

Jubilee Care Home Limited

Jubilee Care Home

Inspection report

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Tel: 01709557776

Date of inspection visit:
05 July 2021

Date of publication:
06 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Jubilee Care Home is a residential care home providing personal care to 36 people aged 65 and over at the time of the inspection. The service can support up to 59 people. The service is also registered to provide accommodation for people who require nursing care. At the time of our inspection, nobody required this support.

The home had two units which were operating at the time of our inspection. Some people using the service were living with dementia.

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

Systems in place to monitor the service were not always effective. Audits in place had not always identified the concerns we found on inspection. Where some issues had been identified, action had not always been taken to resolve them.

The management team and staff knew their roles and responsibilities. Most people and relatives spoke positively about the management and staff. However, a small minority of relatives said that communication could be improved. The provider and registered manager used feedback to improve the service.

We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Domestic hours in place were not enough to ensure deep cleaning of the service was maintained. This was also impacting on the laundry, which was building up and creating a potential infection control risk. Following our inspection, the provider took action to address this issue.

The provider had a dependency tool which was used to identify the number of staff required each day. We found that there was not always enough staff available to meet people's needs. We acknowledged that the provider took initial action to resolve the situation until more staff were recruited.

Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. We found one incident which should have been reported to the Care Quality Commission. We discussed this with the registered manager who stated they would report the incident retrospectively. Risks associated with people's care had been identified and plans were in place to mitigate risks.

The provider had a safe recruitment procedure to ensure appropriate staff were employed. People's medication was administered as prescribed. People who required medicines on an 'as and when required' basis had a protocol in place to guide staff in how and when to administer them. However, these needed to be reviewed to ensure they were detailed enough. The deputy manager was in the process of addressing this issue.

Staff were knowledgeable about safeguarding and confirmed they had received training in this subject. They knew what actions to take if they suspected abuse.

People's needs were assessed, and care was delivered in line with current legislation. We observed care and support being delivered in line with people's assessed needs and choices.

People were supported to maintain a balanced diet. We observed lunch being served and found people were assisted with making choices about what to eat. Through our observations, and speaking with staff, we found they had the skills to carry out their role. We found people had been referred to appropriate professionals when required to ensure their needs were met.

One unit had been adapted to meet the needs of people living with dementia. The other unit required further decoration and redesign. This had been identified by the provider and a plan was in place to action this.

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.

We observed staff interacting with people and found they were kind, caring and delivered support in a person-centred way. Relatives we spoke with told us they were happy with the care their family member received and felt they were treated with dignity and respect.

Care plans were person centred and offered staff guidance about how to support people. Staff knew people well and assisted people to maintain their independence. Social activities were provided in line with people's interests and preferences.

Relatives we spoke with found the registered manager approachable and felt she would act on any complaints raised.

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

Rating at last inspection

This service was registered with us on 22 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered 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 that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

The provider took immediate action to mitigate any risks and implemented plans to improve the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Jubilee Care Home

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 Care Act 2014.

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

The inspection was carried out by two inspectors.

Service and service type

Jubilee Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and ancillary staff. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Domestic hours in place were not enough to ensure deep cleaning of the service was maintained. This was also impacting on the laundry which was building up and creating a potential infection control risk. Following our inspection, the provider took action to address this issue
- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- The provider had a tool in place to calculate the number of hours required to support people in line with their needs, however the tool was not always effective.
- Through our observations and speaking with people and their relatives, we found there were not always enough staff available to meet people's needs. The low number of domestic hours was impacting on the care workers.
- Staff we spoke with told us that there are times when only two care workers and one senior care worker are on duty downstairs and they really struggle. One care worker said, "We are also struggling with laundry and domestic staff. This really impacts on the care as we are having to go to the laundry for items of clothing." The provider was in the process of recruiting more staff to assist with this problem. The provider also confirmed that an interim plan had been instigated to help until more staff were in post.
- The provider had a process in place to ensure staff were recruited safely. This included obtaining references from previous employers and ensuring criminal record checks were completed.

Using medicines safely

- The provider had systems and processes in place to ensure people received their medicines as prescribed.

- Staff received training and competency assessments to ensure their knowledge was up to date and people's medicines were managed safely.
- Some people's medicines were prescribed on an 'as and when' required basis. We saw protocols were in place to identify when and how these medicines should be administered. However, some protocols required further information to ensure they were effective. The deputy manager had commenced work to address this issue.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were knowledgeable about safeguarding and knew what action to take if they suspected abuse.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and action taken to mitigate risks.
- Risk assessments were in place to ensure people's needs were met in a safe way
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.
- We found one incident which should have been reported to the Care Quality Commission. We discussed this with the registered manager who stated they would report the incident retrospectively.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Through our observations and speaking with staff, we found staff had the skills to carry out their role. However, we found shortfalls when reviewing staff training records. For example, staff training records indicated that only 24 percent of staff had received training in fire evacuation. The registered manager had a plan in place for this training to be completed. However, staff training and competency required embedding in to practice.
- Some staff had been newly recruited and were in the process of completing an induction which included training.

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

- People's needs were assessed, and care was delivered in line with current legislation.
- Care plans and supporting documentation included information about people's choices and preferences.
- We observed care and support being delivered in line with people's assessed needs.

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

- People were supported to maintain a healthy, balanced diet which met their needs and preferences. "One person said, "Oh we have good food here, lunch today was lovely, but it always is."
- We observed lunch being served on both units and found this to be a relaxing experience. People were supported to select their preferred meal from a variety of options.

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

- The provider and registered manager took appropriate actions to ensure people received timely and appropriate care.
- We found people had been referred to appropriate professionals when required to ensure people's needs were met.

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

- The provider and registered manager had ensured signs were available to help people who were living with dementia to navigate around the home.
- One unit has colourful paintings and pictures on the walls, which gave interesting stimulus for people living with dementia.

- The other unit needed further decoration and design. This had been identified by the registered manager who was working with the provider to action this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the registered manager was knowledgeable about the MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA.
- Where people lacked capacity, decisions had been made in people's best interest and people were involved in the decision making process.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people and found they were kind, caring and delivered support in a person-centred way.
- Staff respected people's privacy and dignity by knocking on doors prior to entering rooms.
- People and their relatives spoke highly of the care they received. One relative said, "I can't fault the home at all. All the staff are lovely and genuinely do care."
- Staff explained how people came first and care had to be person centred. One care worker said, "We are here for them [people], it is their home."

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

- We saw people were supported to express their views and be involved in their care.
- Staff asked people what they wanted to eat and drink and what they would like to do. People's preferences and choices were adhered to.

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

- Staff knew people well and had built up a good rapport with them.
- Relatives we spoke with felt their family members were treated with respect. One relative said, "All the staff know [relative] well, they respect [relative]. The care here is second to none."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were supported by staff who knew them well. Staff completed care tasks in a considerate way, and supported people to maintain their independence.
- People and their relatives told us they were involved in care planning and any reviews about their care.
- Care plan documentation we reviewed was informative and gave the reader a good understand of the person's 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 were supported to take part in activities that were socially and culturally relevant and appropriate to them.
- The provider had an activity co-ordinator who was responsible for arranging and carrying out activities to suit people's interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We observed staff communicating with people in various ways according to their needs.
- Staff were patient when communicating with people, offering choices and giving time for people to respond.
- Staff understood people's body language and responded appropriately to support people when needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and were used the process to learn and develop their service.
- The registered manager kept a log of complaints which showed they had taken appropriate actions to address issues raised.
- People and their relatives had confidence they would be listened to if they had to raise a concern. One relative said, "I am quite confident [registered manager] would sort any issues out without delay."

End of life care and support

- Staff received training to enable them to support people and their families at the end of their life.

- People's care plans included information regarding end of life care. These were person centred and included spiritual and cultural needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- The provider had systems in place to monitor the service. However, these were not always effective and needed developing to ensure they identified areas for action.
- The management team completed a series of audits which looked at areas such as infection control, care plans and medication. However, these had not identified some of the issues we found during our inspection. For example, some areas of the home needed a deep clean, but these areas had not been identified or addressed.
- The laundry room needed attention and reorganising to ensure people were not at risk of cross contamination. The domestic hours were low and therefore staff were struggling to maintain a dirty to clean flow of laundry. Following our inspection, the provider took action to address this issue. However, the new process needed embedding in to practice.
- Some management records had not always been completed accurately. For example, we were sent the staff training records to assess training delivered. However, it was difficult to establish what training staff had received due to the matrix not being up to date. We were sent an updated training record which showed some gaps. The provider had not been proactive in addressing this issue. Following our inspection, we received confirmation that this would be addressed.

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

- The registered manager and deputy manager had plans to develop the service to ensure people achieved good outcomes.
- We observed staff interacting with people and found they included people in their care and supported people to maintain their independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager was supported by a deputy manager and senior care staff. The management team were clear about their roles and responsibilities.
- Both the registered manager and provider understood their roles and were aware of their duty of candour.
- Most people and their relatives felt the management team and staff were approachable and supportive. One relative said, "I can speak to [registered manager] and she is quite accommodating. She gets back to

you straight away." However, one relative said, "Communication is sometimes an issue. One staff tells you one thing, and another tells you something else."

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback was used to develop the service.
- Following the last survey people and their relatives said food choice and food service could be better. The registered manager spoke with people to ask how this could be improved, changed the menu based on their choices and spoke with staff about how they could improve the service. This showed appropriate action was taken to improve the service.

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.