

Jubilee Care Homes Nottm Limited

Jubilee House

Inspection report

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Nottingham
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jubilee House is a residential care home providing accommodation and personal care for up to six people with a learning disability. At the time of inspection six people were receiving support. The property is a large semidetached building with individual bedrooms and communal living areas. The service offers 24-hour support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People who live at the home told us they felt safe and supported by staff. People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

People had person centred care plans and were supported to access healthcare services. Staff recognised changes in people's health and sought professional advice appropriately. People were supported and provided with sufficient food and drink to meet their dietary needs.

The provider had quality assurance tools in place to monitor the quality of care and support provided. The management team was open and responsive.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Staff supported people in their independence and learning new life skills

Right care:

- People were supported to make decisions about their daily care and staff understood people's personal preferences and support needs.

Right culture:

- The culture of the service was positive, person centred and promoted good outcomes for people

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 (published 23 November 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jubilee House

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

This inspection was carried out by two inspectors which included a member of the medicines team.

Service and service type

Jubilee House 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including the registered manager, the new manager and house manager. We spoke with 3 people who lived at the home, we also reviewed a range of records. This included two people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service and staffing including policies and procedures were 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. We spoke with two staff and one professional who regularly visit the service.

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; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff had been trained in how to recognise potential abuse and knew how to report concerns.
- People told us they felt safe at the service. One visiting professional said, "I regularly get feedback from people that they are happy, safe and do not want to ever leave."
- We saw evidence of management taking appropriate action to protect people when incidents occurred. Any learning from investigations was shared with staff in order to mitigate the risk of reoccurrences.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed safely.
- All of the people we spoke with confirmed Jubilee House was a safe place to live. One person told us "I feel safe here, staff are good and wouldn't let anything happen to me."
- Robust person-centred risk assessments and regular checks and audits were completed on the environment and equipment used to ensure people's safety.

Staffing and recruitment

- There were always enough competent staff on duty. The provider ensured that staff received training relevant to people's health conditions. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- During the inspection we saw that staff had time to spend with people and support them with activities and accessing the community as they wished.
- Staff were recruited safely, and robust checks were in place. Appropriate DBS checks and other recruitment checks are carried out as standard practice. The registered manager promoted an open and honest relationships between staff and management supporting an open culture., Tthis ensured that the right staff were recruited to support people to stay safe.

Using medicines safely

- Medicines were appropriately managed which meant people were protected from unnecessary risks and harm.
- Records were available to staff to clearly show how people preferred to be given their medicines.
- People were able to access their medicines when they needed them instead of at set times.
- Staff had the appropriate training and competency to support people with their medicines
- Medicines were stored safely and in line with the manufacturer's instructions.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was using PPE effectively and safely. We saw staff wearing PPE in line with current guidelines and we observed people at ease with staff wearing PPE. This provided further assurances this was the 'norm' for the home.
- We were assured that the provider was preventing visitors from catching and spreading infections and that the provider was accessing testing for people and staff. There were thorough risk assessments in place and evidence of negative lateral flow testing (LFT) prior to admittance. Weekly testing evidence was seen for all staff and people. Staff had all received the require vaccinations.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw PPE stations that could be easily accessed by people and staff but did not detract from the homely feel of the care home. There was a current infection prevention and control policy in place.

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.

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

- People's needs had been assessed and support provided was based on guidance and best practice.
- Assessments considered the protected characteristics under the Equality Act 2010 and these were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination. Staff had completed training in equality and diversity.
- One person told us, "They [staff] help me learn, I now do all my own cleaning and laundry."
- Care plans were person-centred and focused on people achieving positive outcomes and life goals. We saw evidence of these goals being regularly reviewed and amended as people developed and their wishes changed.

Staff support: induction, training, skills and experience

- People were supported by highly trained staff who received ongoing support from management to develop skills.
- Staff told us they felt they had received enough training and that it was specific to their role, they said they felt they could approach management about their training needs and were encouraged to develop.
- We saw evidence of a comprehensive induction programme and evidence of competency checks for staff members which ensured consistent high-quality care was delivered.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately.
- We saw staff supporting people with meal preparation, where they promoted and encouraged independence and assisted people in making informed choices surrounding their nutrition.
- The service worked in partnership with external professionals, such as, GP's and district nurses to support and maintain people's long-term health and well-being.
- People received annual health checks and referrals were made to relevant health services when this was required such as regular dental checks.

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

- People were involved in decisions about the premises and environment.

- People told us they had been supported to decorate their room how they wished. This ensured people's individual preferences, and cultural and support needs were reflected in how premises were designed and decorated.

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).

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.

- People's care records detailed their mental capacity, and people who were important in supporting them with decisions about their care. Where people lacked mental capacity, best interest decisions were made with the involvement of the appropriate people. We saw examples of this being put into practise.
- Relevant procedures had been followed in relation to DoLS. These were monitored regularly to ensure people did not remain restricted unnecessarily when their needs changed.

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

- The service ensured that people were always treated with kindness.
- One person told us, "I would tell everyone to come and live here, everyone is lovely, I wouldn't live anywhere else."
- All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.

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

- People were supported to express their views and were supported to take an active role in decisions about their care.
- One professional told us, "I never fail to recommend this service to vulnerable people or those with more complex needs as I know they will flourish positively in their care and will be given maximum choice."
- We saw evidence of regular meetings and follow up action plans with people who lived at the service. This ensured everyone had a voice and was given an opportunity to be heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff were able to describe people's preferred communication methods and understood when people required space. This understanding helped anticipate people's needs and recognise distress and discomfort at the earliest stage.
- People told us that staff did not enter their rooms without knocking and requesting permission. This demonstrated respect for people's privacy and ensured high levels of independence and responsibility were promoted and developed

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 remained the same. 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, their families and staff were involved in developing their care, support and treatment plans.
- One professional told us, "Everyone is treated as an individual and care planning is bespoke. Staff work with tenacity, resilience and determination to do what is right and to deliver the best outcomes for each individual."
- Care plans were regularly reviewed, and health and social care professionals were involved. Care planning focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. This ensured people retained choice and control.

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.

- The provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS).
- People's communication needs were assessed as part of the initial assessment and continually reviewed. Key information was delivered in appropriate formats. For example, all care plans and reviews had an easy read version contained within the person's care file.
- Within the home we saw easy read documentation and pictorial signs in appropriate places around the home. This did not detract from the environment of the home but aided people in being secure and comfortable within the home.

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 supported people to maintain relationships and part take in activities and social events relevant to them.
- The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. We saw people who live at the service meet with friends to engage in group activities. This reduced the risk of isolation to people and promoted social engagement.

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns.

- People explained to us that they would be comfortable raising a complaint with the registered manager. One person said "They [registered manager] listens, and they always make things right if needed."
- There was a complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and annual questionnaires. This demonstrated the service was proactive in highlighting and addressing any issues.

End of life care and support

- Although end of life care was not provided, the provider had relevant policies in place in case the situation did arise in the future.
- Staff told us they had received basic training in end of life care from their induction.

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.

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

- People received care from staff that was person-centred with the aim of providing positive outcomes.
- Staff told us they enjoyed working at the service and felt valued. One staff member said "People are treated equally and are safe at Jubilee House. We get to spend plenty of time with people doing activities that they wish to do while also keeping up to date with all care plans and risk assessments."
- On the day of inspection one person took pride in taking us on a tour of their room. They told us how staff had supported them to design the room and how staff had talked to them and encouraged them to spend Christmas doing their chosen activities. This showed how the service was empowering people to personalise their home environment and to make decisions about their care.

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 provider had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, care staff and other staff related to this service had a clear understanding of their roles and how they each contributed to the safe running of the service.
- At the time of inspection there was a new manager in the service who was applying to become the registered manager in place of the current person. Both managers knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Staff received regular updates from the registered manager and provider; this included up to date guidance on the COVID-19 pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard.
- Regular auditing of the quality of the overall care provision was carried out. Action plans were in place to address any shortfalls.

- The service continued to work collaboratively with external professionals and commissioners, which ensured people's needs were met.