

The Orders Of St. John Care Trust

Jubilee Lodge

Inspection report

Meadow Way
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09 March 2022
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Jubilee Lodge is a residential nursing home providing accommodation, personal and nursing care to up to 74 people. The service provides support to people with nursing needs and people who live with dementia. At the time of our inspection there were 46 people using the service.

Jubilee Lodge accommodates people across four separate wings. One of the wings specialised in providing care to people who required a short period of recovery and therapy before they returned to their own home. Due to the pandemic this wing had been temporarily suspended, and people were currently accommodated across the three other wings of the home.

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

Since our last inspection the provider had appointed a new manager. The new management team were enthusiastic to drive improvement and ensure people received safe and effective care from a supported and motivated staff team.

The provider had prior to our inspection identified that improvements were needed in the service and was working to complete their service improvement plan. The provider was visiting the home every week to speak with managers and staff and ensure actions identified on their service improvement plan (SIP) were achieved.

We found some time was still needed to ensure the provider's medicine, recruitment and stakeholder feedback policy and audits were effectively implemented and embedded in practice.

Records had not always been maintained to show how staff related concerns had been safely and effectively managed. We have made a recommendation about the recording of investigations and information of concern.

Staff understood their role in keeping people safe. There were enough staff to meet people's needs but due to staff vacancies, there continued to be a reliance on support from agency staff. The provider continued to actively recruit for more permanent staff.

Staff were positive in their comments of the care provided. People and relatives spoke positively of the care that was provided.

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.

Recommendations

We have made a recommendation about the recording of investigations and information of concern.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

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.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service .

Inspection team

Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Jubilee Lodge 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 Lodge is a care home with nursing care. 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 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 not a registered manager in post. However, the provider had notified the CQC about the change in registered manager in a timely way. The manager had submitted their

application to CQC to become registered.

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 March 2022 and ended on 28 March 2022. We visited the service on 9 and 10 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and 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 spoke with the area operations manager, manager and other members of the management team. We also spoke with nine members of staff including nursing, care, catering and housekeeping staff.

We spoke with seven people and ten relatives to gather their experiences of the care provided. We reviewed three people's care records, a sample of records relating to management of the service including health and safety checks, accident and incident records and policies and procedures. We checked policies and records for managing medicines. We spoke to four members of staff in relation to medicines and reviewed 15 people's medicines administration records.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from a professional to gather their experiences of the care provided.

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 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.

Using medicines safely; Learning lessons when things go wrong

- Medicines were administered by nurses and team leaders. People's Medicines Administration Records (MARs) showed people received their medicines as prescribed. However, some improvement was needed to ensure good medicine practice would always be followed.
- The medicines policy outlined the procedure to follow if a medicines incident occurred. This included a full investigation to ascertain the details of the incident, follow up and actions put in place to prevent future errors. For one incident a record was not available to show how the medicine incident procedure had been followed to reduce the risk of medicine errors occurring.
- Medicine related records were not always complete. This included records for some 'when required' medicines and topical creams and opening dates for some reduced shelf life medicines. Where fridge temperature monitoring indicated an elevated temperature, a record was not available to show what action had been taken to ensure that medicines remained stored in line with the manufactures' guidelines.
- People's medicine allergies were recorded on their MARs. However, we saw one MAR where this had not been documented. This person was being administered this medicine. Following our inspection, the provider followed this up with the GP to ensure the person did not come to harm.
- The provider's policy described how people's medicines would be managed when they were away from the service. We saw that this was not always followed as staff were not providing medicines in their original packaging, as recommended. The manager took action to rectify this.
- Stock balances were recorded. However, we saw one medicine where the stock balance recorded did not match the amount available, this had not been identified by staff.
- The medicines audits completed did not identify the concerns raised at the inspection.

The provider was taking action to improve medicine practice. Some time was needed for the service improvement plan to be completed before we could judge whether the planned action had been effective in improving and sustaining good medicine practice.

Staffing and recruitment

- The service was making improvements to the implementation of their recruitment policy. They were reviewing recruitment files to add further evidence of their decisions to employ some staff.
- The area manager provided assurance that future employment checks were being closely monitored. More time was needed before we could judge that the provider's improvement actions would ensure that risk assessments were in place when all recruitment information could not be obtained. Monitoring arrangements needed to be strengthened to promptly identify when the provider's recruitment policy was not being followed, prior to making a decision to employ staff.

- Records showed that Disclosure and Barring Service (DBS) checks had been completed to help the provider make safer recruitment decisions.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The provider was developing systems to reduce staff turnover and retention. Agency staff had been block booked to provide greater consistency for people whilst they recruited for a permanent staff team. A unit leader told us, "We don't drop below [safe staffing levels] as management will always come in if agency can't cover."
- We observed people's requests for assistance were responded to promptly. However, some staff told us they might not always have the time to be flexible or respond to changing needs. One staff member said, "We are frustrated due to the lack of staff."
- The manager was confident staffing levels were safe because they had carried out an assessment of people's risks and healthcare needs. They assured us staffing levels would be reviewed prior to any new admissions to the home to ensure they remained safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Yes I feel safe with everyone...I rely on them."
- Staff kept up to date with their safeguarding training. There was a system to alert the manager and staff when they needed to update or refresh their training. A care leader said, "All staff are clear on how to protect people."
- Staff had access to whistleblowing information so that they could report incidents if necessary.

Assessing risk, safety monitoring and management

- Risks to people had been appropriately assessed and reviewed. This included risks relating to people's mobility and transfer needs, pressure ulcers, nutrition and falls. The provider had reviewed people's care plans and their risk management plans were up to date.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.
- Relatives were informed if their family member's risks changed. One relative said, "Any concerns they would be on it, mishaps and falls etc, [they would be] on the phone [providing] updates."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- The provider had a visiting policy in place and arrangements had been made to support people to receive visitors at the home. Essential care givers were being identified for people to support their visiting when they wished. Telephone and virtual contact supported visiting at the home. Most relatives spoke positively about

their experience, although some commented that communication around the booking process could be improved.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A notification had been submitted to inform us that the registered manager was absent from the service. A registered manager from another of the provider's care homes had transferred to the service in November 2021. Their CQC registration application was being processed to ensure the provider met their registration requirements.
- The provider completed a range of audits to monitor quality at the home and these had identified prior to our inspection that improvements needed to be made in several areas. The area operations manager was knowledgeable and worked closely with the management team to develop and implement the service's improvement plan.
- Although we found progress had been made on the provider's improvement plan, more time was needed for some actions to be completed and embedded before we could judge that the provider's actions had been effective in making and sustaining improvement. For example, the provider's medicine, recruitment and stakeholder feedback policy were still not effectively implemented, and embedded in practice. The provider's audits had not identified all the concerns we found in relation to medicines.
- The provider had a system for recording and investigating information of concern. We found two concerns relating to staff conduct that could potentially pose a risk to people's safety. However, records did not provide an audit trail of how these concerns had been rigorously investigated, what management decisions had been made to address these concerns and mitigate risks to people. The provider had not identified this shortfall through the own monitoring systems.

We recommend that the provider review their systems to respond, investigate and monitor concerns relating to staff conduct.

The provider told us of the action they started to take during the inspection to strengthen their investigation processes.

- The latest CQC inspection rating was on display in the service and was available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Managers told us they were working to strengthen the working culture and were enthusiastic to drive improvement and ensure people were supported by a motivated staff team.
- Staff mostly told us that morale at the home had been low due to changes in management and some staff leaving. Some relatives commented that communication around management changes had not always been consistent, whilst others told us, "They all do the best they can." and "Cannot fault."
- Staff spoke positively about their colleagues. One staff member said, "People that work here really do care."
- People told us, without exception, that staff respected their privacy and dignity. One person said, "They [all] respect our privacy [and] shut curtains and doors."
- The home was introducing a 'resident of the day' approach to develop a regular review of people's care and support needs across all departments to ensure personalised care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives had not recently been formally consulted about their views of the service to gather input into the running of the home due to the pandemic. However, the manager told us that they had developed a schedule to ensure that people's views were routinely gathered and acted upon moving forward.
- Relatives were kept up to date with events at the home through newsletters, emails and telephone calls/meetings.

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 current management team were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The provider had submitted notifications regarding incidents they were required by law to tell us about.

Working in partnership with others; Continuous learning and improving care

- The management team welcomed our inspection and took some immediate action in response to our feedback. We spoke with the management team and area operations manager who explained the actions they were taking and planned to take in response to our findings.
- The current management team had identified improvements for the service and were working through their service improvement plan to implement and embed the changes.
- Staff regularly worked with healthcare professionals so they could be assured people's needs were met. Whilst, we were told that there had been some historic concerns around communication and practice, feedback was now mostly positive. One healthcare professional said, "On the whole my views are very positive now. The new [manager] has been very approachable and efficient and is quick to respond, taking matters brought to [their] attention seriously in my view. I feel the staff are caring and the residents always appear well cared for when I visit."