

Quantum Care Limited

Jubilee Court

Inspection report

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Date of inspection visit:
18 October 2022

Date of publication:
07 December 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jubilee Court is a residential care home providing personal to up to 91 people. The service provides support to older people, some of whom are living with dementia, in one purpose-built building. At the time of our inspection there were 88 people using the service.

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

People were supported safely in most cases. However, there were areas where this needed further development. This was in relation to correct positioning when people were eating and consistent approach to falls risks and monitoring. Medicines were managed safely. We found that records and quantities tallied and recording systems, were used consistently. Infection control practices were in place and staff knew what they needed to do. However, we identified occasions when staff were not wearing their masks correctly.

People had their care needs met. People told us in most cases this was done in a person-centred way. However, we raised awareness of areas to review to ensure this was always delivered in a way that promoted people's choices. For example, appropriate bedding and spending time with people after a fall.

People and staff said there was generally enough staff to meet people's needs. Agency staff were supporting the home, many having worked at the home often. Staffing levels at peak times had been increased to help ensure people's safety and welfare was promoted.

The registered manager had managed another of the provider's locations and moved to Jubilee Court in April 2022. They had recently been joined by the deputy manager from their previous location. There were management systems in place and registered and deputy managers were further developing these to drive improvements in the home. People, relatives and staff were positive about the management and leadership in the home. Lessons learned were recorded and actions implemented. The registered manager was extremely knowledgeable about people living in the home and areas needing further development. Following our feedback, action was taken to address all points raised. These actions, and supporting records provided, gave us reassurance that any risks were mitigated.

We found the registered manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

People told us that their needs were met, and staff were nice. They told us they felt safe. Relatives were confident about the standard of care and told us staff were friendly. Relatives felt the management team and staff were approachable and knew people well.

People had access to food, drink and call bells throughout our inspection. We saw that staff were friendly in their approach with people.

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

Rating at last inspection

At the last inspection, the service was not rated. (Published 16 February 2022). At the last rated inspection, the service was rated good (Published 23 May 2019).

Why we inspected

The inspection was prompted in part due to information of concern received about safe care and risk management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jubilee Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jubilee Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a health and social care providers. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service location on 18 October 2022 and had a video call with the registered manager, deputy manager and regional manager on 3 November 2022. We spoke with 17 people and two relatives. We also spoke with 10 staff including the registered manager, ancillary staff and support workers. We received feedback from health and social care professionals.

We reviewed a range of records. This included seven people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

Is the service safe?

Our findings

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

At our last inspection we did not rate this key question. At the inspection prior to that, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People and most relatives told us they felt they were supported safely. One relative of a person who had increased risks in some areas of their care said, "If [person] falls, they tell me, they do all they can but sometimes can't be avoided."
- There were individual risk assessments in place for people and these were reviewed monthly. However, the falls risk assessment did not identify the risk or give staff instruction on what medical advice should be sought and to ensure the call handler was aware of the blood thinning medicines. We could not always see where this had been considered when a person fell.
- The handheld devices used by staff had a live banner across the screen for each person, highlighting blood thinning medicine as a risk, as well as other areas such as choking or allergies. We discussed with the registered manager how they were sure if the correct protocol was followed after a fall in relation to a person being on blood thinning medicines. They told us they were working on ensuring staff consistently recorded that this had been reported to a health professional for advice. We saw a sample of a where this had been recorded.
- There had been some weight loss at the home. The registered manager had sought the advice and support of health professionals to help address this. People who were at risk of malnutrition were provided with fortified foods and drinks. Staff had received training and the registered manager said this, along with guidance from a nutritional professional, had a positive impact and people's weights were starting to increase or stabilise. We reviewed the weights records and found this to be the case.
- We observed two people who were being assisted to eat while laying down even though risk assessments for when supporting people with eating did detail safe positioning. We raised this with staff at the time of observation to ensure people were safe. The registered manager told us eating positions had been added to the mealtime observation checklist and the staff had a formal supervision.
- People were recorded as being supported to change their position regularly and there was equipment in place to help prevent pressure ulcers developing. Repositioning was added to the 'must do' tasks on staff's handheld devices. to help ensure people were supported to change their position according to their needs.
- Some pressure relieving mattresses were not set at the correct setting, even though checks were in place. For example, one person's mattress was set to between 80-90kg but the person was very small. Their weight was not recorded as they were unable to be weighed due to frailty. However, observations would indicate their weight was less than 80kg.

We recommend the management team ensure the checks were more robust to ensure the equipment was effective and did not increase the risk of a pressure ulcer or discomfort. We saw the management team had

raised the need to check this at a recent meeting.

- The registered manager had identified a high number of falls. Reviews and checks were in place. We found that for one person who needed a sensor mat to help prevent them from falling, the mat was pushed under their bed. The registered manager ensured a lesson's learned exercise was completed to help ensure this did not happen again.
- The registered manager had sought advice and support from health care professionals in relation to falls management. A health professional said, "I think on the whole the home is doing all they can to support their residents that are falling frequently. [Registered manager] is really proactive at asking for referrals to see if anything else can be done for those residents."
- For another person, there was a gap between the bed and the wall due to the size of their bed frame. A concern as there had been a recent fall when a bed had moved, and a person had fallen between the wall and the bed. The registered manager carried out a risk assessment following our feedback and liaised with the person and their family about any action needed to reduce the risk.
- We reviewed medicines records and counted a random sample of medicine quantities. We found they were correct and tallied with the records held. For 'as needed' medicines there was a plan which detailed when people may need them. The responsibility for managing these medicines now rested with the care team leaders to help prevent errors.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and relatives told us staff were kind and mostly came when needed. One person said, "The staff are very helpful and nice. If I need help, I have a call bell and they will come very quickly." However, one person told us they would like to spend more time with them after they'd had a fall. They said, "If I fall, they will get you up and more or less leave you. I had one in lounge, and they have picked me up and left me. No one seems to think you do with cup of tea." The registered manager was working on managing falls, so we raised this with them to add to staff development.
- Staff told us staffing at the home was sufficient to meet people's needs. One staff member said, "We feel there is enough staff. It is busy in the morning, but we then get time to spend with people once everyone is up."
- The staff were attending to people as they requested support and call bells were answered promptly. However, we noted there were a number of people in bed who required more support. This meant when staff were supporting these people, others were left without supervision in communal areas. There had previously been an increase in falls and incidents between people. We also noted that people who were cared for in bed were at risk of social isolation.

- The registered manager told us that since being at the service they had had their budget approved to increase staffing levels based on the increase in people's dependency needs, this was mainly at peak times of the day. They said this had reduced any negative incidents. The deputy manager told us they had been working with the activities team to ensure everyone had meaningful interaction or an activity every day. We saw records that supported what we had been told.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. However, we saw some staff during our visit that were not wearing face masks properly. Current Government COVID-19 guidance states face masks should still be worn by all care staff. Correct mask wearing was raised on team meetings. Staff identified on the day of the inspection received a formal supervision with the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have friends and family visit them freely. Controls, such as wearing a mask, were in place for visitors. This meant they were able to support people with meals and visit people in communal areas, or in their rooms.

Learning lessons when things go wrong

- The management team told us they reviewed all events and incidents to see if there was any learning to take from them. The registered manager told us that they shared this with staff through meetings and supervisions. Some staff confirmed learning was shared with them.
- The registered manager used a form to capture learning, actions and outcomes from any events or incidents.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe as I should ever feel living in a care home." A relative said, "I watch them (staff) with everyone, they're kind."
- Staff were able to tell us how they would report concerns relating to risks of abuse. Training had been provided and information was displayed.
- The management team reported allegations of abuse to us and the local authority.

Is the service well-led?

Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had worked at the home since April 2022, they had only been in post at another of the provider's locations previously. They were in the process of working through their action plan to address areas of improvement in the home. The deputy manager from their previous location had recently joined the team at Jubilee Court.
- The registered manager was aware there were areas that needed to be improved to ensure care provided and people's experiences were to a good standard. They were working through action plans that had been developed, which included some points we had also identified. This included training and guiding staff and carrying out quality checks. However, while they were aware of some of the issues we raised in 'Safe' they had not identified some of the areas needing improvement.
- Following our feedback, the registered manager took action which included reassessing people's needs, training, carrying out supervisions with staff and undertaking audits. This gave us reassurances that risks had been mitigated.
- The registered manager had implemented a rota of the management team, including themselves, working as part of a care shift. They told this helped them ensure care needs were being met, care plans were accurate, and staff were working well. We found the registered manager to be extremely knowledgeable about people living at the service, relationships they had and in general about the home.
- Relatives, staff and health professionals were positive about the changes made by the new management team. A health professional said, "I really feel Jubilee Court has improved significantly since I started in my role in April. [Registered manager] is a real perfectionist so I feel that the issues she has identified since joining will be a priority for her to change and I have already seen differences in these areas."
- The registered manager was sharing findings from their audits and checks with staff. They addressed areas of shortfall through meetings and supervision.
- Feedback from people, relatives and staff about the registered manager and running of the home was positive. One relative said, "It's managed well, good communication, nothing they could do better."
- Staff told us the registered manager checked they were working in accordance with guidance and standards.
- The registered manager shared any notified events to the Care Quality Commission appropriately in most cases. Where a notification had recently been missed, this was completed retrospectively. We saw they

apologised when things went wrong and responded to complaints. We noted that the registered manager met with relatives and shared information with them to help resolve issues and ensure people's care was right.

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

- People told us they had all their care needs met in a way their preferred and said they were happy at the service. One person said, "I love it here. I am surrounded by angels; I have lots of health problems and they help me with everything." A relative told us, "I am so happy with the place, thrilled with the support, the carers are wonderful the care is brilliant."
- We had received concerns about care needs not being met, however at our visit we did not find this to be the case. People who wanted it had received personal care and people who were up and about were dressed appropriately. There were some people with blankets instead of duvets on their beds and we asked that the management team explore this to ensure it was preference and not that they had been forgotten, particularly as the colder months were coming.
- We saw staff knew people well, spoke nicely with people and they told us they felt they provided good care for people.

Working in partnership with others

- The registered manager had linked in with a local care provider's association to help provide training opportunities.
- The provider was working with the local authority to help address areas needing improvement they had identified in the home.
- The registered manager was also linked in with other agencies to help ensure people had a good quality of life. These included clinical and nutritional teams. A professional told us, "I really have to commend [registered manager] on what they have done for Jubilee Court. Engagement was extremely poor previously, but [registered manager] is so willing and engaging with me. You can tell how much she passionately cares for her residents and staff. She is then really willing to accept any help she is offered, which is great."