

Select Health Care Limited

# Jubilee Court Neuro-Rehabilitation

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We undertook a focused follow up inspection on 6 December 2016. The inspection was unannounced.

We carried out an unannounced comprehensive inspection at this service on 9 and 10 May 2016. We found the service was in breach of a regulation. This related to there being ineffective quality monitoring systems in place to monitor the quality of the records, medicines, training and support systems in place for staff. After the inspection, the provider wrote to us telling us what action they would take to meet the legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now meet the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Court Neuro –rehabilitation on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Jubilee Court Neuro- rehabilitation is a purpose built rehabilitation centre. It provides accommodation with personal care and nursing for up to 30 adults who have acquired brain injury. At the time of our inspection 21 people were using the service.

A registered manager was not in post she had left the service the week of our inspection. The service did have an acting manager in post who told us she would be submitting an application to register with us. 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.

The provider had taken action and the legal requirements had been met. We found that sufficient improvements had been made to monitor the quality of the service.

We found that action had been taken to ensure people received their medicines in a way that they could manage and in accordance with their best interests.

We found that further improvements were required to ensure staff were fully aware about which people had a Deprivation of Liberty Safeguard (DoLS) authorisation in place

Care records had been reviewed with people and these reflected people's needs, aspirations and their rehabilitation goals. Records which monitored people's fluid and food intake had been completed in full.

Staff told us they felt supported and received regular supervision. Seniors told us they had received training to ensure they had the skills and knowledge to provide leadership and support to staff.

We saw that the provider completed regular audits to ensure records were completed and were up to date and to monitor the quality of the service that was provided.

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

We always ask the following five questions of services.

### Is the service well-led?

We found that action had been taken to improve how well-led the service was.

Records were completed as required to reflect the support provided to people.

Staff felt supported in their roles.

Systems were in place to monitor the quality of the service that was provided and to address any shortfalls.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Well led from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Jubilee Court Neuro-Rehabilitation

## **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.

We undertook an unannounced focused inspection of Jubilee Court Neuro- rehabilitation service on 6 December 2016. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 9 and 10 May 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because the service was not meeting some legal requirements in this area.

The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements.

We spoke with three people, six members of staff, the acting manager and area manager. We looked at the systems in place to monitor the quality of the service, staff supervision and training records and the care records for three people.

# Is the service well-led?

## Our findings

At our inspection on 9 and 10 May 2016, we found the provider had not ensured that systems were in place to monitor the quality of the service. We found that monitoring charts were not being fully completed, written authorisations to crush certain medicines were not in place and care plans were not accessible to people due to the volume of information they contained. The provider had also not fully implemented the improvements that were required in relation to providing training and regular supervision to staff, and ensuring staff were aware of which people were subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At this inspection, overall we found that the provider had taken action and made the required improvements to ensure they were meeting Regulation 17.

The area manager was present during our visit as the previous registered manager had left the service and the acting manager was on a day off. The acting manager did come into the home to introduce them self.

We found one area in which further improvements were required. This was in relation to staff being aware of which people were subject to a DoLS authorisation and if these authorisations had any conditions. Staff we spoke with continued to be unsure about which people had a DoLS authorisation. One staff member told us, "I think all of them [people] are I know there is a list in the medicine room which we can refer to". This meant staff would not be aware of what actions they needed to take to reduce the impact of the deprivation so that their care was delivered in the least restrictive way possible. The area manager confirmed that more action would be taken to address this to ensure the staff team had this knowledge. They advised this information would be provided to staff. We will monitor improvements in this area on our next comprehensive inspection.

We found that action had been taken to ensure that authorisations had been obtained from people's doctors to crush certain medicines to make them easier for people to swallow. We saw that discussions or meetings had taken place or were planned to ensure this action was in people's best interests. We found that the provider was meeting the conditions on DoLS authorisations that related to administering crushed medicines covertly. Administering medicines covertly means people may not be aware that their medicine is being administered to them, either in their food or drink.

We saw that people's care plans had been reviewed and rewritten with them. These reflected their aspirations and rehabilitation plans. One person said, "I was fully involved and helped write my care plan and set my goals. Things are really good here now and I am improving all the time. I have physiotherapy sessions several times a week now and I am getting stronger. I am happy with everything". A staff member we spoke with told us, "The care plans are much better, more accessible and they contain the information we need to enable us to meet people's needs".

We reviewed the food and fluid monitoring charts for some people and we saw these had been completed in full. The area manager told us that people's needs had been reviewed, and most people did not require their

fluid intake to be totalled every day as people were not at risk of dehydration. People's fluid and food intake was monitored to ensure people were eating and drinking sufficient amounts and were not at risk. We saw that audits were now in place and were completed monthly which checked and addressed any shortfalls with people's care records.

Staff we spoke with told us they were now receiving supervision on a regular basis. One staff member said, "Yes I feel supported and I have regular supervision". We saw that records were in place to confirm this. We also saw that audits were in place and had been completed to monitor this. Senior staff told us they had received mentoring and internal training to enable them to have the skills to provide supervision and direction to staff. One senior staff member said, "I have had some internal training about leadership and providing supervisions to staff. I feel confident in my role".