Orders of St John Care Trust

# OSJCT Jubilee Lodge

**Inspection report**

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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 |

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during our inspection.

Jubilee Lodge is a home that provides care for up to 74 people who have nursing needs; live with a type of dementia or need a period of time to recover and rehabilitate from an illness. At the time of our inspection 71 people were using the service. This was an unannounced inspection.

# Summary of findings

This service was last inspected on 10 and 11 July 2013 when it met all the legal requirements and regulations associated with the Health and Social care Act 2008.

People's needs had been assessed and reviewed however the monitoring of some people's individual risks had not always been recorded. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff were sensitive to people's needs and treated them with kindness and respect . Volunteers helped staff by providing individual activities and social time for people who were unable to take part in group activities. Activities were provided to the majority of people but some people who were staying in the home for a short period of time were not always offered activities.

Staff were supported and trained to carry out their role. The head nurse and qualified nurses were supported by enhanced trained unit leads. This allowed the nurses to carry out a clinical role and support people with more medical and health care needs. People were encouraged to maintain a healthy diet and lifestyle. They were referred to the appropriate health and social care professionals to be reassessed if their needs had changed. However a health care professional was concerned that the unit leads did not always immediately recognise a change in people's health.

People were given a choice of food though some had mixed feelings about the quality of food. There was an sometimes an inconsistent approach to providing some people with a diet that suited their needs.

People were supported by sufficient numbers of staff who had been trained, supported and suitably recruited to ensure they had the skills to support people who were living in the home.

Staff understood the need to protect people from abuse and harm. They recognised that people had a right to make choices about their care. Where people were unable to express their views staff supported them to make best interest decisions about their care and day to day activities.

The registered manager knew their role and responsibilities in protecting people in the least restrictive way and reporting any safeguarding concerns to the relevant authorities.

Quality assurance systems had been established which involved people and their relatives. People were encouraged to express their views and concerns. They felt that they would be listened to and their concerns would be acted upon. People and their relatives were encouraged to feedback suggestions about the home. The registered manager had responded to people's views and had started to make improvements around the home and gardens. People, relatives and staff complimented the improvement in the quality of care and home's environment.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Good

This service was safe. People and relatives told us they felt safe in the home. Systems were in place to ensure that there was enough suitably qualified staff to meet the needs of the people who lived in the different units.

People were protected from abuse as staff were understood people's rights and choices. Assessments were in place to identify those people who were at risk or restricted in their freedom. An application to register one person under the Deprivation of Liberty Safeguards was in place. Where people had the capacity, they were involved in their care planning and were supported to take risks.

**Is the service effective?**

Requires Improvement

This service was not effective. The changes in people's health care needs were not always acted upon in a timely manner. People had mixed comments about the quality of food. Some people did not always receive their food in a suitable consistency.

People's needs were assessed and met by staff who had been trained to carry out their role. The head nurse supported staff with their clinical practices. Staff were being supported and developed within their role.

People were supported to maintain good health and had access to health care professionals and other services to maintain their well-being.

**Is the service caring?**

Good

This service was caring. People and their relatives spoke highly of the staff who supported them. People told us their views and wishes were respected.

Staff took time to understand the needs of people who couldn't communicate well. They observed their body language to understand their feelings.

People were treated with politeness and their dignity was respected. Staff were sensitive to people's needs and knew their likes and dislikes and personal backgrounds.

Volunteers helped by visiting and chatting with people who were unable to leave their rooms.

**Is the service responsive?**

Requires Improvement

This service was not always responsive. Staff centred their care around people's physical and emotional well-being however records which monitored and evaluated people's risks were not always completed.

# Summary of findings

Themed relaxation and activity areas in the garden and around the home were available for people. Some people with differing needs did not have a meaningful purpose to their day. Staff and volunteers provided opportunities for people to be involved in group or individual activities.

The registered manager welcomed feedback from people and relatives to improve the service.

**Is the service well-led?**

Good

This service was well-led. A new registered manager was in post who understood the challenges of running a home for people with complex needs. A strong senior team had been formed to ensure that staff were supported to provide good quality of care. People and staff told us the home had improved and there was evidence that improvement plans had started to be implemented.

The service was being monitored to ensure that safe and effective care was being delivered. People's views were listened to and acted upon. The registered manager had formed links with the local community and health care professionals who supported people who lived in the home.

# OSJCT Jubilee Lodge

**Detailed findings**

## Background to this inspection

An unannounced scheduled inspection was carried out on 5th August 2014. This meant that the staff and provider did not know we would be attending. The inspection was led by an Adult Social Care inspector who was accompanied by 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 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 and to identify good practice. We also examined other information that we held about the provider and previous inspection reports.During our inspection we spoke with 10 people who lived at the home and with seven relatives. We spoke with five staff members, two volunteers and the registered manager. We also spoke to two relatives who were visiting the home during our inspection and five other relatives by telephone. We observed people receiving support from staff in the four units of the home and looked around the accommodation. We looked at six people's records, together with other records relating to care and the running of the home.

Following our inspection we spoke with two health and social care professionals including a doctor and asked for their views of the care provided to people who lived in the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said "I am very happy here, the staff are nice and I am looked after well". Another person who was staying at the home for a short period of time said "I couldn't ask for better, I have no concerns". A volunteer told us "I wouldn't volunteer here if I didn't think it was a good home. People are looked after well and are safe here".

Recruitment procedures were in place to ensure that people were cared for by suitable and vetted staff before they started to work at the home. However we found the references in one of the five staff files we looked at had not been taken from previous health or social care employers. This staff member had worked in health or social care but their conduct had not been explored. The registered manager told us she would investigate this to verify the employment history of this member of staff. Records showed that this staff member had received regular supervision and therefore any poor care practices would have been identified. Recruitment checks for the eleven volunteers who worked at the home had also been undertaken to ensure that people were safe when being supported by a volunteer.

Arrangements were in place to ensure people were protected from abuse and harm. Staff knew how to identify signs of abuse and how to report any concerns. All new staff attended a two day induction course which included learning how to recognise and report any allegation of abuse and poor practices of care. This was later followed up with a more intense course on protecting vulnerable people. Staff had access to the home's policies which gave them clear guidance which was in line with the training. Staff confirmed they had attended this training. One person told us "I have never heard any staff get upset or raise their voice with anyone that lives here, they are well trained".

Some people had been subject to safeguarding referrals which we discussed with the registered manager. The registered manager and staff had responded to these incidents appropriately and risk assessments and monitoring systems had been put in place to reduce the risk of further harm. These incidents had been reported to the necessary authorities.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable of how to support people who had limited mental capacity and were clear how they applied this in their care practices. For one person who lived in the home, a monitoring system had been put into place as they had attempted to leave the home on several occasions. This person was being restricted within the home as they were likely to get lost in the community. This met the requirements of the Deprivation of Liberty Safeguards which had resulted in the registered manager registering and notifying the relevant authorities of this restriction. During our inspection a team member for the DoLS team assessed this person and made a recommendation that the person was to be reviewed by the mental health team. This would provide guidance to staff to ensure that this person was being supported in the least restrictive way.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). Care homes, in order to ensure people's rights are protected, must make a formal application and have authorisation to impose restrictions on people. Care homes have to apply for authorisation when restrictions are imposed on people to keep them safe when they do not have the capacity to consent to these restrictions.

Communication between staff at the handover meeting at the beginning of each shift and nurse lead staff meetings kept staff up to date with any recent incidents or concerns that may put somebody at risk. Staff told us that communications between the teams were improving and having a head nurse over all units helped staff learn and share across the units. Where possible, people were involved in decisions about their risks. For example one person disliked being moved in a hoist. Staff worked with this person, their family and the Occupational Therapist to look at alternative techniques of moving them without using a hoist.

People who lived in the home had varying degree of complex needs. Staffing levels were adjusted depending on the needs of people within each unit, and were kept under review. Two nurses were available on most days to oversee the people who lived on the nursing units. A head nurse had recently been employed to oversee all the units. Each unit had a unit lead that supported the qualified nurses. This allowed time for the qualified nurses to support people who had more complex health needs. The registered manager told us that managing the staffing

Good

# Is the service safe?

levels had been a challenge especially at night but this was being addressed by active recruitment. In the meantime some staff had agreed to do extra shifts to ensure that there was enough staff to meet people's needs at night.

Requires Improvement

# Is the service effective?

## Our findings

People told us they felt they were well cared for and supported. One person told us "I am well looked after, the staff are very nice here". Another person said "I recently wasn't well at night and the nurse came in regularly to check me, she was very caring".

People's care records were being updated and amended to meet people's needs. A programme to review people's care records was in place and was being actioned. If people's needs changed they were referred to an appropriate service for additional support and treatment. The registered manager said "We have a good relationship with services in the community who can help support our residents, including the GP who visits weekly". People were supported to access the chiropodists, optician, dentist and auditory services. However one health care professional told us they felt that occasionally some people's health needs had not been acted on in a timely way by the unit leads. They gave an example of one person who had reported that they had been in pain during the day but this was not referred to the health care professional until the evening. This was being addressed by the registered manager and head nurse to ensure that people received the appropriate care in a timely manner.

Meals were planned on a five week rolling programme. People's comments about the meals varied. Comments included "The food isn't always great, there is too much pasta but the roast meals are usually good but can be over cooked"; "the food here is marvellous"; "The food is lovely, I enjoy the meals here"; "Meals are so so, could be better sometimes". One relative who visited the home daily told us that they generally thought the food was good but the kitchen should be better informed of their relative's dietary needs. This relative went on to explain that her mother who had swallowing difficulties had not always received food that was of a suitable consistency. This had been raised with the staff who told us they were communicating with the kitchen staff to ensure this person was always given food that met her dietary needs.

People were given choices about the food they ate. We observed people eating their lunches on two of the four units. Menus were on the tables but they provided no pictorial clues and the font of the words were small. The majority of people who sat in the dining room were unable to read the menus. However people were shown the choice of two hot meals which helped them decided what they wanted to eat. People could request an alternative meal off the light bites menu. The kitchen staff told us they visited people to discuss their dislikes and likes of food and attended the resident and relatives meetings to receive feedback about the meals options. One member of the kitchen told us "If we are told that someone is not happy with the food, then we will visit them in their room and discuss alternatives which they like".

People who required support with eating and drinking were supported by staff in a dignified and respectful way. Bright coloured crockery was being used which helped people who had cognitive and visual difficulties to recognise the food. This assisted people to have higher levels of independence in their eating and drinking. Each unit had fruit and covered snacks available throughout the day.

People's care records were focused around their individual needs. People's physical and emotional needs had been assessed and recorded, and staff were given guidance on how they should be supported. For example, people's care plans gave staff guidance about how to support a person if they became upset or refused any aspect of their care. The care plans also provided staff with people's social and family history which helped staff better understand the people they cared for.

Relatives were complimentary about the care staff gave and the support that had given to them. One relative said "Nobody wants to be in a care home but Jubilee Lodge is very good. They look after my mother well and I am always welcomed there".

We received a concern from a relative about a person who had used the service. They felt their relative had left the home in an unkempt state. During our inspection, we found no evidence of this as people appeared clean and smart. We were told that one person who had looked a bit dishevelled had refused to have a shave and a bath. This was documented in their care records and the staff told us they were trying different strategies to persuade this person to have a shave and bath.

Since being in post, the registered manager had produced a plan to ensure that all staff had regular support meetings with a senior member of staff. The registered manager said "I have now developed a chart so all staff will be monitored and regularly supervised by a key senior member of staff.

Requires Improvement

# Is the service effective?

We are also planning training sessions so that the senior staff have the right skills for supporting and appraising staff effectively". As this plan was a relatively new we were unable to verify if staff support would be sustained, however staff told us that the support that they received had improved. One staff member said "we are a nice tight team which has worked in a very good way". Another staff member said "Everyone is very supportive, any problems I just go my team for help".

Staff had been trained so they could meet the needs of the people on the different units. The head nurse said "Together with the manager we are trying to establish the skill base of the staff and especially the skill base of the nurses and care staff. This will help us understand the gaps and strengths of their knowledge". All the staff who we spoke with were positive about the quality of training they had received. We were told it gave them the skills they needed to carry out their job. One new member of staff said "We had a two day induction course which included safeguarding and appreciation of the Mental Capacity Act and DoLS; it was very good and helped me to understand my role as a carer". Unit leads had been given additional clinical and management training including administration of medicines to give them the skills to support the qualified nurses.

We were told that all staff were in the progress of updating their training on dementia awareness. The home had dementia link workers who kept their knowledge about supporting people with dementia up to date by attending events and courses.

During our inspection the head nurse facilitated a short course for some staff to understand the value of writing comprehensive care plans. We were told that this training would be rolled out to all staff. Alternative times to run the course had been planned so that night staff could also attend this course.

Good

# Is the service caring?

## Our findings

People told us they were very happy living at the home and that staff were kind and compassionate. We were told by people that staff treated them with dignity and care and encouraged them to be as independent as possible. One person said" The staff are marvellous here, they are really kind". Another person said "I couldn't ask for any better".

People were treated with respect. We observed that people were asked if they would like to wipe their hands with a wet wipe before eating their lunch. Some people were asked if they would like a cloth or apron to cover their clothes while they were eating. We observed staff respectfully speaking with people and knocking on their bedroom doors before entering rooms. A member of staff asked people who were sat in the dining room if they would like to listen to some music while they ate their meal. Not everyone in the room could respond to this question so the music was put on quietly. The staff member observed some people who could not communicate for any indications that they would preferred the music to be turned off.

Staff were thoughtful and sensitive to people's needs and preferences. We spoke with one person who was able to tell us "I find that the male carers are very discreet and always check that I am and comfortable in their presence, they never assume it is OK". They went on to tell us that if they had requested only to have female carers then this would have been respected.

Staff knew people well and had a good understanding of people's needs. Staff had started to complete a document called 'All about me' for each person who lived in the home. Families had been asked to contribute towards completing these documents. This document captured people's family histories, interests and backgrounds which helped staff understand people's personalities and behaviours.

People were valued by members of staff. For example we saw staff chatting with people about their day and their past. Some people were not able to tell us about their experience in the home but we saw that they looked and relaxed around staff. Relatives told us comments such as "This is a fantastic place, they do a really good job, all the staff are very kind"; "Staffs actually love their job" and "I visit here daily, I have never seen anything that concerns me".

The home had 11 volunteers who helped with activities around the home and befriending people. They helped run the shop in the home and took a trolley of refreshment's around the home to people who could not visit the shop. We met one volunteer who was chatting with a person in her bedroom and doing a puzzle together. This person said "Staff and volunteers here are ever so loving and caring". The volunteer told us they visited people in their rooms who couldn't attend or did not want to attend the group activities in the home. They said "I sit with some of the residents and chat. We talk about the news, local events or I read to them or we do crosswords and puzzles".

The majority of time we observed staff listening to people and they responded sensitively to people who made repetitive requests due to their short term memory problems. However on one occasion we observed a member of staff ignoring a person's request to leave the lounge. This person got upset before the staff member responded to them. This was reported to the registered manager who said "We are sending all staff, new and old staff on dementia awareness courses to remind them the importance of valuing people and putting their needs as the focus of their care".

Requires Improvement

# Is the service responsive?

## Our findings

We identified some areas that needed improving. These included record keeping and the variety of activities available to people with differing needs and expectations.

People were positive about the care and support they received. People's care plans were person centred and focused on people's health and social well-being. However the monitoring records of people who had been identified as at risk were not always completed. For example, one person's needs had been reviewed and they had been identified as being at high risk of malnutrition. We observed this person eating during the lunchtime period. They had chosen to eat alone in the lounge. We observed that they had difficulty coordinating their cutlery and consequently ate very little. We found that there were inconsistent records of this person's food/fluid intake on their daily records or food/fluid monitoring charts. Therefore the monitoring of this person nutrition levels would be difficult.

Another person had been identified as at risk of wanting to leave the home. Staff knew this person well and were trying to prevent them leaving the home in the least restrictive way by distracting him. Staff were continually monitoring and recording the whereabouts of this person. An application to DoLS had been made as this person's freedom was being restricted. However, records were not being kept of what was triggering this person to want to leave. This information would have given staff guidance to help to develop a personalised strategy for this person to prevent this person from feeling as though they needed to leave. The recording of people's accidents and incidents were not always fully recorded. For example we read the daily records of one person who had fallen but this had not been recorded on an accident and incident form. This meant that the frequency and trends of this person falling was not being clearly monitored. Poor record keeping of people's care and support is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The home employed a full time activities coordinator. We were told that they tried to provide activities to all the people in the units during the day, in the evenings and at the weekends. The home provided group and individual activities. One to one activities such as hand massage, music, puzzles took place with people who stayed in their rooms. The registered manager said "I want to change the culture of the home and to ensure that staff don't just think that it is the activities coordinators job to provide activities but staff should make an activity around personal care and day to day routines".

We observed a karaoke activity in one of the lounges. Two members of staff engaged with people to join in the songs or clap their hands. People were encouraged to make choices about the songs they could sing too. Later we spoke to one person in her room who told us "I am invited to attend the activities going on but I prefer to do my own thing in my room". However two people who were staying in the re- enablement short stay unit were not as positive about the activities in the home. One person told us she had no activities other than to watch TV which she found disappointing.

The registered manager had worked hard building up a positive relationship with the local community and inviting people to help in the home. Volunteers had helped to fund raise and carry out activities around the home. One volunteer told us they visited each week and spent time with people who stayed in their room a lot "I chat with them, read the newspapers, and we try to the crosswords in the newspapers".

The home was modern and purpose built with four separate units. The registered manager had made changes to improve the environment and décor for people who lived in the home. This had included redecorating and providing activities and themed areas along the corridors for people to explore and discuss. The garden had been improved by a team of volunteers, staff and some people who lived in the home. This had included raised flower beds, creating a vegetable allotment and an installation of an air raid shelter. The registered manager said "I want the home to be brighter, more colourful and feel like a home for people especially for those people who have dementia".

Where possible, people had been involved in their assessment, planning and review of their care. People's relatives were consulted to ensure that people's best interests had been considered if they were unable to be involved in their care planning. The head nurse worked across all the units to observe and support staff with

Requires Improvement

# Is the service responsive?

clinical support and judgements to ensure that people's health and care needs were being met and reviewed. The head nurse was in the process of carrying a thorough review of everyone's needs.

The registered manager and staff encouraged people and their relatives to give feedback and make comments about the service they received. The registered manager said "I have an 'open door' policy to encourage people to come and speak with me". One relative said "My father and I visit the home daily, we have occasionally raised a minor concern but these have been dealt with immediately". Resident and relatives meetings were held to give people the opportunity to express their views. People and their relatives were encouraged to complete a provider's sealed comment card called 'How would you rate our care home?' or complete an online form. Volunteers and staff were being asked to help people to complete the surveys or express their opinions if they were unable to attend the meeting. People's views were listened to. For example, people and their relatives had highlighted in a meeting that the garden was not being used much. The registered manager responded to this and organised volunteers from the community to help improve the garden for the people who lived in the home.

Good

# Is the service well-led?

## Our findings

The registered manager had been in post for four months when we inspected the home. The home had not had the continuity of a manager after a period of acting and interim managers. This had left the present registered manager with a series of challenges which were being actively addressed. For example we were told that the biggest challenge had been to ensure that there was sufficient trained and supported staff to meet the needs of the people who lived at the home, and to establish effective systems to monitor and support the staff to develop. Records showed us that these plans had started to be implemented. Staff told us that the home had improved recently. People and their relatives told us the home had improved. One relative told us there had been a lot of changes but the new manager had pulled everything together and created a happy home which was pleasant place to visit. The registered manager had formed better links with local health and social professionals and had been working on the provider's improvement plan since being in post.

The registered manager and the senior staff had a clear vision about how they wished the home to be run. A head nurse had been employed to oversee clinical procedures and drive clinical excellence in all the care practices. The Head Nurse said "We are trying to change the culture in the home and empower staff to try new ideas with residents". The registered manager was very clear about her expectations from staff. She said "I take a very harsh stand on poor practices and zero tolerance on bad behaviour". Staff and relatives told us they had seen an improvement in the home since the employment of the new manager. One relative said "I really like the manager; she is working hard to improve things there".

The registered manager had involved the local community in activities such as the home's fete and improving the garden. Local schools and community groups had recently been visiting to the home to provide entertainment and visit people who lived in the home. The registered manager had produced a redecoration and refurbishment programme to make the home and gardens more homely and in particularly more friendly to people who live with dementia. One relative said "The new manager has injected interest back into the home, things are improving, she is doing really well".

Re-establishing systems to monitor the quality of the service had been a priority for the registered manager due to the absence of a manager for several months. Quality audits were now in place to ensure that the service was being monitored and that quality was being maintained or improved. Regular audits of the maintenance of the home and were equipment were in place. An annual internal quality audit was carried out by the service provider. In addition there were regular visits from representatives of the provider to ensure the home was being run safely and effectively. Monitoring of staff training and support was being planned and implemented. The registered manager had started the process of analysing the types of accidents and incidents that had occurred within the first half of the year. This would identify if there had been any trends or patterns in incidents that would need to be addressed.

The registered manager and the senior team were committed to improving the quality of the service they provided. The registered manager was given direction and support by the provider's area operations manager. Complaints and concerns were dealt with immediately and in line with the provider's policy. One person said "I haven't made a complaint but the staff and manager were very approachable". Another person told us she would be happy to raise an issue if they felt it was necessary.

The registered manager told us they had started to make strong links with local health and social care professionals to ensure that people's health and well-being was maintained and that people were being cared within their rights.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>People were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of accurate records. Regulation 20 (1)(a) |