

Kent County Council

Jubilee House

Inspection report

Jubilee House
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Folkestone
Kent
CT20 2RA

Tel: 01303248812

Date of inspection visit:
05 October 2016

Date of publication:
14 November 2016

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 4 October 2016 and was announced.

Jubilee House provides support and personal care to people with learning disabilities who live in their own homes in order for them to maintain their independence. People lived in flats with their own tenancies that were all within one building, with staff on site at all times

At the time of our inspection the provider confirmed they were providing personal care to 5 people.

There was a registered manager in post. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. We saw that new staff had been recruited recently, and that shifts were covered appropriately.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

We observed that people were provided with support with medicines, which were administered safely and on time.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions, as well as the opportunity to regularly seek support and talk to senior staff when required.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. Staff were knowledgeable about people's dietary requirements which were regularly reviewed by appropriate professionals.

People were supported to access health appointments when necessary. Staff were knowledgeable about

the health conditions that people had and regularly made referrals to health professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.
People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Jubilee House

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.

This inspection took place on 4 October 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We met three people who were using the service, but they were not able to answer questions for us. We were not able to speak with any family members of people using the service, but we were able to make some observations of the interaction that staff had with people.

We were able to speak with four support workers, the registered manager and the unit manager.

We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People received care that was safe. All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I would record what had happened as accurately as possible. I would make sure the person is safe, and then contact the manager or local safeguarding team." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required. During our inspection, we saw that people appeared to be relaxed and calm in the support they were receiving from staff which was done in a safe manner.

Risk management plans were in place to safely manage any risks present within people's lives. One staff member said, "I have recently been reading the risk assessments, and they are very good. They give a very clear instruction on how to keep people safe, whilst at the same time allowing people to take positive risks which everyone needs to live their lives fully." We saw that people had detailed assessments which were broken down into hazards, who might be harmed, actions currently being taken, any further action, and a risk rating. Assessments were personalised and covered the specific risks that each individual may encounter. They included detailed health risks, behaviour management and environmental risk. The risk assessments we saw gave staff members clear actions to take should certain situations occur. All the risk assessments we viewed had been monitored and updated to reflect any changes necessary.

Safe recruitment practices were followed. One staff member told us, "I had to provide references and security checks before starting work." All the staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks. This meant that staff were safely recruited and that appropriate steps carried out, to ensure staff were of suitable character to work with vulnerable people.

There was enough staff working at the service. The unit manager told us, "We have occasionally used agency staff, but we go to our own bank staff first. We have also recruited new staff recently, so we have plenty of cover when required." A staff member told us, "There is always enough staff around and we are mostly all available to pick up extra shifts as well." During our inspection, we saw that people were being supported with the correct ratio of staff that they had been assessed for. A new staff member was also on shift, supernumerary to requirements, as they were shadowing more experienced staff. We saw current and future rotas that showed us a consistent staff team were being used to support people, and that the right amount of staff was on shift as dictated by the assessed needs of the people using the service.

Medication was administered safely. We saw that people stored their own medications safely within their own flats. Staff members would go and support people to administer medication within each person's flat. One staff member told us, "I received training in medication which was very good, I feel fully confident in supporting people." We saw that staff had also completed a medication competency workbook to check on their knowledge and safety around medication administration. Staff used Medication Administration Records (MAR) to record all support given. We saw that the MAR showed the type, route, frequency and

dosage of medication and were all filled in accurately.

Is the service effective?

Our findings

Staff all had the knowledge and skill required to support people within the service. All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people. One staff member told us, "I am new here, and I have been so impressed with the amount of time I have been given to learn about the people using the service and train up ." During our inspection we saw that staff were communicating with individuals in the way that worked best for them.

Staff completed a service induction before starting work. One staff member said, "After getting the job, I went on a two week mandatory training course where I covered the basics including safeguarding, moving and handling, health and safety and more. I was then able to spend time shadowing other staff to get to know the people at the service, as well as read through all the necessary care plans and risk assessments." A senior staff member told us that all new staff were undertaking the care certificate, which is a basic qualification in the fundamentals of care work. All the staff we spoke with confirmed that they had gone through this process and we saw evidence within their files. We saw that all staff received on-going training to keep their knowledge and skills up to date.

Staff members received support through regular supervision. A senior member of staff told us that all staff were given one to one supervision time regularly, as well as having observational supervision where senior staff would observe practice. One staff member said, "I am supervised regularly, and I can always speak with management if I need anything, it's very open." We saw that people had their supervision documented within their files. Subjects such as personal development, training, and client updates were recorded

We checked whether the service was working within the principles of the MCA. 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. The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff gained consent from people before carrying out any tasks. A staff member said, "We support people here to be as independent as they can be, so gaining consent for everything we do is obviously very important with that." We saw that where possible, people had signed consent to care forms within their files, or family members had signed on their behalf. During our inspection, we observed several interactions between staff and people living within the service. We saw that staff were always talking with people and gaining their consent before doing anything with people, including prompting the next activity and supporting a person with clothing.

People were supported to maintain a healthy and balanced diet, and received support with any dietary requirements they had. A staff member told us, "[Person's name] has diabetes and was on medication for it. With our support they are now just diet controlled, and no longer need the medication. We are proud that we have achieved this with them." We saw that each person had detailed and specific information within

their files about their food choices and dietary needs. For example, one person required support with a liquidized diet and thickeners in drinks. We saw that staff had clear guidance on this person's support needs with specialist equipment for eating, and regular input with a speech and language therapist. All the staff we spoke with had an excellent knowledge on each person's preferences and needs with food.

People had support to access healthcare services and received on-going support from staff with health needs. We saw that people had detailed plans in place to support them with their health. People had regular access and support to appointments as required, and had significant input from visiting health professionals such as physiotherapists, occupational therapists and speech and language therapists.

Staff were given clear guidance to support people's health needs, for example, one person had a photographic guide that showed staff how to support them with a supported sleeping system that was essential for their physical health whilst sleeping. We saw that one person was being supported to access alternative therapies such as aromatherapy and reflexology. People also had health passports which were detailed documents that helped medical professionals understand their needs better when communication can be difficult. We saw that a disability distress assessment was being used to identify and understand the signs of pain and distress from people who have communication difficulties or who are non-verbal. This meant that people received thorough support across all areas of their healthcare.

Is the service caring?

Our findings

The staff had a caring approach toward the people they worked with. During our inspection, we saw staff interact with people in a warm a caring manner, making jokes with people, checking if they were ok and asking if they had a good day. One staff member said, "I think all the staff here really care for the people they work with. It's a fantastic mix of personalities; I think we are lucky to work here."

Staff were aware of people's preferences. All the staff we spoke with had an excellent knowledge about the people they were supporting, their routines, likes and dislikes. The staff we spoke with told us that the care plans contained personalised information that helped them to provide person centred care and the care plans we saw confirmed this. We saw that plans were in place which documented things that were of importance to people, things that other people thought they did well, how to help people achieve things themselves, and detailed personal routines. This enabled staff to get to know people and develop positive relationships . We saw that staff had an excellent base of knowledge about the people they key-worked, and were enthusiastic and positive about providing them with good care.

People were involved in their own care planning. Staff told us that they each had keyworker responsibilities for certain individuals. One staff member said, "Part of our role as keyworker is to make sure that people are fully involved in their own care planning as much as they can be. We take the time to work out how people like things done. We also regularly take the time to review things with people and make changes if required. We saw that people had input into their care plans including a 'This is me' part of their planning, which had a photograph of them and described the things that they enjoyed. We saw that regular reviews of care had taken place for people where their involvement had been documented.

People had their privacy and dignity respected by staff. One staff member told us, "This is a service where people have their own flats and we encourage independence. We all have to respect that these are the individual homes of people who have their own tenancies, and we are guests when we are inside." Another staff member said, "I always try and maintain privacy and dignity. I always knock on doors and I am considerate when supporting people with personal care, or support with eating." During our inspection we saw that staff knocked on people's doors before entering, and also asked for permission to enter a person's flat who was not inside, but in a separate communal area.

People were supported to be as independent as possible. All the staff we spoke with understood the importance of supporting people to maintain their independence. One staff member said, "This was service is setup specifically to support independence. It's a part of all the work we do with people." We saw that care plans clearly guided staff to understand the things that people could do for themselves, and to encourage and prompt people to achieve this.

We were told that advocacy services were available should people require them. We saw that one person had recently used advocacy services as a way of making sure that certain decisions about their care were fully explored . This meant that they received the support they needed to make decisions about their own lives and express their opinions.

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service. The provider for the service was the local authority, whose commissioning team and care management team contributed to the assessment of individuals, prior to receiving a service. One senior staff member said, "Any new people would have a thorough needs assessment where we would work with other professionals to make sure the placement was right for them. They would then have a tailor made introduction to the service which suits them and supports them to make a decision about whether it is right for them." Another staff member said, "People have their own tenancies, and they don't have to use us as their support staff. If they want to change to another provider, they can do so and stay living exactly where they are." We saw paperwork within people's files that confirmed thorough assessments had taken place.

People received care that was personalised to their needs. One staff member said "Everyone that lives here has a very different set of needs, and I think we do a great job of supporting everyone." We saw that everybody using the service had detailed and unique support plans that documented their needs and preferences. For example, people had sections within their files that documented family history, interests and hobbies, wish lists and personal goals. We saw that people had a 'Listen to me' section within their files which detailed people's routines and how staff should support people to achieve their goals. We saw that one person had pictorial guides in place to support their understanding within care planning and daily decision making.

Reviews of care plans and risk assessments regularly took place to ensure the information contained was up to date and relevant. One staff member said, "People have formal reviews involving social work teams and care management, but as keyworkers we also regularly check that information is up to date. The whole team is able to contribute towards care planning and risk assessment."

People were encouraged and supported to develop and maintain relationships with people that matter to them. All the staff we spoke with had excellent knowledge on the family history of the people living at the service. One staff member told us, "We support people to keep in contact with family members where possible. Sadly, some people don't have any close relatives, but we also support people to maintain social relationships as well. We will often hold events and social gatherings for take away dinners or people's birthdays, so people can interact with each other and build friendships." We saw that people had information about their family contacts, social relationships, and their preferences for support with these relationships, documented within their files.

People had the time they needed to receive support in a person centred way. One staff member said, "We are flexible to people's needs, it's not set in stone what people do. If someone changes their mind about doing something, we adapt to their needs and the staffing level is able to cope with that." We saw that people were receiving support from staff which matched the ratio and plan on the staffing rota. Staff were asking people questions about what they would like to do, and giving people the time they needed to think about their options and respond.

A complaints procedure was in place that was visible and being used by people. We saw that the complaints and comments procedure was displayed in an easy read format and that when any complaints had been made, they had been responded to promptly and appropriately to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

People were able to approach and speak with management as and when they wished. During our inspection, we saw that the unit manager and the registered manager both had an excellent rapport with people and an in depth knowledge into their needs and preferences. We saw that the registered manager's office had an open door policy and was located next to the communal areas within the service. We saw that people were able to move freely between their own flats, and the communal areas and office.

Staff members received positive support from the management team. One staff member said, "Many of us have been here right from the start when the service opened. We wouldn't still be here if we weren't being supported well." Another staff member said, "I am really glad I got the job here because I can tell that it is a supportive place to work. The management is excellent." We saw that the registered manager, unit manager and senior staff all communicated positively with staff members and the atmosphere was relaxed and welcoming for everyone.

We saw that the service had a staff structure that included registered manager, unit manager, senior carer and carers, and that people were aware of their responsibilities. The staff we spoke with were aware of the visions and values of the service and felt positive about the continuing development of the service. One staff member said, "This type of service was quite rare when it first opened. It's continued to be an excellent model for promoting people's independence."

Incidents and accidents were reported accurately by staff. We saw forms that showed detailed recording and a managers response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff were encouraged by the management to access regular training to continually develop their knowledge and skills. One staff member said, "The training opportunities are excellent, I have been able to complete a National Vocational Qualification (NVQ) level 4 and also gain qualifications in assessing others and training others." Another staff member said, "I have been able to request certain training. I wanted to do the full comprehensive first aid course, and I was allowed to book on to it." We saw that training opportunities were raised within people's supervision and team meeting minutes which occurred regularly.

We saw that quality control had been implemented. The registered manager informed us that the service had quality assurance systems in place that were used to monitor and improve the quality of the care provided. We saw that feedback monitoring questionnaires had been sent out to people using the service, staff members, and other professionals that were involved in supporting the service. We saw other audits that were regularly taking place within the service. The registered manager also told us that they carried out observations on staff which involved supervisory practice, to ensure they were meeting the standards the service had set.