

Runwood Homes Limited

Jubilee Court

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Jubilee Court is a residential care home providing personal and nursing care for up to 75 people. At the time of our inspection there were 69 people living at the home.

The home is divided into four separate units. Two residential units are on the ground floor and two nursing units are on the first floor. Each unit has separate adapted facilities and there is a shared enclosed garden.

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

Relatives were complimentary about the staff and management team. Staff interacted with people in a kind, caring and patient way, and respected their privacy and dignity. Care was provided in a highly person-centred way and staff were extremely responsive to people's individual needs and wishes.

A wide range of activities were provided, and social interaction was encouraged and promoted. Where people were unable to take part in group activities, staff spent time with people on an individual basis to help prevent people from feeling isolated. Staff had found innovative ways to help people enjoy activities that had been important to them when they were more able.

The service provided excellent end of life care. People's end of life wishes were respected and staff supported the whole family during this difficult time.

There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to provide the appropriate level of support to people. Staff received the training, support and supervision they needed to carry out their roles effectively. Nurses received clinical supervision and were competent at nursing procedures, such as wound care and catheterisation.

People received their medicines as prescribed and there were systems in place for the safe storage, administration and management of medicines. Risk assessments had been completed. These helped identify if people were at risk from everyday harms, such as falls or choking. Where risks had been identified, there were plans in place to guide staff so that people were kept safe.

The building was maintained and decorated to a high standard throughout, with clear signs to help people find their way around. Each unit had large communal areas for people to socialise in and there was an attractive garden which provided an additional space for people to enjoy. The premises were clean, and staff followed correct infection control and prevention procedures. Equipment was of a good standard and was regularly checked and serviced annually.

The requirements of the Mental Capacity Act 2005 were being met. People were helped to make choices, if they were able. 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 were supported to eat a well-balanced diet and were offered a choice and variety of meals. People had access to healthcare professionals as and when required.

The registered manager and clinical lead provided good leadership of the service. Staff and relatives told us they felt supported by a management team who were open and approachable. Audits and quality checks were undertaken on a regular basis to ensure the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (report published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Jubilee Court

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.

Inspection team

The first day of the inspection was carried out by an inspector. On the second day, the inspector was joined by an assistant inspector 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

Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection

Prior to the inspection we reviewed information and evidence we held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and ten relatives about their experience of the care provided. We spoke with staff, including the registered manager, clinical lead, well-being coordinator, regional well-being and dementia service manager and eight care assistants. We observed lunch on two units and watched staff interactions with people who used the service, throughout our inspection.

We reviewed a range of records. This included seven people's care records, four staff personnel files and multiple medication records. We also looked at other records relating to the management of the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with reported feeling safe. One person told us, "I am over the moon with the care here. I don't want for anything and couldn't do without them (the staff). I feel as safe as a judge!"
- Family members told us they were happy with the care provided at Jubilee Court and felt their relatives were safe there. One visitor told us, said, "I am happy to leave [name] here – and would recommend it to anyone." Another told us, "[name] is very safe here and well looked after".
- Staff had received training in safeguarding and were able to identify what course of action they would take if they suspected abuse.

Preventing and controlling infection

- The home was well-maintained and clean throughout, with no unpleasant odours.
- Staff followed good infection control practices. These included using personal protective equipment (gloves and aprons) to help prevent the spread of infections when carrying out personal care tasks, handling food and cleaning. Staff helped people to wipe their hands before eating meals.
- Where people used specialist equipment, this was cleaned regularly. For example, one person used oxygen. The oxygen tubing was changed daily to ensure the equipment was free from harmful bacteria.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were effectively managed through comprehensive risk assessments. These were reviewed regularly.
- Everyone had an up-to-date emergency evacuation plan which described the support they would need in the event of a fire or other emergency evacuation of the building.
- All servicing of equipment was up-to-date. Regular safety checks were carried out. These ensured the building and equipment were safe and well-maintained.

Staffing and recruitment

- The provider had completed all the required pre-employment checks to make sure staff had the appropriate skills and were of good character.
- One relative told us they felt more staff were needed, as many people had complex needs and required a high level of support. However, others told us that they felt there were enough staff to care for people. During our inspection we saw that staff responded quickly when people needed assistance.
- Where possible, staff worked regularly on the same unit. This ensured continuity of care. During the day there was a nurse on each of the nursing units. At night a nurse worked between the two nursing units.
- The service occasionally employed agency nurses to cover gaps in the staff rota.

Using medicines safely

- People's medicines were managed safely.
- All staff who administered medicines had been trained to do so.
- Nurses were trained to give medicines, such as pain relief, through a syringe driver (pump). This was mainly used when people were at the end of their lives.
- Medicines administration records indicated people received their medicines as prescribed. The correct information for staff was in place for people who needed 'as required' medicines, such as pain relief.
- Some risk assessments for the safe use of blood thinning medicines were not in place on the residential units. At our request these were written during our inspection. The risk assessments gave staff information about the side effects of these types of medicines and how to look out for them.

Learning lessons when things go wrong

- There was an open and honest culture at the home. The provider used accidents, incidents and complaints as a way of driving improvement.
- All accidents and incidents were recorded and reviewed by the management team to ensure the correct action had been taken by staff and to help prevent reoccurrence. For example, the provider had implemented regular checks of pressure relieving mattresses following an incident where an electric mattress had been accidentally unplugged and deflated.
- The provider carried out a monthly analysis of any falls. This enabled them to review if there were any trends or patterns and to check that the appropriate professionals had been involved, such as the falls prevention team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was decorated to a high standard throughout, with good quality furnishings and fittings. Each unit had its own dining/lounge area, kitchenette and separate lounge. Corridors were wide, with ample space for wheelchairs.
- All bedrooms had en-suite shower facilities. Each unit had its own bathroom with an assisted bath. All equipment, such as profiling beds, was of a high specification.
- In addition to the communal areas on each unit, the home had a large activities room and a 'tea room'. These provided pleasant environments for people to relax in. The service had a small shop, which sold items such as toiletries and sweets.
- The home had an attractive enclosed garden which was accessible from both downstairs units.
- There was clear picture signage throughout the home to help people find their way around.

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

- People told us they were happy with the quality and variety of food.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking, for example, a risk of choking. Staff were aware of people's dietary needs and any help they required to eat and drink.
- Guidance was provided for staff to support people who needed their drinks thickened to prevent choking and people who needed their food given through a PEG tube (a feeding tube going into their stomach).
- We observed lunch on two units and found it was a pleasant experience for people, with sufficient staff to provide assistance and quiet music playing in the background. Food looked and smelled appetising and people were offered second helpings. People were offered snacks and drinks between meals.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team.
- All new staff received a thorough induction to the service which was specific to their role. Nurses received additional induction training which covered clinical tasks, such as wound care and catheterisation. New staff worked a probationary period, with monthly supervision meetings throughout to check on their progress.
- Staff received training in a range of subjects relevant to their roles. Most training was completed through e-learning, with face to face training for first aid, moving and handling, dementia care and fire awareness. The provider's training spreadsheet showed that most staff had completed the required courses.
- Staff received regular supervision.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other

agencies to provide consistent, effective, timely care

- The service liaised with a range of healthcare professionals, including speech and language therapists, dieticians and doctors to ensure people's health needs were met.
- Health professionals' specialist advice was incorporated within people's care plans.
- The service responded promptly when people's health needs changed.

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

- Comprehensive pre-admission assessments were completed to ensure the service could meet people's health, care and medical needs.
- Care plans were written using the information from the pre-admission assessment, and through consultation with people and /or their representatives. Care plans were person-centred and considered all aspects of people's lives.
- Staff used nationally recognised tools to assess risks to people's health and well-being, for example the Waterlow score to assess the risk of pressure ulcers. People who had been identified at high risk of developing pressure ulcers had the appropriate pressure relieving equipment in place and staff used the care interventions, such as re-positioning to help prevent pressure ulcers.

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

- The service was working within the principles of the MCA. Restrictions on people's liberty had been authorised or were awaiting authorisation by the local authority.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. Staff consulted people before they did anything for them. For example, during lunch we heard a care assistant say, "I'm going to push your chair in nearer the table – is that alright?"
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Everyone we spoke with told us staff were kind and caring. One visitor said, "The staff are very caring and considerate. If she doesn't eat her dinner, they will return with something else – I couldn't fault them."
- The atmosphere in the home was friendly and relaxed and we saw and heard many warm and caring interactions between staff and people living at the home during our inspection. For example, one person needed to leave the dining table during their meal. When they returned, staff immediately took their food away to be warmed up for them.
- Relatives told us they felt supported by the care team and were made to feel welcome.
- Everyone was supported to live as they wished, and their diversity respected. People's preferences, likes and dislikes were recorded in their care files. This included their faith or religion. A member of the clergy visited the home every month to hold a service. There was currently no one living at the home who had a non-Christian faith.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and promoted independence. For example, one care assistant told us how they supported a person to clean their own teeth by helping them to hold their own toothbrush.
- People were treated with dignity and respect. During our inspection we saw that staff spoke with people in a respectful and polite way. For example, we saw one person become distressed because they were unsure of their surroundings. A care assistant gently reassured them, saying, "We're in the dining room, it's lunchtime and this is where we eat most of our meals."
- Where staff moved a person using a portable hoist, this was done with consideration to the person's dignity and staff offered encouragement and comfort.

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

- Staff helped people make choices about their day-to-day care. For example, what they would like to wear. During meal times we saw that people were shown plated examples of the food on offer, to help them make their food choices.
- All the relatives we spoke with told us that they felt involved in the care of their family member and were kept informed of any changes to their health or welfare.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The culture of the service was exceptionally person-centred. People were supported by staff who knew them very well had a clear understanding of their care and support needs and their personal preferences. Care files contained information about people's background, life history and likes and dislikes and we saw many examples of how this information was used by staff to meet people's individual needs.
- For example, one person had been keen on wood carving. Although they were now no longer able to do this, the service had put on an exhibition of their wood carvings so that they and other people could enjoy them.
- Another person had been a keen golfer. The service had created a small putting area, so this person could play pitch and putt. On the second day of our inspection a couple celebrated their 60th wedding anniversary. They were provided with a celebratory lunch and cake.
- People's care plans contained detailed information about how staff should best support them. Care plans were clear and easy for staff to follow. For example, where people were moved using a portable hoist and sling, guidance, including information and a photograph of the type of sling to be used was included.

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

- The service had an enthusiastic well-being coordinator. Their role was to focus on staff interaction and engagement with people and to coordinate activities that were based on people's preferences.
- The service provided a varied programme of social and recreational activities, and people from all the units were encouraged and helped to take part. Staff understood the importance of providing people with stimulation and opportunities to occupy their time in a meaningful way and we saw this in action during our inspection.
- Activities included baking, yoga, knitting club, indoor games, film afternoon, news and ipad, crafts and visiting entertainers. Some people helped with household tasks, such as peeling vegetables, if they wished. People also went on trips out, for example to a local pub, café and library.
- Staff were aware that people did not always want or were able to join in group activities. We saw that staff spent time on a 1:1 basis with people, helping them to colour or play cards, or just chatting to them. This helped them feel included. The activities coordinator had produced information sheets with suggestions for '5 minute' activities that staff could use with people who were unable to concentrate for long periods.
- Some people, due to illness or frailty spent their time in their own rooms. The service had recently introduced an initiative called 'forget me not', which was designed to help prevent social isolation. Staff recorded any interaction they had with a person, when they went into their room. Staff we spoke with were

aware that even when people were unable to respond verbally or were unable to understand, it was still important to communicate with them and show their care and kindness through talking and through touch.

- The service had recently introduced a new initiative where all staff, whenever possible, stopped what they were doing at 11.00 and spent time talking and engaging with people. This was intended to make sure that all staff spent some quality time with people in addition to their normal interactions and participation in social activities.
- Staff recognised the importance of people spending quality time with families. Friends and relatives were actively and warmly welcomed to attend any events held at the service. During our inspection the service held a coffee morning in the activities room, with musical entertainment provided by a visiting violinist. Several visitors joined in the event.

End of life care and support

- The service provided excellent end of life care.
- People's end of life wishes were discussed with families when appropriate and decisions recorded in their care plans. This ensured the service tailored its end of life care to each individual person.
- Staff supported the whole family at this difficult time. The home had a dedicated 'family' room for any family member who wanted to stay overnight while their relative was very ill, or at the end of their life.
- The service provided a 'comfort basket' for anyone who was approaching the end of their life and their relatives. This contained items such as a soft hairbrush, lip balm, a favourite book and a soft blanket. Relatives were invited to suggest items for the basket that they and their loved one would find comforting.
- The service had introduced an initiative called 'the yellow ribbon'. When a person died, staff placed a yellow ribbon on their door as a sign of respect and remembrance, so that everyone was aware of that person's passing. This was to promote dignity and respect after a person had passed away.
- People could remain in the home supported by familiar staff when approaching the end of their lives. Staff could give medicines to manage people's symptoms and help them remain comfortable. Registered nurses had been trained to give medicines, such as strong pain killers, through a syringe driver (pump) when people were no longer able to swallow.

Improving care quality in response to complaints or concerns

- The relatives we spoke with knew how to make a complaint. One relative said, "I would go to the manager first. He's a smashing fellow and will always listen and often can make adjustments, to the environment, for example to make things better." Another told us, "Action is always taken if anything is said."
- All complaints were recorded and investigated, and a response/apology provided to the complainant.
- Actions taken following a complaint were shared with staff to prevent reoccurrence. This showed the service was open to learning from mistakes. We reviewed one complaint and found that action had been taken appropriately. It had been dealt with through the staff disciplinary process.

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.

- Pictorial menus were used in the dining rooms to help people understand what meals were provided.
- Picture signage was used to help people identify different rooms.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 service had a committed and knowledgeable leadership team. The registered manager and provider had good oversight of the home. An experienced clinical lead provided oversight of nursing duties and supervised and supported nursing staff.
- The management team regularly completed a range of audits to check on the quality of the service. Audit results were monitored by the provider and a representative of the provider visited regularly to give support and advice.
- The registered manager was aware of their responsibility to report adverse events and incidents that happened at the service, to the CQC. This enabled us to monitor the safety and quality of the service.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people and their families about their care and treatment and when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The majority of people we spoke with told us they were happy with the way the home was run. Comments included, "There is an open culture here and it is a place where comments are welcomed"; "There is an open culture and you can talk to anyone" and "Well led, I should say so."
- There was an 'open door' management approach as the registered manager was easily available to staff, residents and relatives. People's care was reviewed regularly with the person and their relatives. Part of the review involved completing a survey form, which gave people the opportunity to comment on the food, housekeeping/laundry and activities.
- Residents/relatives meetings were occasionally held. During our inspection a meeting was held so that people could suggest ideas for activities they would like to do during the coming months.
- The service held regular staff meetings These provided an opportunity for communicating information about the service, discussing concerns and gathering feedback from staff.

Working in partnership with others: Continuous learning and improving care

- The service liaised with organisations within the local community, including the Local Authority and Clinical Commissioning Group.

- The service had links with two primary schools and children regularly visited the home to spend time with residents, engage in activities and sing. These visits benefitted both the residents and children.
- The management and staff team regularly updated their skills and knowledge through training and staff meetings.
- The service monitored accidents, incidents and complaints and used the information to drive forward service improvement.