

Supreme Care Services Limited

Jubilee Lodge

Inspection report

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Date of inspection visit:
18 April 2023
12 May 2023

Date of publication:
12 June 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Jubilee Lodge is a residential care home providing personal and nursing care to up to 3 people. The service provides support to people who misuse drugs and alcohol or have mental health issues. At the time of our inspection there were 3 people using the service.

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

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.

Quality assurance processes in place to monitor the care provision were not regularly completed by the registered manager. We made a recommendation about this.

Staff were aware of the Mental Capacity Act (2005) principles and knew how to support people in the decision-making process. However, mental capacity assessments completed by the provider had not always included all the necessary information. People's consent for closed-circuit television (CCTV) required reviewing. People's goals and achievements were not always clearly recorded. Actions taken by the provider to address these gaps will be reviewed at our next planned inspection.

People told us the service was safe. People were encouraged to make choices and their independence was valued by the staff that supported them.

Risks associated with people's care were identified and assessed making sure they received the care they needed. People were supported to take their medicines independently. The provider followed best practice guidelines to effectively manage risks associated with infection prevention and control (IPC). Processes were in place to recruit staff safely. Staff were available to support people where they required assistance.

Systems were in place to monitor the care being delivered to people. Staff felt supported in their roles. People had access to healthcare support as required. A refurbishment plan was in place to improve the home environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 November 2018).

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

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

Follow up

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?

Good ●

The service was 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 Lodge

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.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Jubilee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Jubilee Lodge is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC 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

Our first visit to the care home was unannounced. We informed the provider before we visited the second time. This was because we needed to be sure that the management team would be available to support the inspection when we visited.

What we did before the inspection

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 this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 2 family members about their experience of the care provided. We also spoke with the registered manager, senior home manager and 2 staff members who provided care to people. We contacted 1 healthcare professional to find out their experiences of working with this provider.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be kept safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm.
- People told us they felt safe living at the care home and that they received support as necessary. One person said, "It's really nice here, I do what I want. [Staff] do help me, but I don't need a lot of support." Staff were up to date with their safeguarding training and knew the actions they had to take if they saw people at risk of abuse. One staff member told us, "Safeguarding is protecting service users from harm because they are vulnerable. I would report to the manager and if the manager is not doing anything about it, I would contact the CQC and local authority."

Assessing risk, safety monitoring and management

- Risks related to people's care were managed safely.
- Staff were up to date with the training courses in relation to mental health, managing challenging behaviour, Mental Capacity Act (2005), medicines management and health and safety.
- People's care records were individualised and included personal information about people such as their life history and important contacts. Guidance for staff was provided in relation to the support people required to access the community and prepare their own meals safely. Risks in relation to people's mental health, relationships and personal care were identified and assessed to help to keep them safe.
- Regular checks were carried out to ensure fire safety at the service. People had individual Personal Emergency Evacuation Plans in place to inform staff about the support they required in the event of a fire in the home.

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).

- Staff told us how they supported people in the decision-making process. Comments included, "[People] need to consent before we do anything. For example, they had to consent to have the Covid-19 vaccination. Sometimes the decisions made can be bad, like they don't want to take the medication. We cannot force them, we respect their rights."

- However, we found mental capacity assessments completed by the provider were not always time and decision specific. Evidence of how a decision was reached was not always recorded. This was in relation to a person's ability to understand, retain and communicate the information provided. We also found that people's consent for using closed-circuit television (CCTV) in the communal areas of the home required reviewing. We discussed this with the management team who told us they would review the records as necessary. We will check their progress at our next planned inspection.

Staffing and recruitment

- Staff were required to undertake pre-employment checks before they started working with people.
- Pre-employment checks included a job application form, interview, references and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People accessed the community independently but there was always a staff member available to support them when they required assistance. The registered manager told us they were available to support staff in an emergency, for example if a person required to go to hospital. The on-call manager was available to provide advice and support staff during out of hours.

Using medicines safely

- Systems and processes were in place to ensure safe management of people's medicines.
- People were supported to self-manage their medicines where they were assessed as being able to do so. People's support plans included information related to the support people required with medicines.
- Medicine administration records (MAR) were used to monitor the medicines being taken by people and included the dose and time when the medicines should be administered. There was a procedure in place for missed medicines which staff followed making sure the management team were notified and taking appropriate actions where a person refused to take the prescribed medicines.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the hygiene practices they applied when supporting people at the home.
- Staff were provided with guidance on how to use personal protective equipment (PPE) effectively and safely. One staff member told us, "We wear gloves when administering medication as we are not supposed to touch it with the hands. We put on the apron when cooking which we throw out to the bin after using."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems and processes were in place to learn from safety alerts.
- Incidents and accidents affecting people's safety were managed effectively. Staff appropriately reported and recorded any incidents that took place. The management team investigated incidents to ensure the risk of future occurrences would be reduced and lessons learnt were shared with the staff team.

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 the last inspection this key question was rated as good. At this inspection 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; Continuous learning and improving care

- The management team were aware of what was expected from them in their role.
- Staff said they felt supported in their role, with one of them telling us, "I like working here. The [registered manager] is fine. He is a team player, he consults us and it is a good thing." Team meetings were carried out to discuss any improvement required and to agree on actions as necessary.
- The home environment was clutter free and suitable for people's physical needs. However, the home required some refurbishment to help ensure it was homely and inviting. The senior home manager told us that a refurbishment plan was already in place for painting work to be carried out and that some improvement was planned to the seating areas in the garden to make sure people had cover when it was raining.
- Systems were in place to monitor the care being delivered to people. Although we saw that some audits had not been carried out regularly by the registered manager, staff completed regular checks in relation to infection prevention and control and health and safety at the service to ensure safe and effective care delivery for people. The service was small and the registered manager was at the service every day to oversee the care being provided for people. The registered manager told us that this was an oversight and that the monitoring records would be completed regularly from now on.

We recommend the provider to review their governance systems in place to ensure they effectively monitored people's care.

Planning and promoting person-centred, high-quality care; Duty of Candour

- People were valued as individuals and their rights were respected.
- Staff appeared to know people well and what was important to them and their well-being. This was in relation to people's health conditions and involvement in the community activities. One staff member told us, "We respect [people's] privacy, we don't share [people's] private information outside the work place."
- People were supported to develop and learn new skills. One person told us, "I do my own cooking. I buy my own food." Staff encouraged people to carry out the household chores to increase their independence. People were supported to explore work opportunities where they showed interest in working.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the service had applied the duty of candour where appropriate and honestly shared information with us relating to difficulties they faced during the pandemic making sure they were open and honest with people at all times.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in making decisions about their care. Residents' meetings were held to discuss matters arising and what was important to people living in the home. Each person had a key worker they met with on a regular basis to discuss matters that were important to them.
- Staff advised and supported people where they expressed wishes in relation to quitting smoking, attending leisure activities and searching for job opportunities. However, people's goals and achievements were not always clearly recorded to help staff to monitor people's progress. We discussed this with the management team who told us they would review the records making sure all the necessary information was included. We will check their progress at our next planned inspection.
- The management team told us they had good partnership working with various health and social care organisations, including Local Authorities and GPs, to support people's health needs. Care records also showed that people had regular health checks as they required them.