmosphere in the dining rooms was pleasant with linen cloths and flowers on the tables. People were offered a choice of two hot meals. Alternative options were available if people didn't like the choice of meals on the day. They were offered a range of desserts from a tray. Some people requested to have their meals in their bedrooms. The registered manager told us they had worked with staff to ensure people in their bedrooms received a meal which was hot and well presented. Also to be sure there was salt and pepper, a napkin and a drink of their choice on the tray.

Those who lived in the dementia household were shown the meal options on coloured plates. This enabled them to see the meals and make a choice based on visual and olfactory (smell) information. People were supported by staff, where needed, to eat their meals. We observed people being assisted to eat at their own pace and being intermittently offered a drink of their choice. The kitchen staff prepared meals from a four week seasonal menu. They were aware of people who required a special diet, allergies and food preferences. The kitchen staff told us information and communication from the households was good so they were able to effectively provide meals to suit everyone's dietary needs and preferences.

The registered manager told us plans were in place to review and reconsider people's dining experience in the households. They said, "People's mealtimes are an important part of their day. We know people eat better when they are comfortable in their surroundings." For example, people enjoyed having an old fashioned afternoon tea at least once a week. Staff had bought vintage tea cups and saucers, plates, tea pots and tiered cake stands. They told us they had found people ate more when displaying sandwiches and cakes on the cake stands.

The home had good connections with the local GP surgeries and associated staff. One unit lead told us the GPs were very responsive to concerns they raised with them and said, "The GPs are great. They value our opinion and listen to our concerns." Records showed that staff had sought additional guidance from health care professionals when people's needs had changed. One visiting health care professional was very positive about the staff at Jubilee Lodge. They said, "They care about the residents and are interested in them. They want to help people improve and reach their potential."

Good

Is the service caring?

Our findings

During the two days of our inspection, people and their relatives were happy to speak to us and share their experiences and views of Jubilee Lodge. People chatted with us confidently and told us they enjoyed living at the home and taking part in the activities. We received comments such as "It's lovely here. The girls are smashing"; "I am really proud to be in here, I really am" and "I am very happy to be here and I am very comfortable." We observed staff had formed a strong bond with people and knew them well. They were familiar with the care needs of each person and were aware of their personal backgrounds.

Relatives told us the staff were kind and friendly and were consistently caring. One relative said, "I come here most days and I have never seen anything untoward. The staff approach is wonderful." Another relative said, "I have made a really good choice with Jubilee. The staff are lovely. They are truly marvellous." They told us they were welcomed to visit their loved ones at any time and could join in the activities or other events in the home. One relative told us how their mother's health had improved since living at Jubilee Lodge. They said, "This is a lovely place and my mother has been here for a year. My mother came here with terrible bed sores but within two weeks the sores were gone. I am impressed with the level of care and treatment that my mother is receiving here. This is the best care home among the lot that I have visited".

Health care professional were also positive about the caring nature of staff. One health care professional explained they found the staff caring, friendly and welcoming. They told us staff were continually focused on the needs of people and their well-being. We observed staff sitting and talking with people in a friendly manner and generally chatting while assisting them with their personal needs.

Staff spoke to people in a polite and kind manner. They addressed people by their first or preferred name in a respectful way. Staff told us it was important to get to know each person individually. People's dignity and privacy was respected. Staff knocked on people's bedroom doors before entering and explained to people how they we going to help them. Bedroom doors were shut when people were supported with their personal care. People were encouraged to retain their daily living skills. People's care plans gave details of people's independence levels and how they should be supported if required. One person who ate their meal in their bedroom said, "I like the staff here, they let me do things for myself, I am capable and do not want assistance when I am eating". Staff were observed to be encouraging people to be independent such as providing crockery and plate guards which assisted people to eat independently.

People's request to be supported by a specific gender of staff during support with their personal care was recorded. One person said, "I don't have men changing me, they asked me about this when I came in here." This person told us their request was continually adhered to.

The individual households felt warm and inviting. The corridors had been decorated with items of interest. People were encouraged to bring in their own ornaments and personal belongings to personalise their bedrooms. They had access to a secure garden. Volunteers had helped to create raised beds and features in the garden. The households displayed relevant information about events and thank you cards from people and their relatives who praised the support of staff.

Requires Improvement

Is the service responsive?

Our findings

People were assessed before they moved to the home to ensure the home could meet their needs. Information had been sought from the person, their relatives and professionals involved in their care. The information from the pre-admission assessment had helped to inform people's plan of care. Some people were admitted into the reablement household. Reablement services supports people with poor physical or mental health to help them learning or re-learning the skills necessary for daily living. They were referred to the home via the Single Point Clinical Assessment (SPCA) service. SCPA receives referrals from health care professionals who want to avoid people being admitted into acute hospitals by utilising alternative forms of care that are available in the County. Staff on the reablement household tried to ensure they had sufficient information about people before they arrived. This was to ensure they were appropriately placed and the staff could meet their reablement goals.

People's care plans were personalised and centred round their care needs. Information about people's personal and family backgrounds had been captured in a document called 'All about me'. The care plans provided staff with guidance on how to support people and their preferred routines, likes and dislikes. For example, guidance was in place to support one person if they became agitated and disoriented or if their appetite reduced. Another person's care plan informed staff that they sometimes experienced problems with their oral health and signs which may indicate they were in pain.

Records had been completed regularly where people's well-being was being monitored. For example, records showed people who had been assessed as being at risk of pressure ulcers were being regularly re-positioned to prevent pressure damage to their skin. Staff had sought guidance and support from other health care professionals when required. One health care professional said, "They take on board what we say and recommend. They are responsive to our requests and have generally completed what we have recommended by the time we visit again." The home had access to an admiral dementia nurse who was a specialist nurse and could provide extra support and advice to staff when required.

People's progress was evaluated monthly by the unit or care leads. However, we found some people's care plans had not always been updated as a result of the monthly evaluation of their needs. For example, we observed one person eating a pureed diet at lunchtime which had been documented in the person's monthly evaluation notes; however this person's relevant care plan had not been updated as a result of a change in their dietary requirements. Staff were required to record a brief summary of the health and well-being of the person they had supported during their shift and the activities they had achieved. However, the details of these records were variable and sometimes only focused on the tasks completed by staff and did not always focus on people's daily activities, wellbeing and achievements. Each unit had handover notes which were used to share information to staff coming onto the next shift. However, the handover notes on one household were not always accurate and did not always reflect the current needs of individuals. Accurate handover information is important especially when employing agency staff. The individual needs of people's were also reviewed by staff from each department on a 'resident of the day' programme. This meant the needs of one person per day were thoroughly reviewed by the care, kitchen, maintenance, and housekeeping staff. However, records showed this was not always consistently occurring.

However, whilst some people's records associated with their well-being were not always updated in a timely manner, we found no impact on people as staff were aware of people's current health and well-being.

The registered manager and unit leads were aware of the shortfalls in some people's care records and were planning to readdress this issue and train staff on the importance of recording and capturing the needs of people as a whole rather than focusing just on the tasks which had been completed. Each household had an individual action plan which identified and prioritised actions that needed to be taken to improve the running and management of the households. These included updating people's care plans, implementing and assessing people's mental capacity where required and ensuring all staff had received their next supervision session. The registered manager was also encouraging the unit leads to monitor and audit the care plans of other households to give them an insight into the required standards of record keeping. They said, 'This gives them extra responsibility and ownership and will encourage staff to work across the whole of the home and not just be isolated in their households."

Staff were positive about the support people received at Jubilee Lodge. They told us staff worked as a team to ensure people received high quality of care. One new staff member said "They are a lot more organised here compared to the previous homes I have worked at". Relatives were happy about the care being provided and told us staff were quick to respond to any changes in people's health. One relative said "He is very well looked after. I'm here nearly every day and they always keep me up to date. We are like one big happy family." They went on to tell us of examples of when they had been informed of any changes in their relative's health and were always invited and included in activities around the home. Another relative said, "Staff work jolly hard, they bend over backwards to help."

People's hobbies, spiritual needs and sleeping preferences were recorded. People told us they felt comfortable and happy living in the home and enjoyed a range of activities. The home employed two part time activity coordinators who also worked on alternative days at the weekends. They explained the activities mainly occurred on the households and in people's bedrooms rather than in the designated activities room. People enjoyed activities including arts, crafts, puzzles, gardening and local trips out. The activities coordinator showed us photographs of a recent boat trip. A relative told us they were really pleased that their loved one had been able to attend the boat trip. They said, "They had a marvellous day. The staff are great. I haven't got a bad thing to say about any of them." One person who attended the boat trip said, "It was the best day of my life when the staff took us out for the boat trip. It reminded me of my younger days, the staff treated us very well and I enjoyed myself that day." The activities coordinators were consistently considering and planning the recreational and social needs of people. For example, plans were in place to convert one room into a pub so people could meet socially and enjoy a drink together. Volunteers ran a small shop in the reception area for three days a week. A hairdresser was also available. The home engaged with the local community inviting neighbours and people from the local area to events at the home such as the Care Home Open day and picnic summer party.

The home produced a regular newsletter which informed people, their relatives and visitors of information about the home such as past and future events as well as general information of interest. People and their relative's views were valued. They were encouraged to complete feedback cards which were sealed and sent to an independent online care homes website. The sealed comments were then verified before they were submitted onto the website. People and their families could also complete suggestion cards or raise their concerns with staff. The registered manager told us they had held 'relatives and residents meetings' at various times but these had been poorly attended. However, people had been individually consulted about their views of living at Jubilee lodge. Their answers had helped to form a 'wish tree' on one of the households. People's wishes and requests had included the wish to have an Indian takeaway and a spa treatment. We were told the activities coordinator was working with people to 'make their wishes come

true'. Thank you cards were displayed around the home and the registered manager held an accolades file of people's positive comments.

People and their relatives told us staff were responsive to any concerns raised. One person said, "I feel I could speak to staff if I needed to make a complaint and if I was not happy with anything. I would be happy to do this with all the staff." Where people had made formal complaints these had been dealt with in line with the provider's complaints policy. The registered manager had responded in a timely manner and apologised for any shortfalls in the service being provided.

Good

Is the service well-led?

Our findings

The registered manager was now established in their role and had created systems and protocols to ensure that people received a service which was high quality and met their needs. They said, "I really enjoy my job ad I am passionate about providing good quality care." They spoke about their challenges and achievement since our last inspection including fund raising for a minibus and the management of a recent staff disciplinary hearing. The latter had resulted in the registered manager reviewing the structure and the deployment of her senior team.

The registered manager held regular meetings with the heads of departments and significant members of the staff team. The aim of the meetings was to highlight and share any concerns about people and any events which may affect the running of the home. The registered manager (who was a qualified nurse) also met weekly with the unit leads and nurses. They discussed the clinical health and well-being of people and discussed any areas of concern. They had recently started to document the discussions from the meetings. This helped to provide a clear audit trail of any clinical decisions being made and provided guidance to the unit leads. Any concerns were acted on as a result of the meetings. Staff told us the registered manager was supportive and approachable both informally and during their meetings. The registered manager was encouraging certain staff members to take on extra responsibilities and becoming leads in different aspects of their care practices such as infection control. They said, "Some staff want to take on some extra responsibility and increase their knowledge. They will then become the 'go to' person if staff need advice in that area."

A representative of the provider regularly visited the home and supported the registered manager with the management and running of the home. The registered manager said, "We have got a good working relationship. I appreciate her advice and input." Robust systems were in place to monitor the quality of the service being provided. The registered manager had recently completed the provider's internal quality audit self-assessment tool. Information from the self-assessment had helped to form an action plan which included actions to be taken such as the plan to deliver end of life training to staff and improve people's dining experiences. The progress of actions achieved was discussed with the provider's representative at their monthly quality visits. The registered manager also carried out monthly audits and monitoring checks of the service. These included areas of the service which related to people's health and well-being including the number of falls, accident and incidents, pressure ulcers, medicine errors and deaths in the home. Any shortfalls, patterns or tends that emerged from the monitoring checks were acted on. For example, each household had developed an l action plan which identified and prioritised actions that needed to be taken to improve the running and management of the households, including the review of people's care records.

The registered manager also monitored the staff response times to people alerting staff for assistance using the call bell system. The monitoring identified if there were any patterns or trends emerging which required investigating or actions. However, the home was having technical difficulties in the call bell system and problems accessing the use of call bells monitoring reports. The registered manager was working with the provider's technology department to resolve this. However, from the information we could access, we found the majority of requests for assistance using the call bell system were responded to within the provider's

expected timeframe. Where the time frame had been significantly exceeded, the registered manager had investigated the cause. For example, they were currently reviewing specific times of the day where staff had not responded in time. The registered manager explained that actions would be taken regarding the deployment of staff if a risk had been identified.

Other quality assurance systems were used to capture the views and feedback from people and their relatives. The provider had appointed a 'mystery shopper' to contact the home by telephone during the evening and at the weekends to assess the attitude and response of staff towards callers. In April 2016, the provider carried out an Employee Engagement Survey with its employees. We were told that the results of these projects will be shared with staff and would inform the home and provider's action plan. We were also told that a newly designed survey will be sent out to all people in the near future.