A D L plc

Jubilee House

Inspection report

Bronshill Road, Torquay Devon TQ1 3HA
Tel: 01803 311002
Website: www.aldcare.com

Date of inspection visit: 17 & 18 March 2015
Date of publication: 18/05/2015

Ratings

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

Overall summary

The inspection took place on the 17 March 2015 and was unannounced.

Jubilee House provides care without nursing for up to 28 older people who may be living with dementia. The home is registered for nursing care however nursing was not being offered. The registered manager is currently reviewing whether this is necessary to the service. There were 27 people living at the service at the time of the inspection however, one person was in hospital.

A registered manager was 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.

People told us they were happy and safe living at Jubilee House. They told us they were well cared for by the staff at the service. People told us they felt comfortable sharing their concerns with staff. They added the registered manager, deputy manager and all staff would always answer their questions and keep them safe. Visitors also told us their loved ones were safe and well cared for at Jubilee House.

We observed staff and people were comfortable in each other's company. There was a happy, relaxed atmosphere

Summary of findings

and lots of appropriate humour between staff and people. People were observed moving around the home freely and interacting with each other. People acted in a supportive and caring way to each other. Staff and the registered manager demonstrated they understood the importance of ensuring people were treated with dignity and respect. They also ensured people's consent was sought before care commenced.

The registered manager and staff were not trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards . They did not understand its potential impact on their practice. However arranging the training was in progress. No one was currently being deprived of their liberty. One person was having their medicines given covertly. No assessment or best interest decision was recorded as to whether the person lacked the capacity to consent or was choosing to not consent to that medicine being taken. The registered manager agreed to ensure this was followed up with the person's GP.

Staff were recruited safely and trained to meet people's individual needs. Staff demonstrated they were able to keep people safe by being able to identify abuse and following local safeguarding policies. Staff also told us they would share their concerns with the registered manager or deputy manager. They felt these would be acted on and addressed quickly.

People had their medicines administered safely and as prescribed. Careful records were kept of this. There were regular internal and external audits to ensure it remained safe. Any issues were quickly addressed. Only staff trained to administered medicines did so and they had their competency monitored at regular intervals.

People had care plans in place which reflected their current needs and they were involved in planning their care and how staff should meet their needs. Where required risk assessments were completed to support people to take informed risks and remain as independent as possible for as long as they could.

People's nutritional and health needs were being met. People could see their GP as required. Other health professionals such as dieticians were involved in assessing and planning people's care as required. Where assessments detailed how staff should meet people's needs these were carefully followed and recorded. Staff also took time to explain these assessments to people so they understood them.

People knew about the complaints policy. They felt they could raise concerns and these would be dealt with. People were not always happy about the quality of the food but we could see from recent questionnaires that this was being addressed.

Summary of findings

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. People told us they felt safe living at the service. They felt comfortable sharing any safeguarding concerns with staff. Staff demonstrated they were knowledgeable in and would act to ensure people were kept safe.

People had their medicine administered safely.

Risks assessments were completed to reduce the likelihood of people coming to harm. People were involved in their own risk assessments and supported to make informed decisions.

Staff were recruited safely and completed a probationary period to ensure they were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective. The registered manager and staff were not trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was being addressed and in the meantime the registered manager was seeking the support of the local authority to ensure people's needs were correctly assessed as required.

People's nutritional needs were being met and people's needs monitored as necessary. People were not always happy about the quality of the food but the registered manager was already working to try and address this.

People had their health needs met.

Staff were trained to meet people's individual needs. Staff training was carefully monitored and updated as required. Staff underwent regular supervision and appraisals to ensure they continued to be able to meet people's needs.

Is the service caring?

Good

The service was caring. People told us that staff were very caring and they felt important to staff. Staff were observed treating people kindly. People were supported to remain independent for as long as they could.

People had their dignity protected and were treated with respect. People told us they felt they could contribute to how their care was given.

Visitors could visit at any time and told us they were always welcomed.

Is the service responsive?

Good

The service was responsive. People had clear care plans in place that reflected their individual, current needs. People were involved in planning their care.

Staff had the right level of information available to meet people's needs. People's needs were assessed carefully and reviewed as required.

Summary of findings

Activities were provided to support people to remain active. Their faith needs were provided for.

The service had a complaints policy in place. People had not raised a formal complaint but felt any concerns they had would be dealt with to their satisfaction.

Is the service well-led?

Good

The service was well-led. There was a clear management and governance process in place. The provider visited often to monitor the quality of the service. The registered manager completed a number of audits to ensure people's needs were being met.

People were involved in being asked how the service could better meet their needs.

There were clear policies in place to support the running of the home. This included how people should expect to have their care needs met. Staff were supported to understand the policies and practice them.

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.

The inspection took place on the 17 March 2015 and was unannounced.

Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information held by CQC including notifications and previous inspection reports.

We spoke with 15 people living at the service and two relatives and visitors. We also observed how care was given by staff. We spoke with three staff and one health professional with knowledge of the service. We were supported through the inspection by the registered manager and deputy manager.

We read records that supported people's care and running of the service. This included five care plans, four staff files and the training records of all staff. We also reviewed the policies and practices and the records of how the registered manager measures the quality of the service and complaints.

Good

Is the service safe?

Our findings

People were protected by staff who knew how to recognise abuse. People told us they felt safe living at Jubilee House. Everyone felt comfortable sharing their worries with staff and felt these would be addressed. Their visitors told us their friends and family were safe from harm. Staff were knowledgeable about how to alert others should they have concerns about people's welfare. Staff stated they would speak to the registered manager and these concerns would be taken seriously. Staff stated they would contact external services, such as CQC or the local authority, if their concerns were not being addressed. Staff were provided with local contact details to enable this to happen. They had received training in safeguarding during their induction and safeguarding training was scheduled for the day after our inspection.

The registered manager had a clear system in place to ensure there were sufficient staff to meet people's needs safely. They told us they had recently reviewed how many staff were on duty in the morning and the time they started. This was because more people wanted to get up earlier. People felt there were enough staff employed to meet their needs safely. One person added, "But they have to work hard" and another said, "Sometimes they could do with another pair of hands". Visitors also agreed there were sufficient staff. Staff rotas showed that staff numbers were maintained. Holidays were planned for. Staff felt the number of staff was adequate to meet people's needs. One member of staff said "I find things run smoothly when I am here. There are two waking staff at night. I feel I have the time to do what I need to do". They told us when fully staffed there were sufficient staff to meet people's needs. We were told if there were staff shortages due to sickness, staff who were off duty would be contacted and asked if they could work. There was a consistent staff team and the registered manager told us she was very much "hands on" and provided direct care as part of her role when required. If staff could not be found the team would manage. This was to ensure consistency of care from a known group of care staff.

People were further protected as staff were recruited safely through a formal process. Checks on staff backgrounds and health were in place to ensure they were suitable to work within this area of work. All staff underwent a probationary period to further check their suitability. Where issues were raised about staff practices, the registered manager ensured there was close supervision and extra training of staff to ensure people were safe.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People told us they received the medicines at the correct time and as prescribed. The registered manager was observed dispensing medicines after lunch and stayed with each person until they had taken their medicines. A visitor said they were satisfied with how their family member received their medicines. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MARs) were all in place and correctly completed. Medicines were locked away as appropriate and where refrigeration was required temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. Staff were knowledgeable regarding people's individual needs related to medicines.

There were regular monthly audits of the safe administration of medicines. Also, an external pharmacist completed regular audits of medicine practices. We saw the last one completed in February 2015 had made suggested changes. These changes had been put in place by the time of our inspection.

Risk assessments were in place to measure the potential risks people could come to while living at the service. This included assessments of their likelihood of falling, skin breakdown and malnutrition. These were regularly updated and corresponded closely with their individual care plans. Individual risk assessments were in place where people may be at risk due to their own circumstances. For example, people who administered their own medicines had their own individual risk assessment in place that was reviewed prior to their medicines needing ordering each month. People had individual risk assessments in place when, for example, they had individual needs such as that caused by low mood. It was clear what role the staff took while at the same time supporting people to remain in control for as long as possible.

Good

Is the service safe?

One member of staff told us the registered manager and their deputy completed the risk assessments and therefore staff knew what the risks were. They went on to say "We encourage people to be as in control as possible; we assess risk and then try to minimise risk". Another member of staff said "People have risk assessments and these are reviewed. I don't think people are over protected. We need to make sure people are safe but encourage people to be as in control as possible".

People had personal evacuation plans in place to ensure they could be supported in the event of requiring full evacuation. These were designed to meet the person's individual needs and were kept handy so they were immediately available in the case of an emergency.

Requires Improvement

Is the service effective?

Our findings

The registered manager and staff did not understand the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how they applied this in practice. None had received any training in this area. However, this had been recognised and was being addressed. This was especially important as one person was being given their medicine covertly without a mental capacity assessment in place. We discussed this with the registered manager who agreed they felt the person was able to consent to their own care but was choosing to not fully cooperate with their medicines. They agreed to discuss this further with the person's GP. The registered manager confirmed they would seek advice and support from the local authority to ensure this person's capacity was assessed. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. We established, by reviewing with the registered manager, that no people residing at Jubilee House currently lacked the capacity to consent to their own care. Everyone's care records detailed that each person had given formal consent to their care.

Both staff we spoke with were aware of the importance of gaining consent prior to offering care. For example, one member of staff said: "I would explain what I am going to do and check people are happy with it; if a person refused to get up I would offer to freshen them up and if they refused would go back some time later and follow up to check they were OK". Another member of staff said: "We respect people's choices; we try to encourage people to do things". They went on to say if a person continued to decline care and there were concerns or a health risk the GP would be contacted; any refusal of care was documented. This showed staff recognised the importance of respecting people's wishes but also aware of their duty of care.

People had their nutritional needs met. People's weight was monitored and where this was causing a concern referrals were made to the person's GP, a dietician or the Speech and Language Team (SALT). Where recommendations were made these were clearly recorded in people's care records. For example, where people needed food supplements or their food provided in a special consistency this was acted on. The chef confirmed there was close communication with the registered manager to ensure they were up to date on people's food requirements. However, they had not been told a person who had recently moved into the service had a diagnosis of diet controlled diabetes. This was rectified on the day of the inspection. The registered manager confirmed the information the person was admitted with did not stipulate a different diet was necessary that is, a sugar free diet was required. They stated they would check with the person and their GP to be assured this was appropriate.

People were provided with a balanced diet. They could access food and fluids 24 hours a day. On the day of the inspection the lunch was either sausages or steak with croquette potatoes, peas, swede and gravy followed by cherry crumble with custard. People were offered, "seconds" of the dessert. Throughout the day people were given hot and cold drinks to encourage hydration. However, we received a mixed view of the quality of some of the meals which we discussed with the registered manager. People said that they had enough to eat and drink but comments included: "Food OK", Food alright" and "Adequate". One person told us: "The food can be a bit tasteless." We also saw that feedback from people in a regular 'food audit' raised concerns about some of the meals. The registered manager stated the issue around food was on-going. They agreed to have further conversations with people and visitors.

People told us they had their health needs met. Everyone we spoke with told us they felt that staff always took time to listen to them and explain their health needs to them. One person told us their GP was called to see them when staff raised a concern even though they at the time did not think it was urgent. They added it was good as they doctor had identified a health need which required following up. Another person said: "The manager called a doctor in much quicker than I would have done when I lived at home". People's care records detailed discussions with health professionals and their care plans were updated to reflect current needs. Staff confirmed new instructions were always passed on in staff handovers to ensure they were up to date. A health professional we spoke with during the inspection stated the registered manager and

Requires Improvement

Is the service effective?

staff quickly got to know people and would raise any concerns with them should this require addressing. For example, any redness to the skin was raised quickly before it was allowed to develop into anything more serious.

Everyone we spoke with told us they felt staff were trained well and felt confident they could meet their individual needs. Core mandatory training, as identified by the provider, included moving and handling, safeguarding level two, fire and first aid annually and health and safety, infection control, control of substances hazardous to health and food handling every three years. The registered manager kept a training matrix that showed the majority of staff were up to date with this training. The registered manager informed us first aid and fire training was planned but the date was yet to be confirmed.

Each member of staff had a personal development framework/passport that showed the mandatory training the member of staff had completed, additional elected subjects/competencies and training to develop as a worker (one off training). We looked at the personal development framework for three staff and saw elected training included topics such as safe administration of medicines, care planning, record keeping and diabetes training. One off training included nutrition and diet and continence care. We also saw records that showed 10 staff had attended pressure ulcer prevention training.

Training records also showed of the 19 staff employed in 2014 to 2015 four staff had a NVQ or equivalent level two or three certificate and six staff were working towards a level two or three qualification. Staff told us there was good access to training and one said: “There is loads of training like end of life care and dementia” and, they were supported by the organisation to undertake their level three qualification in care.

The organisation’s training and supervision policy stated care staff should have a minimum of six supervision sessions a year and non-care staff two sessions. The home’s supervision and appraisal summary for March 2014 to April 2015 showed all staff had received supervision but the frequency varied from three to six times throughout the year. The record showed, with one exception, newly appointed staff had received supervision at least six weekly. One member of staff told us they had a supervision session two to three weeks ago and had been asked if they had any concerns and if they were enjoying their job. The registered manager told us six staff employed for more than two years had received an annual appraisal in the past 12 months. Staff were therefore being supported to ensure they could continue to care for and support people effectively.

Good

Is the service caring?

Our findings

People told us they felt staff were kind, caring and supported them to be involved in making decisions about their care. Everyone we spoke with stated staff listened to them. They also felt staff respected them as individuals. People made reference to how much they enjoyed the good-natured banter between staff and between people and staff. One person said: "We enjoy a lot of banter, mostly started by me". Another person added: "The staff also have nice manners".

People were observed to be comfortable with staff. The atmosphere in the service was calm and relaxed with lots of communication between staff and people being cared for. Also, people living in the home had easy conversations with each other and shared time together. For example, the lunchtime appeared to be a social occasion and when people were sat in the lounges there were conversations going on and people were seen to be caring for one another with little things like moving occasional tables to accommodate drinks.

Other comments we received about the service were: "This is a friendly home"; "This is a very homely place where I am among friends"; "This place has a happy atmosphere"; "[Staff are] cheerful and friendly" and, "I get on with everyone here and people do seem to get on well".

One person told us: "The staff are lovely; they are just lovely". They told us about the lengths staff went to support them when they moved in. They told us they had been able to make their room their own by bringing many items with them which were important to them. Staff ensured it was just right for them. Staff supported them emotionally while they had struggled with having to move into residential care. They explained how this was important to them adding: "I just love them all; they look after me."

People told us staff treated them with respect. They felt their privacy and dignity were respected at all times. People added the curtains and doors were always closed when personal care was being given. We observed staff discreetly talking to people when asking them personal questions or whether they would like to go to the toilet. Staff told us they understood how important it was to treat people respectfully and with dignity. One member of staff said: "I knock on the door and wait to be asked to go in". Another member of staff said: "I respect people's choices; give them the dignity they want; to be alone to do what they want to do".

During our inspection we observed staff explaining to people what was happening. For example, when they were transferring them from a wheelchair to a chair. Staff had a joke and reassured and praised people. They checked people were comfortable in their chair and offered a blanket when a person said they felt a bit cold. Staff did not rush people and checked with them what they wanted to do. We heard staff offering people choices. For example, what they wanted to do and where they wanted to go.

We asked staff how they helped people to feel special. One member of staff said: "I take time to talk to people, try to help them to feel good about themselves and give them a cuddle if they want this; I love talking with people". Another member of staff said: "I take time to talk to people; lots of people like to talk about their past. I involve people as much as I can which helps them to feel valued".

People told us their visitors were always welcomed and this was confirmed by those visitors we spoke with. Everyone we spoke with confirmed their visitors could come at any time and this was seen to be the case in the morning and afternoon.

The service ensured each person's record detailed their end of life wishes and feelings. For one person who had recently moved to Jubilee House it was noted in the care plan monthly review the person's wishes for care at the end of their life needed to be discussed. We were told this would be completed in time as staff got to know the person. In another person's record an "all about me and saying goodbye pack" had been completed. This showed staff were aware of the importance of listening to the wishes of people and recording these details.

Good

Is the service responsive?

Our findings

People were involved in planning their care and agreeing to what care they wanted staff to provide. Two people told us they had seen their care plans and they were both happy with the content, which had been discussed with them. One person told us they preferred their relative to have these discussions with staff. Relatives confirmed the registered manager kept them up to date and felt the staff were meeting the needs of their loved ones.

People told us they received care just as they wanted. Everyone said they rose and retired at a time of their own choosing. For example, one person said: "In the morning when I am ready I ring the bell and a carer comes in with a cup of tea for me before I get up". Other people told us they could have a strip wash or the choice of a bath or shower. People told us that staff always responded to their needs and their call bells were answered promptly. One person told us: "They are as quick as lightning in coming". People told us the response time by staff was the same during the day or at night.

Staff completed a pre admission assessment of people's needs wherever possible. This meant their moving to live at Jubilee House was planned and by choice. The service was also involved in a local scheme which involved admitting people with short notice who required a period of assessment or rehabilitation before they could return home. The registered manager demonstrated they still ensured there was an on admission assessment of need to ensure people received appropriate and safe care immediately. A full care plan was then developed with the person as they settled in. We saw admission information included case notes from health or social care practitioners which gave some background to the person's needs. Pre-admission assessments completed by staff had some gaps in information. For example, a question on the assessment asking if the person had a power of attorney was not answered on both forms. Other details such as the name the person preferred to be known by and if they were married, single or widowed had not been completed. We discussed this with the registered manager who stated any gaps would be followed up as soon as possible following people moving in to the service. They agreed to address where there were still gaps.

People's care records were well structured with an index at the front. Contents were divided into six sections including basic information, risk assessments, care plans, reviews, health checks and visiting professionals and hospital appointments. Each person had a care plan for each of the following areas of need; safety and mobility, communication and behaviour, breathing and eating, elimination and hygiene and life pattern, interests, social life and sexuality and best interest and well-being. We saw care plans were reviewed monthly with changes made as required.

There were two different types of care recordings in use. For example, there was a detailed care plan in one person's care records which gave a clear, personalised picture of their needs. On another record a 'tick box' type of care plan was being used. This had the necessary details within it but was less personalised. The registered manager advised the latter model of care plan had been brought in by the provider, but was under review as it was felt to not to give enough space to detail people's individual needs. Staff however, confirmed they felt they were able to meet people's needs through either type of care plan. A daily review of the person's care plan was completed which included a brief statement of any change or concerns observed or it was recorded the person was well and there were no problems or concerns. These were up to date in both folders we reviewed. They added that a detailed handover before they started their shift ensured they had enough information. Staff told us they could approach the registered manager or deputy manager at any time if they had further questions.

People were provided with opportunities to take part in activities. People seemed to be content that they chose whether they remained in their bedrooms or went to the lounges and once there whether they joined in with any of the activities. A notice board gave details of the events scheduled for the week of the inspection and these included a visit from a hairdresser, armchair exercises and yoga exercises. Local religious leaders came and offered opportunities for people to follow their individual faiths. People told us they could come and go from the home if they wanted. Family members and visitors also took people on trips. The registered manager told us they were looking to improve activities. Staff tended to be more involved with people in the afternoons when they had less demands on their time to meet people's care needs.

People told us they had not had to raise a formal complaint. Everyone identified the registered manager as

Good

Is the service responsive?

the person they would raise concerns with. They felt they would address any issues quickly and to their satisfaction. The service had a complaints policy in place which was made readily available for people to access. In the reception there was a poster encouraging people and relatives to raise any concerns. There was a clear structure to the policy and people could address their concerns with the provider if they felt they were not resolved to their satisfaction by the registered manager. The registered manager explained they tried to pick up on issues and concerns before they became too big to resolve easily.

Good

Is the service well-led?

Our findings

Jubilee House is owned and run by ADL Plc. Records showed that senior staff from ADL Plc. attended Jubilee House regularly in order to assess the quality of the home. This involved carrying out 'spot checks' and speaking to people who lived at the home and staff. Where issues were identified an action plan was developed and checked to ensure things were put right. The registered manager advised they felt supported in running the home by senior management and had regular management supervision to ensure the home was running effectively.

People told us they felt the registered manager was in charge and confirmed they saw her every day. Visitors confirmed that they knew the registered manager and she them. Everyone we spoke with felt the registered manager was approachable and would listen to any questions they had.

The registered manager ensured the quality of the service locally by completing a number of audits. For example, there were regular sample auditing of care plans and people's care records by the registered manager and deputy manager. This was to ensure staff were maintaining the expected standard. Where concerns were noted these were followed up with staff. There was also a careful maintenance programme in place to ensure the building and equipment were safe. This was audited by the registered manager to ensure this was up to date. Any concerns were again addressed quickly.

People, professionals and relatives were regularly asked for their opinion of the service. This was in the form of a questionnaire. We observed that the comments were mostly positive but where there were issues these were followed up on. For example, issues about the quality of the food and meal choices. This was on-going.

Staff were not aware if any quality audits or surveys had been completed but one care worker told us they felt they could share ideas with the registered manager and was confident they would listen. Staff were very positive about the culture within the home. One member of staff said "I have been here six months, I love my job, and I love the residents. We work well together, work as a team; it is a good bunch of girls". Another member of staff said it is "a lovely home, I love working here".

The service was underpinned by a number of policies and related practices which were regularly reviewed. These included policies in relation to how staff should deliver care. For example, there was a policy entitled 'Self Advocacy' which detailed how staff should ensure people are empowered to make individual choices and "dictate the pattern of their life". There were also clear policies in place to support people who had a specific diagnosis such as "Remember me" which was a specific policy to enable staff to support people living with dementia in a person centred way. Staff were supported to understand these policies during their induction and when they were updated.