Parkcare Homes Limited

Jubilee Gardens

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?	Good

Summary of findings

Overall summary

This inspection took place on 10 November 2016 and was unannounced.

Jubilee Gardens provides residential and nursing care for up to 60 older people, many of whom lived with dementia. The service is a two storey, purpose built building that is split into four wings. At the time of our inspection visit 57 people used the service.

The registered manager had resigned from their position two days prior to our inspection. This registered manager had been in role for approximately four months and was employed to replace a previous registered manager who left the service in August 2016 after an extended period of illness when they were absent from their role. 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 .
Jubilee Gardens was last inspected on 30 July 2014 and was rated as "Good." The provider displayed this rating in the entrance of the home and on their website as required by their registration requirements.

Prior to our inspection we received a written report from a coroner which included a recommendation for Jubilee Gardens. This related to improvements needed in the quality of information provided about a person's care and support needs on transfer to a new care provider. During our inspection we saw that the provider had taken action following this report and had introduced more in-depth transfer paperwork which clearly identified any risks to an individual.

People and relatives told us Jubilee Gardens was a safe place to live and people were well cared for. People were supported by staff who knew how to keep people safe and were aware of how to report any safeguarding concerns. Risks to people's health and wellbeing were assessed and staff were informed of how to minimise any identified risks. People received their medicines as prescribed from staff who had received training to do this safely and who had regular checks of their competencies.

The provider had recently increased the number of care workers on each shift. This meant that there was enough staff to support people who lived in the home and they were available at the times people needed them. When staff were recruited to work at the home checks were carried out to ensure their suitability to work with people who lived there. Staff received training so they had the skills and knowledge to meet the specific needs of people who lived at the home. Staff supported people to maintain their health and made referrals to healthcare professionals when needed.

People were supported in line with the principles of the Mental Capacity Act. The manager understood the importance of applying for Deprivation of Liberty Safeguards (DoLS) when necessary. Staff ensured they maintained people's privacy and dignity, and treated people with compassion and respect.

People's preferences were considered in all aspects of care they received. People were offered a choice of meals based on their preferences and dietary requirements. The provider had arranged for additional training and resources to be provided to support people who lived with dementia to pursue their individual hobbies and interests. People were supported to maintain relationships with people who were important to them.

People and relatives thought that communication regarding changes in management could be improved. Staff felt supported by the provider's senior management team however felt that the home's management was inconsistent due to changes in the past six months. People and their relatives knew how to raise complaints however relatives told us that when they had raised concerns in the past they had not always received a response from the registered manager.

The provider monitored the quality and safety of the service provided and actions were taken to drive forward improvements at the service. The provider had identified that the previous registered manager had not sent us all relevant statutory notifications and took action to resolve this. A statutory notification is information about important events which the provider is required to send to us by law.

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

This service was safe.
Staff were aware of how to identify risks to people and took actions to reduce these risks. People who lived at the home told us that they felt safe. People were given their medicines safely and as prescribed. Staff were available at the times people needed them.

Is the service effective?

Good

The service was effective.
Staff received training to ensure they had the relevant skills and knowledge to support people who lived at the home. Staff had a good understanding of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to eat a nutritional diet based on their needs and preferences and people's health care needs were met.

Is the service caring?

Good

The service was caring.
Staff communicated to people in a caring manner. People received care that was appropriate for their needs. People were involved in the planning and delivery of their care. People were supported to maintain relationships with people important to them.

Is the service responsive?

Good

The service was responsive.
Staff knew, and responded to people's individual preferences. People were supported to take part in activities they were interested in. People, relatives and staff were supported to provide feedback about the service which helped the provider to make improvements. People were aware of how to make complaints.

Is the service well-led?

Good

The service was well-led.
There had recently been a number of management changes however the provider had ensured continuity of service. People who lived in the home, relatives and staff were asked to provide

their feedback of the service which was acted on. Staff felt valued by the provider. The provider had quality assurance systems in place to support them in maintaining a good quality of care for people who lived at the home.

Jubilee Gardens

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.

The inspection took place on 10 November 2016 and was unannounced. The inspection was undertaken by two inspectors, a nurse who specialised in dementia care 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.

There were 57 people who lived in the home when we visited. Some people who lived in the home had limited speech or were not able to communicate with us verbally. 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. We spoke with 12 people who lived at the home.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. The commissioners had received concerns about the staffing levels in the home. We reviewed staff arrangements as part of our inspection and found there were enough staff to provide safe care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider reflected what we found during our inspection.

We spoke with the provider's operational manager, the area manager, four nursing staff and six members of care staff. We also spoke with a dementia coach, two activity co-ordinators, the chef and two members of the domestic staff. We spoke to one health professional and four relatives who were visiting the home.

We reviewed seven people's care records to see how their support was planned and delivered. We reviewed four staff files and training records for all staff. We saw minutes of staff, residents and relatives meetings. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. One person told us, "I feel extremely safe. There seems to be enough staff around to look after people." Another person told us, "Staff are very good at keeping an eye on me." Relatives told us they thought their family members were safe, one relative told us "The staff are very good."

Staff understood how to keep people safe and had received training to protect people from abuse. One member of staff explained that abuse was, "Causing any kind of harm to a person." Another member of staff told us, "It (poor care) is not tolerated here. Staff have been dismissed if they have harmed people." The provider followed the local authority safeguarding adult procedures when an allegation of abuse had been made. They also notified the Care Quality Commission of the incident and the action they had taken. Seven referrals had been made to the safeguarding authority in the 12 months prior to our inspection visit; appropriate action had been taken following these referrals to reduce the risk of similar incidents. Staff were aware of the provider's whistle blowing policy and felt confident to use it. A whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. A staff member told us "I've not had to whistle blow but I know other people have. I would do it if I needed to."

There were enough staff on duty during the day and night to meet people's needs safely. Prior to our visit, we had received information that there was not enough staff on duty at night to support people safely. We asked a person about their views of staffing at night and they told us "Staff are always around. I pressed my alarm buzzer as I didn't feel very good and a staff member came I didn't wait long." The operational manager explained to us that staffing levels were determined by a dependency tool. Each person who lived at the home had their dependency needs reviewed monthly and this was then used to decide how many staff were needed to support people. The operational manager explained that based on the home's current occupancy levels and dependency needs, each night shift was staffed with two nurses and five care staff. We reviewed rotas for the four weeks prior to our inspection visit and saw that this level of staffing was adhered to.

The provider explained to us that in the month prior to our inspection visit they had added an additional member of care staff to each shift on each unit. This was following feedback from staff and relatives that there was not enough staff to meet people's care needs. Relatives told us that prior to the increase in staffing their family members had sometimes needed to wait for a member of staff to be available to support them. Staff told us that since the staffing levels had been increased there were enough staff on each shift to meet people's needs. We saw staff were available when people needed them during our inspection visit.

Risk assessments were in place for people who lived in the home. A risk assessment is an assessment that identifies any risks to a person's health, safety, wellbeing and ability to manage daily tasks. The risk assessments included details for staff on how risks to people's health and wellbeing should be managed. Risk assessments and risk management plans were updated monthly to reflect each person's changing

needs. Staff knew people's individual risks associated with their care and support, and were able to describe how they would act to reduce the risks to people's health. For example, a person's risk assessment stated they needed the assistance of a hoist to move from their bed or chair. Details in the risk assessment clearly stated what type of hoist and size of sling were required. We saw staff followed these instructions when moving the person in the hoist. It was recorded in the risk assessment that the person could become anxious whilst being hoisted and we saw staff singing and holding their hand during a transfer to calm them.

The provider had produced a business continuity plan which staff were aware of, and was available in the office. This provided staff with details of people to contact if there was an emergency such as the water, gas or electric supply being disrupted. This meant staff had the information to deal with emergency situations without delay. Personal emergency evacuation plans (PEEP's) which provided essential advice to staff about how to move each individual person in the event of an emergency such as a fire, were completed for all people who lived in the home. Copies of the PEEP's were available in the manager's office which meant staff could get to them easily in an emergency.

Medicines were managed safely. One person told us "I always get my tablets when I need them." Another person said "Once my tablet at night was late but this only happened once, they're usually very good." We were told by staff that only nurses administered medicines. The nursing staff received training to safely administer medicines and had their competencies in this area regularly assessed by the registered manager or provider. Medicines were stored safely and procedures were in place to ensure people received their medicines as prescribed. Regular medicine audits were undertaken to check that nurses administered medicines correctly. The provider had protocols (medicine plans) in place for medicines prescribed 'as and when required', for example, medicines for pain relief or medicines for people who sometimes had difficulty sleeping. These protocols gave staff clear guidance about what the medicine was prescribed for and when it should be given. This included how staff could recognise if a person who did not communicate verbally, needed their medicine.

People were protected by the provider's recruitment practices. A member of staff told us about their recruitment process which included an interview, obtaining references from previous employers and a DBS (Disclosure and Barring Service) check. The checks were completed to ensure people who were employed were of good character; and to check whether they had a criminal record which might mean they were unsuitable to work as a care worker. We viewed staff files which contained references, current copies of DBS checks and identification for the staff members.

Good

Is the service effective?

Our findings

One person who lived in the home told us "Yes, the girls [staff] know how to look after me. I don't know what qualifications they have but I've never had any reason to think they don't know what they're doing."

New staff employed by the service had an induction to the home, during which time they completed training to provide them with the skills they needed to support people at the home. One member of staff told us this included spending time with more experienced staff to gain an understanding of their role and the needs of the people they would be supporting. Staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of minimum standards which staff achieve to demonstrate they have the skills, knowledge and behaviours expected of a care worker.

Staff attended training the provider considered essential to meet people's health and social care needs, and training to refresh their skills and knowledge. Staff told us that training was both e-learning and face to face. A member of staff told us that all staff had dementia training. They said "Dementia training is really good. I learnt about how the condition affects the brain. I learnt a lot more than I expected." They went on to explain that this was because the training increased their knowledge and they now understood why people behaved in certain ways. The member of staff explained that the training was beneficial because it was tailored to people they supported and behaviours they presented .

Staff told us they usually had regular one to one (individual) meetings with their manager, however due to changes in management it had not been as consistent as usual. They told us the meetings gave them the opportunity to discuss their training and development needs as well as to request any support. Staff told us in their one to one meetings they had requested more face to face training as they preferred this to e-learning. The provider told us they had arranged additional face to face training including moving and handling training which had been arranged for December.

Health records showed that people saw health professionals when necessary. Records showed that regular referrals were made to GP's, district nurses and speech and language therapists. If a person's health needs changed, staff contacted health professionals immediately so that their care could be reviewed. This helped people to maintain good health. A health professional told us that the staff referred people appropriately and went on to say, "Records are accurate and they provide me with an overview of people's care."

One person had been identified as at risk of skin damage and had been referred to the tissue viability nurse (wound care specialist). Details in their care plan included advice from the tissue viability nurse about how to monitor the skin damage on their foot. Nursing staff understood how to care for this e and records showed the wound was healing. Another person had difficulty swallowing and had been assessed by the Speech and Language Team (SALT). Information in their care plan included advice from the SALT team and said that the person's food needed to be pureed. The person was provided with food suitable for them. This person also required thickened fluids and the care plan instructed staff to offer thickened liquids on a teaspoon. We saw that staff did this for them rather than offer them a drink from a cup. This showed that staff acted on the advice received by other health care professionals.

Food and nutrition met people's individual needs and preferences. People were offered a choice of meals and people with dementia were shown plated food to help them understand the choices. Staff told us if people did not like the options available staff would arrange alternative meals for them to eat.

The cook told us when people moved into the home they completed a dietary requirement sheet which detailed any nutritional needs and preferences. The cook then created a menu based on these preferences. We saw a display board in the kitchen which detailed who had special dietary requirements, for example who was diabetic and who required a low sodium diet. The cook had good knowledge of how to meet the nutritional needs of people who lived in the home. The cook was aware of how to fortify meals for people who were at risk of weight loss, for example they told us they added butter and cheese to mashed potato and made hot chocolate with double cream. We saw they were making fortified milkshakes with double cream and full fat milk .

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles of the MCA. Staff told us not all people who lived at the home had capacity to make their own decisions. This meant they needed support to make decisions. One member of care staff said ""People's capacity has to be assessed. If they don't have capacity we have meetings to make decisions in their best interests." Another care worker explained "People have the right to refuse. I respect people's choices." Care files showed that each person's mental capacity had been assessed, and clearly stated what decisions the person could or could not make for themselves. Where a person lacked capacity, family members, staff and professionals who knew the person well made decisions in their best interest. These decisions were recorded in the person's care file.

The provider understood their responsibilities under the Act. Records showed that 41 DoLS authorisations had been applied for. The applications included information about best interest decisions and why the application was the least restrictive option. The DoLS authorisations were reviewed regularly and this ensured that people's freedom was not being deprived unnecessarily.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Staff are wonderful and so kind. They put their arm around me and talk to me, that means a lot. Another person said, "Staff are very caring haven't met one that isn't." A third person said "Staff are wonderful here they talk to me, I love that, they ask how I am. God Bless them for being so kind. It helps when they are so kind to you." People were seen to be relaxed and sat with, and smiled at or talked to staff.

We saw staff interacting with people in a caring manner. One member of staff told us one person enjoyed celebrating Christmas but they had no family members to celebrate with. Last year staff had bought them an advent calendar to help countdown to Christmas which the member of staff explained was something they had enjoyed. The staff member went on to explain that staff bought them small items such as chocolate bars and bars of soap. Staff had wrapped them up and gave them to the person on Christmas morning. The person had really enjoyed this and staff planned to do it again this year.

Not all of the people who lived in the home were able to communicate verbally or had limited vocabulary. Staff understood how to communicate with people in a way they understood. A nurse explained to us that one person was unable to communicate verbally but they were able to understand if the person was in pain due to the expressions they made. These were documented in the care file. Each person's way of communicating was documented in their care file and we observed staff using each person's chosen method of communication .

Staff supported people in a respectful way that ensured their dignity. Staff told us they respected people's right to privacy and we saw staff knock on people's bedroom doors before entering. Staff told us of a person who lived with dementia, who frequently removed their clothing. Staff understood this compromised the person's dignity and had spoken with the family to look at ways of minimising this behaviour. Staff also responded quickly if they saw the person begin to remove their clothing, to retain the person's dignity.

Each person's care plan had a detailed life history section. Staff had a good understanding of people's lives prior to them living at the home. They told us they used these histories to understand people and the things that were important to them. One member of staff told us that by "Involving people and listening to them" helped them to provide a good quality of care.

The provider told us care plans were reviewed every month or if the person's needs changed. A nurse was responsible for updating the care files for each person. People had been asked to give their opinions and preferences in their care plans. Relatives had been involved in the reviews of the care plans. One relative told us "The nurse speaks to us every month about how they are and if there is anything we want to add to their care plan."

Staff told us they respected people's confidentiality by keeping their records secure. They told us they did not discuss people's care needs in front of other people. We saw that care records were kept in the nurse's

offices which were locked when no staff were present.

Staff supported people to be as independent as they wanted to be. One person told us, "I go out with [Relative] every day for a couple of hours; they [staff] encourage your independence." Another person said "They encourage you to be independent if you can be, I look after my own money, I feel pretty much in control here I get up when I want and have a rest when I want."

Relatives told us there were no restrictions on visiting times; they were able to visit at any time. Relatives also said that they could telephone the home at any time. One relative told us "They always update us with any changes in [Name's] health and we can call if we want to ask anything." This helped people to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received individualised care and support. Each person who lived at the home had an individual care plan which detailed their health needs, likes, preferences and personal histories, including information about people that were important to them. Records we viewed included information provided by family members. Staff told us they had time to read each person's care plan which were detailed and up to date, this helped them understand people's individual needs.

One person told us, "I enjoy the activities here, and when there is entertainment I like to join in." Staff told us activities were planned throughout the home each day. On the day of our inspection visit people enjoyed listening to a visiting singer. Another person told us, "I go for a long walk every day, staff are fine with that." We saw a group of people chose to sit in a communal area to watch a film called 'The Great Escape' on TV. This was on the TV schedule over lunchtime and people asked to have their meal there rather than in the dining room because they were enjoying the film. Staff arranged this for them and we saw people enjoyed watching the film without interruption.

Staff told us that they had developed a list of individual activities they could do with people. These included hand massage, reading and reminiscing. One member of staff told us, "Even on the busiest day you can always find five minutes to sit with someone and do something." We saw that a staff member blow dried and styled one person's hair. We heard laughter from the person and three staff members commented how lovely their hair looked. Staff told us they enjoyed this task because it was important to the person to look nice. This showed that staff were aware of the person's preferences and cared for them in a way that supported their preferences.

The provider had identified the home could improve the activities they offered people who lived with dementia. To do this they arranged for the organisation's dementia coach to be based in the home for three months and to provide additional training to staff. At the time of our inspection visit the dementia coach had been working in the home for two weeks. The provider explained the dementia coach worked with the activity co-ordinators to develop both group and individual activities based on personal interest and they would support staff in being confident at delivering these.

The environment of the home was dementia friendly. One person told us "I think the premises are designed very well, plenty of room to move around and spacious. It's excellent really." Signage was located throughout the home to guide people and bedroom doors were painted in different colours. Staff told us this helped some people to locate their bedroom. A clock was visible which displayed the time and informed people whether it was morning, afternoon or evening. This helped people with dementia who may have difficulty understanding what time of day it was.

Staff 'handover' meetings took place between each shift. These meetings provided incoming staff with up to date information about each person. Records of these meetings included information about people's changing care needs and information was shared about what each person had been doing during the day. Staff told us that hand overs also included information if a person had been ill during the day and if 'as

required' medicine had been given. This showed that people's needs were effectively communicated throughout the team. This was important to ensure people received consistency in their care and to manage any risks.

We reviewed the record of complaints held at the home; seven had been made in the twelve months prior to inspection visit. Complaints recorded had included concerns raised over the choices of food and the cleanliness. People told us that they felt able to raise any complaints they had and that they would speak to a member of staff. Some people told us that when they had raised verbal concerns they were not always happy with the outcome because they were not aware if any action had been taken. We raised this with the operational manager who told us they would speak with staff so that people could be informed of any actions taken from their concerns.

Good

Is the service well-led?

Our findings

People and relatives told us they did not know who the registered manager was. One person said, "I don't know who the management is or know their names" and a relative told us, "I really don't know who the manager is. There has been a lot of changes." This was due to the changes within the management team. In the six months prior to our inspection visit a registered manager had resigned after a period of illness and the new registered manager had also resigned two days prior to our visit. Staff told us that the provider's operational manager and area manager were supporting the home in the interim however the changes had led to a feeling of instability. One person told us "Frequency of supervision (one to one meetings) has reduced in the last few months because managers haven't been here." Another person told us they did not feel confident about speaking out about any concerns because "There have been so many changes I do not want to rock the boat anymore ." Staff told us that despite the instability the care for people in the home remained good and they felt that the provider was actively trying to improve the experience people in the home had. They gave examples of how the staffing levels had been increased on each shift and the support they were receiving from the dementia coach. The provider told us they were recruiting for a new manager and an applicant attended an interview during our inspection visit.

The provider was aware of the responsibilities of their registration and understood what they had to notify us of. Following the recent resignation of the registered manager the operational manager identified six occasions where the correct statutory notification had not been sent to us. The area manager completed the necessary statutory notifications which were sent to us . We saw provider displayed their rating of their last CQC inspection in the entrance to the home and on their website.

A log of all formal complaints had been recorded by the previous registered managers however people who lived at the home and relatives told us that they did not always receive a response when they raised verbal complaints. One person told us "I have complained about noise levels during the night with staff talking loud but nothing has really been done." They went on to say "I'm not happy at all with the outcome as nothing has changed." We informed the operational manager that people were not aware of any actions from concerns they had raised. The operational manager told us that they would ensure that all actions were shared with the person who raised a complaint.

Staff meetings took place every four months. Staff told us these helped to share information with the whole staff team. We saw that learning from recent incidents was discussed with staff. For example, with 'end of life' care, all nurses were reminded of the procedure for using syringe drivers. They had been provide with extra training as it had been identified that their knowledge in this area was not sufficient to manage one person's pain.

The provider also valued feedback from people who lived in the home and their relatives. Residents and relatives meetings were held every six months. At the residents meeting people had requested more variation in the menus and had asked for steak to be offered. We saw that steak was now a regular option on the weekly menu . At the relatives meeting concerns had been raised about the cleanliness of the home. The registered manager had in response to this arranged new cleaning schedules and audits to monitor that the

changes were being implemented. During our inspection visit the home was tidy and clean.

Staff told us that they felt valued by the provider. One member of care staff told us that the provider had a staff recognition scheme where each year staff could nominate a colleague who they believed had demonstrated the provider's values. Each person who was nominated received a certificate of appreciation and a voucher for £50. One member of staff said, "We know we are valued but it is nice for our hard work to be recognised."

The provider's policies and procedures were clear and comprehensive. The policies were updated regularly and included latest research so that best practice was delivered in the home. Staff told us that when the policies were reviewed they had to read them and sign to show they understood the changes.

A range of audits and checks took place to assess the quality and safety of service provided. This included checks on the premises to ensure they were safe, and. checks on the quality of care people received. One audit identified that handrails needed re-painting; this was allocated as an action for the maintenance team to complete. Another audit had identified that staff required an update for their moving and handling training. New dates for this training had been arranged for December.

The provider was involved in assessing the quality and safety of the service provided. Each month the provider had met with the registered manager. During these meetings the provider analysed the incident reports, audits and training records. The provider gave feedback to the registered manager about any actions that were required in response to the analysis. These were monitored through a computer system which informed the provider when actions were completed.