

## Revitalise Respite Holidays

# Revitalise Jubilee Lodge

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Revitalise Jubilee Lodge provides accommodation, personal care and nursing care for up to 36 people with learning disabilities, physical disabilities, sensory impairment, or dementia. The service offers short breaks and respite care in the form of holidays. People were able to bring along companions if they wished. At the time of our inspection there were 31 people receiving a service. People who used the service were supported by a team of staff and volunteers.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

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.

People's risks in relation to their care were well managed. Risks to the environment required improvements. However, the provider did respond proactively to our concerns. There were sufficient staff and volunteers deployed to meet people's needs and choices.

Medicines were managed safely. People were supported by staff and volunteers to attend activities of their choice.

#### Right Care:

Staff received training in equality and diversity. Assessments prompted staff to gain information about people's religious or cultural needs and further discussions were had when people arrived. People received kind and compassionate care. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Culture:

The provider had not always responded in timely manner to all risks relating to the health, safety and welfare of people using services, However, they responded proactively to remedy the concerns found during and following the inspection. A registered manager was not in post, however a new manager had recently begun working at the service.

People told us they enjoyed their holidays at Revitalise Jubilee Lodge, and some had been many times.

Staff told us they received training relevant to their role and felt supported by the management team. People were relaxed around the staff and volunteers and their independence was promoted and respected. Volunteers told us they were supported by staff throughout the time they were supporting the service.

Rating at last inspection

The last rating for this service was good (published 23 October 2017).

Why we inspected

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

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 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

# Revitalise 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.

#### Inspection team

This inspection was carried out by 2 inspectors and 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.

#### Service and service type

Revitalise Jubilee Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Revitalise 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had applied to register with CQC. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 11 July 2023 and ended on 27 July 2023. We visited the service on 11 and 25 July 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last 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 all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 15 people who used the service, 11 members of staff including the manager and the director of nursing care and quality. We looked at 5 people's care records. We also looked at records which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff meetings.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The service was currently refurbishing bedrooms. We found some wardrobes in newly refurbished bedrooms which were being used did not have wardrobes secured to the wall. The manager responded immediately and organised these to be completed.
- Environmental risk records had been completed. Work was being completed in relation to improvements to fire doors and Legionnaires management. A new maintenance person had been recruited who clearly understood what was required to manage environmental risks effectively.
- A health and safety action plan was in place to ensure all areas were covered and actions were being completed or in progress.
- People's risks were identified, and measures were in place to minimise risks. Staff assessed people's risks related to their care and support needs.
- Staff were able to recognise signs when people experienced emotional distress and knew what to do to ensure they were supported. For example, the staff had identified 1 person benefitted from additional activities whilst on holiday and this was added to their care records.
- When people were identified as having risks in relation to nursing tasks or needs, a qualified nurse would be present during any trips or events.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training and knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member told us, "I would go to my manager. I would record and report, externally I would go to CQC."
- The service had raised safeguarding concerns to the professionals responsible for investigating concerns of abuse, as required. An overview was in place to ensure the manager could monitor this area.
- People confirmed they felt safe using the service. One person said, "I only arrived last night, and staff were very helpful, I do feel safe so far."

### Staffing and recruitment

- The provider operated safe recruitment systems to ensure suitable staff were employed.
- People told us there were enough staff to support them. Volunteers used in the service were also available to chat to people and ensure they had the support they needed. A person told us, "I buzz if I need anyone and they answer, there are busy times, but I think staffing levels are good." Another person said, "Anytime I ring my bell a member of staff comes to help."
- Dependency levels were updated frequently to ensure people arriving at the service for a holiday had the required support in place to meet their needs.

#### Using medicines safely

- Medicines were managed safely.
- Staff had received training to administer people's medicines and had their competency checked.
- Systems were in place for medicines administered 'as required' to ensure people received their medicine when needed.
- Audits were completed, and action taken where any errors or omissions were identified.

#### 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 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 using PPE effectively and safely.
- 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

- Whilst this was a holiday and respite service, carers and visitors were able to visit without restrictions.

#### Learning lessons when things go wrong

- The manager had identified some health and safety matters required attention.
- Oversight of accidents and incidents was in place to prevent reoccurrence and drive improvement.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People assessments were completed by a qualified nurse from head office by telephone prior to their holiday. These details were shared with staff at the service to ensure people's needs could be met.
- Support plans were then developed from the assessment and added to if needed. On arrival the support plan was discussed with the person and consents signed where appropriate.
- Additional tools had been developed to ensure all staff had up to date information about people during their stay. Handover sheets, dependency documents and a rag rating system helped ensure people's needs were communicated to staff in handovers.
- Staff told us they were made aware of people's cultural or religion. A staff member told us, "We try to meet people's needs, any religious needs, we sit down with guests and check what they need. In our processes we would also pick up any individual needs
- Assessment information did include a prompt for staff to ask people about their religion or culture.

Staff support: induction, training, skills and experience

- Staff had received an induction and ongoing training package to equip them for their role. A detailed programme was in place which included mandatory training and additional training to meet people's needs including learning disability and Autism training.
- A staff member told us, "I did so much training, it was mainly online but some training is face to face such as first aid and dysphagia training."
- During the inspection we observed a staff member with a t shirt that had 'in training' on it. They told us they wore the t shirt until they had finished their training.
- Staff received supervisions and an annual appraisal meeting. Staff told us they felt supported in their role. A staff member told us, "I was keen to take this role and [manager] makes the time and is very supportive, we have a chat to help me figure things out." Another staff member said, "I feel very supported especially by [deputy manager] they are very supportive. [Manager] is new but supportive. The [national clinical and care lead] is also very supportive if we send an email they respond straight away."
- The service used volunteers who also received an induction. A volunteer told us, "We were sent information to read before we arrived, and we had an induction video. A staff member explained what we would be doing and gave us a tour of the building. We also had an induction from the van drivers and kitchen staff about what people could eat and drink."

Supporting people to eat and drink enough to maintain a balanced diet

- We received a number of positive comments from people about the meals they were served which they enjoyed. A person said, "Food is lovely and there is always someone to cut my food up for me." Another

person said, "Food is good and there are usually 2 options, sometimes 3 for the main course."

- The management of risk particularly in relation to choking was extremely detailed and colour coded to clearly identify these risks so staff had the information they needed to support people safely.
- A maître de service was present in the dining rooms to serve people their meals and the kitchen staff also had the information required to ensure people received the appropriate diet.
- Guests chose their food from a menu of the day. We did receive some comments in relation to waiting times for their food. However, it was a pleasant atmosphere where staff and volunteers shared people's tables and either provided support or chatted to people about their day.
- Picnic lunches were prepared for people who were going out for the day on organised trips. The manager had recently implemented orders for sandwiches were taken the previous the evening to ensure people could choose the fillings of their choice.

Adapting service, design, decoration to meet people's needs

- Overall, the design and layout of the premises met people's needs. The facilities were on one level and set in a circular design which meant people could navigate their way to communal areas. Whilst the design supported people to move freely there was no directional signage to provide additional support for people. One person said, "I have found my way around, but we do need more signs." The national clinical care lead told us they thought signage was part of the refurbishments but the proposal we viewed was specific to bedroom refurbishment.
- Whilst bedroom refurbishment was ongoing, refurbishment plans did not include any improvements to communal areas and whilst lounge, dining room and reception were pleasant areas the corridor areas showed signs of wear and tear with scuffed paint and damages to walls and woodwork. Despite this most people were happy with their accommodation. A person told us, "My accommodation is very nice, the carer gets me up at 8am which suits me."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- During our visit we observed the handover meeting. The handover was a good example of people leading their own care. For example, it was discussed 1 person had requested 2 nighttime checks. There was a nice atmosphere during handover with staff discussing people respectfully and confirming people's preferences for gender specific staff members.
- Staff monitored people's health and if required could access GP or emergency treatment. Any concerns were communicated to people or their GP service on discharge.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- All the people currently at the service had capacity to make decisions about their care and treatment. However, the provider was aware of their responsibilities if a person visited the service who lacked capacity required an application to deprive them of their liberty.

- Staff supported people to make choices and have as much control as possible during their visits to the service. A person was outside sunbathing and was asked by staff what specific lager brand they required prior to them ordering this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in relation to equality, diversity, and inclusion. The training material was shared with us and covered gender identity and sexual orientation.
- People told us staff were kind and caring. A person told us, "All the staff are fabulous and there is lots to do. I have been on some very nice trips." Another person said, "I am enjoying the holiday, lots to do and staff are very friendly."
- During our inspection, we observed staff and volunteers were supportive and caring to guests. They worked hard to befriend them and were chatty and friendly. A volunteer told us, "On trips we are assigned to specific guests but here [on site] we just mingle with guests. I think people are having a nice experience."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged by staff to express opinions and views on their own care and support. The support plan is checked with the person prior to the person consenting.
- The electronic care planning system prompts staff to review people's care prior to discharge to ensure all information recorded remains relevant.
- A link was sent to people following their visit to gain their feedback about their holiday experience.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring preferred names were used, and checking with people first before providing them with care. A person said, "If I am in my room they always knock."
- Staff we spoke with told us it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- The ethos of the service was working with people to provide a respite holiday tailored to the individual. A person told us, "This is the only holiday place in the South East. I am coming again in September; you cannot fault this place it is always full." Another person said, "This is my second week, and it has been brilliant. All the staff are fabulous and there is lots to do. I have been on some very nice trips."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives, where applicable, had been involved in planning their care needs.
- Support plans were person-centred and contained information to ensure staff understood people well, and their care and support needs. A staff member told us, "We get all the information we need without making it too big. Covers mobility, diet, and reason. I encourage staff to read through the care plan so guests know we are prepared."
- There were a variety of excursions planned throughout the week people could book on to. These included visits to places of interest, theatre trips or individual pursuits such as fishing or golf. A staff member told us, "I created a planner from now until to February 2023, we have theme weeks. All our trips are risk assessed including the venues. I present people the options then I organise who goes where. There is always a trained member of staff. I really think people have enough to do. We used to only 4 or 5 options a week now there are 16 options."
- We also noted there were things to do at the service if people chose not to go on the organised trips. An art therapy session was organised in the garden and a magic show featured in the main lounge.
- People were happy with what was available. A person told us, "We have 3 trips a week to choose from. There is entertainment most evenings such as movie nights etc. There are lots of staff to talk with and the bar is open." Another person said, "They have told us what is available during the week, I am going on a trip to Buckingham Palace and a boat trip."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood the importance and their responsibility to meet the Accessible Information Standard.
- The manager and staff ensured people's communication needs were met. People communication needs were recorded in support plans, including any factors which may hinder communication, and any sensory issues. A staff member said, "We are looking to teach staff a bit of sign language. A guest's relative teaches British sign Language (BSL) training so we are hoping they are able to come in and teach staff."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Records evidenced the action taken when a complaint or concern had been received.
- People said they knew what to do if they were unhappy with anything or wanted to make a complaint. On the day of our second visit 2 people had minor issues with their allocated rooms, when we fed this back to the manager, we found they had this in hand and was organising a maintenance visit for 1 person and a room change for another.

#### End of life care and support

- There was no one receiving end of life care at Revitalise Jubilee Lodge. However important information such as do not resuscitate decisions (DNARCPR) were obtained as part of people's assessments.

# 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 has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to assess and monitor the service. Audits and checks were in place and were completed to identify issues and drive improvement. However, not all risks had been picked up in a timely manner. Whilst an action plan dated June 2023 had picked up that refurbished rooms did not have wardrobes secured to the wall; this had not been actioned by the time of our inspection.
- A registered manager had not been in place since April 2022. A new manager had started at the service and had started the process of applying for registration with CQC. The new manager was not fully aware of 'Right support, right care, right culture' but told us they would be researching this going forward.
- The manager ensured staff were well-supported and had an open-door policy. There was a culture of openness and transparency and staff enjoyed working at the service. A staff member said, "We can ring [manager] but if there are medical issues we ring the deputy, they are very kind." A volunteer said, "I really like it here the staff are supportive and there is always someone to ask."
- Refurbishment of the service was ongoing with improvements to bedrooms nearly complete. Some improvements were needed in relation to signage and corridor areas.

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 manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident which had caused or placed a person at risk of harm.

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

- People told us they had received information about what was available during their stay and staff engagement was positive. A person told us, "We are booked on a boat trip tomorrow. We arrived yesterday and staff did help and let us know what trips were available." A staff member said, "We make sure people here know there is stuff going on and the bar is used. I would like to think staff know what makes us stand out and this is a holiday home. We try to bring 100% party atmosphere."
- Staff received supervision, appraisals and team meetings and there was a detailed handover process in place to support staff and ensure they had all the relevant information.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear commitment to continuous learning and improving care and staff were happy with the variety of training on offer.
- The service had developed links with local facilities to ensure people could access them if required. Appropriate transport arrangements were in place to support the events and excursions people had chosen to attend.