

The Seckford Foundation Jubilee House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Jubilee House is a residential care home that provides accommodation and personal care for up to 25 people, some living with dementia. There were 24 people living in the service when we inspected on 4 and 6 April 2017. This was an unannounced inspection.

A registered manager was in post at the time of our inspection. 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. They were supported by a deputy head of care who was also the registered manager of the provider's other service Seckford Alms. This service provided personal care to people living in very sheltered flats. Both of the provider's services were located within the Alms House building. The management team worked closely together and staff were experienced at working across both services. This supported continuity of care within the organisation and embedded the (provider's) 'Seckford Standards' of involvement, compassion, dignity and respect in their practice.

At our last inspection 14 December 2014 we rated the service overall good and found responsive to be outstanding. At this inspection we found that the service had continued to develop and improve. People were at the heart of the service and received exceptional care that was personalised to them, taking account of their needs and wishes. People told us how staff went the extra mile to make sure that they were extremely satisfied with all aspects of their care.

Jubilee House was exceptionally well led. There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The registered manager demonstrated a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs. They were able to effectively demonstrate how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example.

Ensuring people received tailored care which enhanced their quality of life was integral to the running of the service. An enabling and supportive culture focused on meeting the individual needs of people had been established and was reflected in people's care records. Staff respected people's privacy and dignity and promoted their independence. They demonstrated an enhanced understanding about people's choices, views and preferences and acted on what they said.

Staff were extremely compassionate, attentive and caring in their interactions with people. Staff understood the importance of obtaining consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and or their representatives, where appropriate, were actively involved in making decisions about their care arrangements. This led to people experiencing an excellent service which was distinctive to their individual needs.

People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies and to participate in activities of their choice. This protected people from the risks of social isolation and loneliness.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes

Staff enjoyed their jobs and understood their roles and responsibilities. They were passionate and committed to delivering a high standard of care. They were positive about the way the service was managed, how they were supported and encouraged to professionally develop.

There were sufficient numbers of staff, who had been recruited safely, and who had the skills and knowledge to provide care to people in the way they preferred. Retention of staff was good and supported continuity of care.

There were robust procedures and processes to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised but also ensured their rights and choices were respected.

Staff had received safeguarding training and understood what actions to take to protect people from abuse. They were able to confidently describe the different types of abuse that may occur and how it should be reported.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

People were encouraged and supported to attend appointments with health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. Feedback including comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

The registered manager demonstrated an open, reflective management style working collaboratively with other agencies and professionals to drive continual improvement within the care sector. Feedback from healthcare professionals cited collaborative and effective working relationships.

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.

Systems were in place to help protect people from the risk of abuse and harm. Staff knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness, respect and compassion.

Staff had an enhanced knowledge and understanding of people which meant their individual needs and preferences were fully

met.

People were listened to and their views valued when making decisions which affected them.

The service provided outstanding end of life care. People experienced a comfortable, dignified death in line with their wishes

Is the service responsive?

The service was very responsive.

People were involved in all aspects of their care, their independence was promoted and they were enabled to live their lives the way they wished to.

People were able to pursue their hobbies and to participate in activities of their choice.

People received person centred care from staff who promoted their needs in an individualised way. Their care records reflected this approach and identified the support they required from staff

People's views and opinions were actively sought and listened to. People knew how to complain and share their experiences. Feedback including comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

Outstanding 

Is the service well-led?

The service was very well led.

Dynamic leadership was demonstrated at all levels. The management team promoted the highest standards of care and support for people; delivered by a passionate and committed workforce.

People and relatives had confidence in the management team. The registered manager was visible and accessible.

There was an open and transparent culture at the service. Staff were supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

Outstanding 

The registered manager worked effectively in partnership with other organisations to improve the lives of people they cared and supported.

Jubilee House

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 unannounced inspection took place on 4 and 6 April 2017 and was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met and spoke with thirteen people who used the service, five relatives and two visiting healthcare professionals. We observed the interaction between people who used the service and the staff.

We spoke with the registered manager and eleven members of staff including administration, housekeeping, catering, maintenance and care staff. We reviewed the care records of five people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the service had sustained this rating.

People told us they felt safe and secure living in Jubilee House. One person we spoke with said, "Yes I do feel safe, staff are around, people can only come in through the front door; that's secure. Got a pendant (personal alarm) and can ring anytime I want help." Another person told us, "I feel incredibly safe here because there is always somebody [staff] around and they all know what to do. Especially in an emergency. If I come unstuck I know I only have to press my [bedroom call] bell or alarm [pendant] and they [staff] will come immediately." A third person described how they were reassured when they have had to press their alarm pendant in an emergency. They said, "I press it and they [staff] talk on that [points to a speaker on the wall] and I tell them what I want and they [staff] speak fairly straight away and then staff come fairly quickly." They continued, "I slipped out of bed one night a while ago and they [staff] came quickly when I said I was on the floor." A relative shared their positive experience of the safety measures in place telling us, "[Relative] always has their pendant on and they [staff] respond quickly when I press it."

Another relative said, "I think my [relative] is very safe here, the staff look after them well, and there appears to be enough staff around, never had a problem to find anyone. The manager runs a very well organised home. Staff are alert to risks and hazards to [relative] and communicate with me if they have any concerns." Staff we spoke with told us that they carried out and recorded regular observational checks on people who needed this level of support to ensure they were safe. We saw that these records were available and saw them being updated as planned during our inspection. This included for one person two hourly checks to reposition them to reduce the risk of them developing pressure areas as they were being cared for in bed.

People and relatives told us that there were sufficient numbers of staff to meet their needs. One person said, "Always staff pottering about. They work hard but always have time to help you and to have a chat." A relative said, "Staffing levels appear good and the agency staff are really nice; no language problems and I have never had any feeling of unhappy staff."

Our observations showed, and staff confirmed to us, that people were supported by sufficient numbers of staff. Staff told us that they had time to meet people's needs and to spend time talking to them. We observed this happening regularly throughout our inspection. The registered manager advised us that they used a dependency tool that calculated the number of staff they needed based on people's individual needs. We were told that these were reviewed regularly and systems were in place to cover any unplanned staff absence such as sickness. The registered manager shared with us recent examples of how they had increased the levels of staff to support people when needed, for example following a discharge from hospital or to attend healthcare appointments. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that measures were in place to ensure that there were sufficient staff consistently available to meet people's assessed needs.

Care and treatment was planned and delivered in a way to ensure people's safety and welfare. Staff,

including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. Staff told us and records seen confirmed that the risk assessments were accurate and reflected people's needs. People who were vulnerable as a result of specific medical conditions such as epilepsy and diabetes had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. Regular reviews of care and support were carried out and involved people who used the service and their representatives, where appropriate. This ensured that information in people's risk assessments was current and reflected their individual needs and preferences.

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Where a safeguarding concern or incident had happened, the service had taken action to report this to the appropriate organisation who had responsibility for investigating any safeguarding issues.

People were supported by a staff team who were confident to report any concerns relating to people's safety and knew how to keep them safe from the risk of harm and abuse. For example during the inspection we saw staff using safe moving and handling practices to support people to transfer. People were provided with appropriate equipment to help to keep them safe, such as walking frames, pressure relieving equipment and hoists.

Risks to people injuring themselves or others were limited because equipment, including hoists, portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service require evacuating.

Safe recruitment procedures were followed. Checks included if prospective staff members were of good character and suitable to work with the people who used the service. Staff told us they had completed a thorough induction programme once in post. This included working alongside more experienced staff and reading information about people living in the service. Information included details about any risks that had been identified and how these risks were managed to ensure staff members could support people safely. Conversations with staff and records we looked at confirmed this.

There were suitable arrangements for the safe management of medicines. People told us they received their medicines on time. One person said, "They [staff] are very good at making sure I take my tablets when I need to." Another person told us how the staff, "At night cream my legs." A third person described their medicines routine to us, "At six, 10 ish, one and six and night time I have two paracetamols and one other [tablet]. They are all on time and only late if there is an emergency." Staff were provided with medicines training followed up by regular checks on their practice by the registered manager. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on a manual system which flagged up any discrepancies. Regular audits on medicines

and frequent competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

At our last inspection we rated this key question good. At this inspection we found that the service had sustained this rating.

People fed back that staff were well trained and competent in meeting their needs. One person said, "They [staff] are very kind, supportive and skilled in what they do. I can't fault them. Give them all ten out ten." Another person told us, "The other night I got up from the chair and slipped onto the floor and I rang them [pressed personal alarm pendant to alert staff] and they [staff] soon came and brought the hoist. I am used to the hoist and they [staff] do that alright." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

Effective systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with staff and records showed that staff were provided with the mandatory training that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example diabetes, falls awareness, mental health, stroke awareness, pressure care awareness and end of life. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role. One member of staff told us, "We have regular team meetings and supervisions. There is plenty of training available and the manager is very receptive to training suggestions. They [registered manager] are very hands on and will help out delivering care if needed. They are not stuck away in the office removed from everything. The manager is approachable and their door is always open." Another staff member said, "I have regular supervisions where I can raise things or with the seniors on shift but not a problem to go to a manager if they are about and I need to ask something." A senior member of staff said, "I am well supported by my manager."

The registered manager described how staff were encouraged to professionally develop and were supported with their career progression. This included new staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on people were lawful. Information in people's care plans contained information about the arrangements for decision making for those who lacked capacity, best interest decisions, and the decisions that they may be able to make independently.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to the care identified in their care plan. This included disclaimer records for photographs to be taken and sharing information with other professionals and for staff to assist them with their medicines.

We observed the lunch time meal in the dining room. This was seen to be an enjoyable social occasion with people chatting with each other while they waited to be served their meal. People were offered a choice of alcoholic or soft drinks to accompany their meal and were very complimentary about the food. One person said, "Food is as good as anywhere and each day you have a sheet with a choice of three things for lunch and three for tea." Another person said, "Food is lovely and I thoroughly enjoy it. Have breakfast in my room and go down for lunch and supper. It is very quiet and has a very nice atmosphere in the dining room. Nice white plates and cups and saucers. The dining room is lovely and light. Nice table cloth and fresh flowers on the table." People spoke positively about the variety of meal options provided and that their requests were accommodated if they did not want what was on the menu that day. One person shared their experience commenting, "One day I asked for a jacket potato and cheese and vegetables but usually there are things I like on the menu." Another person said, "Food is sometimes very good and sometimes good. If you don't like the food you can ask for a poached egg."

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. Adaptive cutlery where appropriate was available for people to promote their independence and was seen to be used. We saw a number of people had their meal in their bedrooms through choice. The meals were taken to people by staff who ensured that the plates were covered to keep the meal hot. We talked with the catering staff who were able to tell us clearly about people's dietary needs and preferences. Within the kitchen we saw an information board where people's preferences and specific nutritional needs were recorded.

People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals. Staff told us that people who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. Staff told us that when needed, records were in place to record what people ate and drank. A member of staff that we spoke with told us,

"We constantly offer drinks hot and cold throughout the day. There are regular drinks rounds but people can also have a drink at any other time if they want." This was confirmed in our observations during the inspection.

Conversations with people, relatives and staff plus records seen showed people had access to healthcare services and received ongoing healthcare support. One person said, "I have got very bad feet and had the chiropodist come, waiting to see the doctor and have seen the optician." People's health and well-being was monitored to ensure they maintained good health and identified any problems. Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that effective action was taken to maintain people's health and wellbeing. A relative confirmed this saying, "Communication is very good. [Person] had a fall and forgot [they] could not walk a few months ago and they [staff] phoned immediately. I am always kept up to date; if I ring they [staff] always answer the phone."

People's care records contained records of hospital and other health care appointments. A relative described how they felt informed by staff of the ongoing healthcare support for one person. They said they "Get a good amount of information. Staff will come and talk to me. They will phone me on occasions with concerns. I ask can a GP come and see [person] and [the GP] comes and I have access to [person's] notes." Another relative described how staff were alert to changes in their family member's condition they said, "Couple of staff know [person] well and can tell if [they are] coming down with a urine infection." They went on to tell us how appropriate action was taken to support the person and that this reassured them.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that people were still supported by kind, caring and compassionate staff and this rating remains good.

People and relatives spoke of the exceptional high standard of care provided by the staff and management team. They told us how they felt comfortable and at ease in their company and were complimentary about the conscientious attitude and approach of the staff. One person said, "The staff here are amazing; absolute angels. They can't do enough for you. They are so attentive and kind. They work so hard but you never feel you're a burden. I love them all as if they were my family." Another person commented, "The staff are very good, they respect what you ask for and they act on it." A third person shared their positive experience with us commenting, "I think they [staff] are fun, healthy and they treat me well and I am well cared for even though I moan about things." A relative praised the service saying, "It is fantastic, people who work here are so caring, nice and approachable, The care is excellent; staff are extremely nice and caring."

There was a calm, relaxed and friendly atmosphere in the service. Throughout our inspection we saw staff consistently interact with people in a kind and compassionate way adapting to meet their individual needs. For example, one person who had fallen asleep in the lounge area was gently woken by a member of staff at lunchtime. They discreetly asked if the person wanted to join the others for lunch as they knew this was something the person liked to do. The person declined and said they were not feeling very well and would like to rest a bit longer. The member of staff respected this and aware that this person had been assessed as being at risk of malnutrition suggested they come back in a little while and offered to sit with them later if they would like the company. The person smiled and agreed that, "Would be splendid." Later we saw the member of staff sitting with the person and supporting them to eat their lunch. They chatted and encouraged them throughout and their patience and caring approach enabled the person to enjoy a full meal.

We saw first-hand the caring, calm and reassuring manner that staff dealt with emergencies. When one person after their lunchtime meal had unexpectedly become dizzy and slipped off their chair onto the floor, the nearby two staff members were quick to respond to ensure the person's safety. They provided comfort and support to the person whilst assessing their needs and gave explanations of their actions so the person was aware of what was going on and did not become distressed. At the same time two other members of staff came and discreetly escorted the three remaining people from the dining room into the lounge area to do an impromptu activity whilst providing reassurance of what was happening. This enabled their colleagues to effectively deal with the fall and to preserve the person's privacy and dignity.

The registered manager demonstrated an extensive up to date knowledge of all the people living in the service without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach and caring manner. One person said, "The manager comes and talks to us at lunch time and has been up to my room once or twice to talk to me." A relative said, "The manager is so kind, very genuine, has an open door and very easy to talk to."

A strong person-centred culture had been established in the service. Staff reflected this person-centred approach in the way they put people at the heart of everything. This included supporting people to make daily living choices and decisions about their care. For example a member of the catering team told us that, "This is not a regimented home where everyone has breakfast at 8am and lunch at 12:30. It's their choice. Some people want to eat earlier or later, together with friends or relatives, in their [bed] room or in the dining room and that's fine. They can have their meals when they want and where they want to have them. Not a problem. We [staff] ask all the time as people can change their minds. It's their choice. It's their home." People told us, our observations and records seen confirmed this. A member of the care team told us, "I treat people as if they were a member of my family and how I would like them to be treated; with the utmost respect and kindness." A colleague of theirs said, "If it was me living here I would want the best care possible and to be treated with dignity and respect so why shouldn't they [people] expect that and get it?" Another member of staff commented, "I am mindful always that this is their home and we work here. Their needs come first and not the other way round."

Staff had an enhanced understanding of people's needs and their preferences for how they liked things done. They attributed this to being given quality time to spend with people enabling them to form meaningful relationships and get to know one another. One member of staff said, "We are seldom rushed off our feet that we can't have a quick chat with someone and find out how they are doing. It takes time to build that level of trust, for people to feel comfortable telling you their personal business. Everyone is different. Yes it can get a busy at times but we manage and even if there is sickness the manager will help out or get extra cover."

The high standard of care provided enhanced people's quality of life and wellbeing. The consistent staff approach of treating people with compassion, kindness, dignity and respect was also reflected in the language used in their care records which valued people. People's preferences, likes and dislikes were taken into consideration and support was provided in accordance with people's wishes. This provided them with a sense of purpose and wellbeing.

People told us they were encouraged by staff to maintain as much independence as they could. One person told us "They encourage me to do things for myself; use it not lose it. Keep active and mobile, use my walker. I can't wash my hair now, they [staff] help me with that but I can and do wash and dress myself." Another person described their experience of regaining some of their mobility through staff support. They said, "I find the turning stand better than the others [equipment] I have used and the staff have helped me to regain walking. They are good at helping me. I am not apprehensive as I know they will help me. A member of staff reiterated this and told us how they supported people to retain their independence. They said, "I prompt and encourage people to do things for themselves, make decisions like what they want to wear from clothes in their wardrobe, to helping them with personal care and getting them to wash their own face. Little things are so important; they make all the difference." People's records identified the areas of their care that they could attend to independently and how this should be respected.

People shared numerous examples of how the staff were caring, treated them with respect and maintained their privacy and dignity. One person said, "They [staff] are friendly, they treat me with respect and I can be as private as I wish." Another person told us, "They [staff] always knock, tell you why they are there, my privacy is respected." A third person commented, "Staff are friendly, they help me and they are caring. They knock and I tell them to come in and they help me to wash." They described how the staff assisted them where needed and promoted their independence encouraging them to do some of the personal care themselves. They said, "I do the front, arms and face and they help do my back. I am not embarrassed they [staff] do it very well."

Relatives felt that they could visit at times of their choosing and were made welcome. One relative said, "I am a frequent visitor here, am always made to feel comfortable and at ease." Another relative commented, "Staff are fantastic, truly lovely, very kind trustworthy people. I am here all the time; might as well be part of the furniture. I have no complaints never seen anything untoward. Marvellous place."

A high standard of end of life care was provided in the service. The registered manager and their team followed best practice on how to enable people to die well in the place and manner of their choosing. This was underpinned by appropriate training and support to staff. Effective systems were in place to reduce crisis and hospitalisation for people. This included working closely with the district nurse team and Hospice at Home team. People had individual palliative care plans where they had been identified as needing end of life care. These were individual to each person and their unique situation. They involved the wishes and preferences of the person, input from their family/representatives and health and social care professionals where required. A relative shared their experience of the sensitive way arrangements had been made to. They said, "When [person] started to decline, the manager spoke with us and [person] about what mattered to them. There was no rush no pressure to answer straight away, the manager was lovely. They answered all our questions and listened to what [person] wants. We have a plan in place for when the time comes and I appreciate the way this was handled." Another relative said, "[Person] has been bedridden [care for in bed] for the past year and has no bed sores [pressure areas], was on palliative care last year and I brought little pieces of food in and fed [them] and they [staff] sat and fed [person] encouraging [them] to eat and they kept encouraging drinks and turned [person] regularly every two hours and continue to do so. It was quite an achievement, no pressure sores. I am very grateful that they have kept [person] here."

Is the service responsive?

Our findings

At our last inspection we rated this as outstanding. We found during this inspection the service continued to be very responsive to people's needs. Without exception, people and relatives were extremely complimentary about the responsiveness of the registered manager and staff team. One person said, "The staff are incredibly kind, attentive and know exactly how you like things done. You don't have to repeat yourself. They listen and take on board what you say. I only have to press my bell or my [pendant] alarm and they come straight away. Staff are very quick to respond if you need any assistance or are in a spot of bother. The manager can't do enough for you." A relative we spoke with praised the staff and the attention to detail within the service. They told us, "It is such a high standard of care here. Everyone is well looked after by the staff. People are well presented, clean and smart; even down to their fingernails. Even the little things which do matter get done right here. [Person] has always looked after themselves, their appearance; nice hair and nails this was important and has not changed since they moved in. Staff are always around checking people are alright and if they need anything. The beds are discreetly made each day; the rooms are clean and immaculate. It is a home from home."

People were cared for by a registered manager and their staff team that knew them well and had an in-depth understanding of their care and support needs. Staff spoke with pride and passion about the people they cared for. One member of staff said, "I really love my job here. The residents are like family. I honestly think we do everything really well. It is so important to do right by them [people]." Another member of staff said, "We [staff] try so hard to make sure people are safe and love living here. This is their home."

Wherever possible the registered manager encouraged people to come for a trial visit to help them decide if living in Jubilee House would be right for them. Once a person had chosen to move in, a full care plan was prepared to assist them to live the life they wanted to live. We saw that care plans were detailed, written in the first person and captured people's individual needs and preferences. These were developed in partnership with the person and or their representatives where appropriate and were used to inform staff on how best to meet their needs. For example, one person's care plan reflected their night time routine including a particular brand of drink they liked to have and their favourite television programmes which were things they used to enjoy before they moved in. Another person's records showed it was important to them that they regularly had a morning shave to retain their independence and self-esteem. Guidance was provided to staff in the person's care plan on how to facilitate this as the person's confidence had dipped following a recent illness. People told us they were involved in decisions about their care arrangements and had seen their care plans and signed them to show they agreed with the content. One person said about a recent review of their care, "They [staff] bring a sheet of paper and I read it and can comment if I want to and I sign it."

A relative told us how they had been asked by staff to contribute to their family member's life story book. A life story book was a way of staff learning about the person's past and what was important to them. This was completed in addition to information within each person's care plan. A member of staff told how this additional information enabled them to have meaningful conversations with people, putting them at ease during care tasks that could cause them embarrassment such as personal care. They said, "I know that

[person] gets nervous when they have a bath. They want to still have a bath; they don't like showers but they worry. I try to reassure them and talk about things like gardening and TV programmes they like to watch. We have a giggle and it helps take their mind off what is going on."

People were supported to continue to pursue hobbies and interests that they enjoyed prior to moving to the service and to also try new and different things should they choose to. This led to them having an enhanced sense of wellbeing and exceptional quality of life. One person said, "Lots going on all the time. You can do as little or as much as you like." Another person said about the variety of activities, "Plenty of choices; people come in and sing, have afternoon tea every day, have church services." They told us about how important it was to them that they had access to the community as they had grown up in the area and wanted to maintain these links. They described how this was facilitated for people on a regular basis with several trips a week planned. They said, "You can go out if you want to; go in a taxi to the shops and get picked up again." Three people commented how much they looked forward to the exercise sessions and that it had improved their mobility and health.

People told us that their diverse needs were met. For example one person told us how they valued being able to celebrate their faith and enjoyed spending time in the chapel attached to the service. They said, "The chapel is perfect as it is not far for me to go. I go there for some quiet time, to pray and sometimes to do the flowers." Another person told us how much they enjoyed the chapel services they said, "Christmas is tremendous the choir of local school children sing all the carols. There is also a remembrance service that is very moving."

Information was displayed within the service of the different group and individual activities people could participate in. This including learning to knit, arts and crafts, photography and gardening clubs as well as planned entertainers, film afternoons and quizzes. One person smiling to us said, "There is plenty to do; keeps me out of mischief. I like it when the youngsters [pupils from the local college and schools] come on a Friday and we have a quiz or play [board] games. That is good fun." Another person told us how activities were flexible and adapted to incorporate people's suggestions. They said, "If you want to do something you only have to ask. We have had opera and classical music evenings, [historical] talks, fund raising events, baking which some people wanted to do. I am looking forward to musical bingo later; that's new." A third person commented, "I join in the floor exercises. I do a lot of walking; three times a day and I go and sit in the Chapel gardens. I like the peace and quiet and I read my book and I don't get disturbed."

The registered manager described several instances where their staff had gone the extra mile to support people's wishes. This included helping people to make individualised seasonal gifts and the introduction of baking. They described the positive impact to one person's wellbeing when the staff had supported them in making home decorations at Christmas time as this was something they used to do enjoy doing prior to moving into the service. Records seen showed how two people had been supported to attend a local tea dance as staff were aware of their love of dancing. A relative when informed of this with an accompanying photograph, emailed commenting, "Oh, such wonderful news, thank you all for the news and the beautiful photo; it made me cry but in a good way. Thank you everyone for all you do."

People told us that they could have visitors when they wanted them. We saw people entertaining their visitors on both days of our inspection.

People, their relatives and or representatives were regularly asked for their views about the service. One person said, "They [registered manager] announces that there will be a [residents] meeting and it is an exchange of views. They [staff] put information on the stairwells and in your [bed] room and tell you of social things that are coming up." Another person told us, "Residents meeting we talk about the service and the

food." A third person commented, "I can speak freely here should I wish to, They [management and staff] listen to what we say. We have meetings where you can talk about things; request changes to your food or bedroom."

People and their relatives told us they knew who to speak to if they had a concern. One person said, "Any concerns you can go to the senior ones [management team]." Another person told us, "I would go to the manager if I was upset or unhappy. They would sort things out. Mind you I haven't yet had to." A relative commented, "If I had any issues I would take this up with the manager straight away. We have a good relationship." A complaints process was in place, although no formal complaints had been received in the last 12 months. The registered manager explained that this was because any comments or issues were addressed straight away and as they worked regularly on shift in the service they encouraged people and relatives to talk to them directly if they had any problems. Records seen confirmed this.

People's feedback was collated through regular care reviews, resident meetings, quality satisfaction questionnaires and daily interactions and communications. We reviewed some of the feedback received and saw that people felt comfortable raising concerns if they were unhappy about any aspect of their care or service provided. Comments were positive specifically about the caring nature of the staff and the approach of the registered manager. Where inconsistencies had been raised about the standard of bed making and changes requested to the timing and provision of the Sunday evening meal these had been acted on. For example, the Sunday evening meal was changed from supper to high tea. This showed that people's feedback was valued and used to continually improve the service.

Feedback from health and social care professionals about the service was complimentary and praised the person centred approach of the registered manager and staff. One visiting healthcare professional told us, "People are well looked after, safe and encouraged to lead fulfilling quality lives." Another healthcare professional said, "This is one of the best homes. The manager and staff are very caring and focused on meeting the individual needs of people. We have a brilliant relationship. Staff follow instruction and make appropriate referrals. No problems."

Is the service well-led?

Our findings

At our last inspection we rated this key question good. At this inspection we found the service had continued to improve and develop, with dynamic leadership demonstrated at all levels. The management team and their workforce were committed to providing people with the highest standards of care. We rated this key question as outstanding.

People and their relatives praised the management team at the service and the positive culture they had developed to ensure people were at the heart of where they lived. We were told by one person, "I think it is an exceptional place. Run very well, and I would highly recommend it. I feel safe, well looked after and am very happy here." Another person said, "I would recommend it. It is a nice and friendly home. I have a nice bedroom and nice food and the staff are very pleasant." A relative commented, "Atmosphere is very relaxed, staff are cheerful, good environment to work in. Manager is very supportive and hands on and really very caring; the manager is fantastic. The staff are all very articulate." Another relative told us, "Good luck finding a better home than this. They [staff] always go over and above. [Person] is so happy and well looked after. We couldn't ask for anything more; we really couldn't."

There was a warm, welcoming and homely atmosphere within Jubilee House. People were at the heart of the service underpinned by a caring and considerate ethos, promoted by the management team. The management team worked closely together and staff were experienced at working across both of the provider's services. This ensured continuity of care and embedded the (provider's) 'Seckford Standards' of involvement, compassion, dignity and respect in their practice.

These measures had resulted in a compassionate workforce who told us they felt respected, valued and motivated to be at work. The registered manager demonstrated an open, transparent and reflective leadership style. They provided visible values and a person centred approach to their staff team, demonstrating a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner.

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their ongoing care arrangements. People and their relatives could voice their views and opinions which the registered manager listened and acted on. The registered manager took action to resolve any issues and reviewed untoward incidents and concerns as an opportunity to improve policies and practices within the service. They had excellent oversight of the service and worked closely with their staff team to drive continual improvement and deliver high quality care.

Feedback from people, relatives, staff and health and social care professionals spoke highly of the registered manager's influence and leadership within the service. This was confirmed in our observations where we found they had embedded a positive, inclusive, open and transparent culture, focusing on delivering exceptional care. One person said, "It is well run. I have visited quite a few places. People [staff] are doing their job well and you can have a laugh with them and that is important." A relative commented, "The

manager is very hands on, caring, approachable and leads by example." A member of staff said, "I get on quite well with the manager and it is a reasonably happy work force who are well motivated and caring."

People received care and support from a competent and dedicated care team because the management team encouraged them to learn and develop new skills and ideas. Staff when asked about the culture and values of the service told us that they felt part of a team and enjoyed their work. They were passionate and committed to providing quality care and were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. They shared with us how the registered manager had encouraged and invested in them to professionally develop through recognised qualifications within the care industry. They described how the registered manager had empowered them to become champions [designated lead roles] within certain areas of the service promoting best practice. This included champions for moving and handling, medicines, dignity and pressure care. One member of staff told us how these supportive measures had been a positive experience for them saying, "Doing the QCF [nationally recognised professional qualification] and being a lead as boosted my confidence. I have learnt a lot about [particular lead role] and have shared this at team meetings."

Staff told us and records seen showed that staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as during daily handovers with any issues arising reflecting the accompanying actions. They said that the meetings and handovers promoted shared learning, understanding and accountability within the staff team.

Robust quality assurance systems and processes were well established and used for evaluating information about the service. The monitoring systems were very thorough and underpinned by a comprehensive range of audits and reviews which focused on positive outcomes for people. These were carried out in a wide number of areas such as care planning, accidents and incidents, pressure care, medicines and nutrition and hydration. These identified and addressed shortfalls in the service and were used to make improvements. Effective and transparent reporting structure ensured accountability for keeping people safe at all levels in the organisation. The registered manager showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development.

The registered manager worked in partnership with various organisations, including the local authority, district nurses, local GP services, Macmillan team and mental health services to ensure they were providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary and reflected positive and effective working arrangements. In addition they were supported by the provider's head of care who was an active member of a number of external groups working for sustainable solutions within health and social care. This also included working collaboratively on projects with Healthwatch and the local council to share /reflect best practice.

The registered manager was an active member of the clinical commissioning group's (CCG) care home forum and told us this was an excellent source of guidance and support in improving the care provided to people within a care home setting. They had been instrumental in a recent initiative that shaped external practice regarding the transfer of individuals' medicines to hospital on admission. This had come as a result of a reported near miss identifying the need to improve safety in the case of double checking individuals' medicines when leaving the service to ensure they had all their medicines. The registered manager took swift action and changes were made to internal policies and procedures to improve safety within the service. In addition they raised the issue of existing practices concerning the safe transfer, use and storage of

medicines during the hospital admission to the CCG's care home forum. Following collaborative working with multiple agencies, including the registered manager, improvements were made to arrangements regarding the transfer of people's medicines to hospital on admission.

The registered manager was committed to raising awareness of dementia related conditions, and its impacts on people and their families, in their role as a dementia friend champion. This included fund raising within the local community, giving talks to raise awareness and supporting the development of dementia friendly communities. In addition the registered manager used their role as a care ambassador to actively promote careers in care for young people. This included speaking to health and social care students in local schools and liaising with local colleges in the development of apprenticeships in care with placements within Jubilee House.

As part of ongoing improvements to the service an extension to the existing building had been added. This was well maintained and decorated to a high standard. The environment both internally and externally had been improved making it more accessible. Consideration had been given to making the service dementia friendly. This included quiet areas with comfortable chairs and designated areas with reminiscence, sensory and tactile objects for people to enjoy. People and relatives confirmed they had been consulted as part of the process and been kept updated on the progress. One person said, "The manager told us what was going on and gave us information. We were asked about the décor, what we would like in certain areas and our suggestions were considered. Disruption and mess was kept to a minimum and the results speak for themselves. It's lovely." This gave people a peaceful and relaxing refuge at times when they needed to be quiet and undisturbed.

The service was effectively organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.