

# The Jubilee House Care Trust Limited

# Jubilee Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 Domiciliary Care Agency is a domiciliary care agency that provides personal care to people living in their own homes in the community. It provides a service to young adults, with a learning disability or an autistic spectrum disorder. At the time of this inspection, the service was providing personal care to four people in two properties.

People's experience of using this service:

- People were not always protected against the risk of fire as the registered manager failed to take sufficient and swift action of issues identified.
- Communication between management was not always as effective as it could be. This meant that issues identified were not always acted on in a timely manner.
- People continued to be protected against the risk of abuse, as staff received safeguarding training, knew how to identify, respond to and escalate suspected abuse.
- Risk management plans in place were robust and enabled staff to keep people safe from avoidable harm. Risk management plans were reviewed regularly to reflect people's changing needs.
- People received their medicines as intended. Issues identified were acted on in a timely manner to minimise the risk to people. People continued to be protected against the risk of cross contamination, as the provider had developed comprehensive infection control policies.
- People continued to receive care and support from suitable numbers of staff that had gone through a rigorous pre-employment check. Staff training was person specific and enhanced staff members' skills and knowledge. Staff reflected on their working practices through regular supervisions.
- Staff had sufficient knowledge of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's consent to care and treatment was sought, documented and respected.
- People continued to have access to food and drink that met their dietary preferences and needs. People were supported to access a wide range of healthcare professionals to monitor their health and well-being.
- People received support from staff that were compassionate, treated them with respect and encouraged their independence where assessed as safe to do so. People's dependency levels were regularly reviewed to ensure support provided reflected their needs.
- People received person-centred care that reflected their wishes, health, medical and social needs. People and their relatives were encouraged to develop their care plans which were regularly reviewed.
- People continued to be supported to raise concerns and complaints and were confident action taken would be swift.
- The service carried out regular audits to drive improvements. People's views continued to be sought through regular quality monitoring checks. Issues identified were acted on in a timely manner.
- The CEO confirmed the management structure within the service had been reviewed and changes implemented to improve the quality of the service and experience people received.
- The management team actively encouraged partnership working with other health care professionals. Records confirmed, guidance provided was put in place.

Rating at last inspection: The service was previously inspected on 7 June 2016 and was given an overall rating of Good.

Why we inspected: This was a planned inspection in line with our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service 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 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 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 Domiciliary Care Agency

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This comprehensive inspection was carried out by one inspector.

**Service and service type:** Jubilee Domiciliary Care Agency is a domiciliary care agency that provides personal care to people living in their own homes in the community. It provides a service to young adults, with a learning disability or an autistic spectrum disorder.

The registered manager had handed in their resignation 48 hours prior to the inspection. However, at the time of writing the report, had not applied to the Care Quality Commission to de-register. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 March 2019 and ended on 20 March 2019. We visited the office location on 13 and 14 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we reviewed information we held about the service, for example, notifications we received from the service and information shared with us from members of the public. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with one person, five staff members, the human resources assistant and the Chief Executive Officer. We looked at three care plans, four staff files, the complaints folder, policies and procedures, two medicines administration records and other records relating to the management of the service.

After the inspection we contacted two relatives and two healthcare professionals to gather their views of the service. We did not receive a response from either healthcare professional.

# Is the service safe?

## Our findings

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

RI: 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.

Assessing risk, safety monitoring and management

- During the first day of the inspection, we identified the service had not carried out all necessary action as highlighted in the Local Authority Fire Services report.
- Issues identified included, for example, no fire extinguishers in place, the fire blanket had not been serviced or checked, a considerable amount of storage of a flammable nature in the under stairs cupboard besides the electrical fuse boards and no smoke alarms were fitted in the bedrooms.
- We raised our concerns with the Chief Executive Officer (CEO) who was unaware of the fire services report, as the registered manager had not shared this with him.
- The management team responded by immediately removing the flammable storage items and purchasing a new fire blanket. Temporary fire detectors were fitted shortly after the inspection. The CEO also sent us a comprehensive action plan to address the additional fire safety issues. We were satisfied with the CEO's response to our concerns and will review this at our next inspection.
- People continued to be protected against the risk of harm as the provider had developed robust risk management plans to keep people safe. Risk management plans were regularly reviewed to reflect people's changing needs.
- A staff member told us, "[The risk assessments are there] to safeguard the person and for people to work in line with the care plans. It makes sure everyone does the same things and that they are safe."
- Risk management plans in place covered, for example, road safety awareness, medicines, accessing the community, personal care, difficult/dangerous behaviour, slips trips and falls and money management. Risk management plans also detailed person specific plans, for example one person had a risk management plan in relation to their medical condition, epilepsy. The plan gave specific detailed guidance to staff members, on how to safely support the person when having a seizure.
- Risk management plans documented the risk being assessed, reason for the risk assessment, actions to reduce the risk, supporting information already in place and the overall risk rating.

Using medicines safely

- On the first day of the inspection we identified that MAR charts did not always clearly indicate what dose, route and frequency of PRN (as and when required) medicines where to be administered. This meant that staff did not have clear guidance on when to administer PRN medicines. We raised our concerns with the deputy manager [of a sister service] who immediately visited the prescribing Pharmacist and had the MAR amended to accurately reflect the dose, route and frequency of the PRN medicines. We were satisfied with the provider's response and will review this at our next inspection.
- One person told us, "They [staff members] get my medicines out the cupboard and put it in my hands. They always tell me what it's for. They will give me painkillers if I'm not feeling well."

- Although we identified issues with the medicines management, staff were aware of the provider's medicines policy. One staff member said, "I have had medicines training and am awaiting refresher training. [If I identified an error] I would fill out the error form. I would contact 111 and report to the on-call manager and record everything. I would observe the person to see if they present differently."

#### Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse, as staff had sufficient knowledge of the provider's safeguarding policy, knew how to identify, escalate and respond to suspected abuse.
- One person told us, "It's a really safe place here because we have alarms for the doors, and the staff are here to look after me." A staff member told us, "I would ask [the person] what had happened but not lead the conversation, let [them] talk to me. I would record what was said. I would pass that on to management, if they didn't do anything about it I would go to CQC and CEO. I would also raise a safeguarding."
- A relative said, "Yes, I suppose [relative] is safe there. The staff are there 24 hours a day and that makes her relatively safe."
- Records confirmed safeguarding alerts were raised with the relevant healthcare professionals. At the time of this inspection there was one open safeguarding.

#### Staffing and recruitment

- People continued to be supported by sufficient numbers of suitably vetted staff to keep them safe.
- One person told us, "Sometimes if the staff have gone off sick we are short. Then we might have to have agency staff, not often." A staff member told us, "We use agency staff once a week. Now we have a stable team and we have bank staff who are familiar. The agency staff is now familiar."
- We reviewed the rotas and found there were adequate numbers of staff deployed to keep people safe. The recruitment officer told us, "We have an on-going recruitment programme in place." Records confirmed what staff and the recruitment officer told us.
- The provider had ensured comprehensive pre-employment checks were in place, prior to staff commencing work.
- Staff files contained a completed application form, full employment history, satisfactory references and a Disclosure and Barring Services check. A DBS is a criminal records check employers undertake to make safe recruitment decisions.

#### Preventing and controlling infection

- People continued to be protected against the risk of cross contamination as the provider had clear infection control policies in place and staff received on-going training.
- Staff confirmed they were provided with adequate amounts of Personal Protective Equipment (PPE) to minimise the risk of cross contamination.
- One staff member told us, "I have read the infection control [policy], we always have enough PPE."
- Records confirmed staff received infection control training and food hygiene training.

#### Learning lessons when things go wrong

- Incidents and accidents were regularly reviewed to minimise the risk of repeat incidents.
- Records confirmed where incidents had taken place, house meetings were undertaken to discuss the findings and proactively seek a positive resolution for all. For example, records showed one person had a disagreement with another person in the same house, this resulted in an agreement for use of a specific word, when people found other's behaviours difficult and wanted some time to themselves. People confirmed that this process was working well.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's consent to care and treatment continued to be sought in line with legislation.
- One person told us, "Yeah, they [staff members] ask my permission all the time, like if they want to go in my room. If I said no, they wouldn't do it." A relative said, "I do think so, [that consent is sought]. I think possibly as far as we're concerned, we're told it was relative's decision. She is definitely given the option to make decision."
- Staff had a clear understanding of their responsibilities in line with the MCA legislation. One staff member told us, "Everyone has assumed capacity. Even if someone doesn't know about money doesn't mean they can't make a decision about other things." Another staff member said, "People always have the right to make unwise decisions if they capacity to do so. If someone doesn't have capacity, they should be reviewed through the best interests decision."
- Records confirmed people's tenancy agreements had been signed and were in line with legislation. Healthcare professional services had carried out best interests decisions.

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

- People continued to have their needs assessed to ensure the care provided met their current and changing needs.
- Care plans were based on the service needs assessment from the local funding authority. Care plans were person-centred and clearly detailed people's preferences in how they wished to be supported.
- Care plans also contained 'all about me' documents, which detailed a mini profile, brief history and key things to know about the person prior to supporting them.
- People were encouraged to develop their care plans where possible.
- Any changes to people's needs were shared with healthcare professionals and staff in a timely manner.

Staff support: induction, training, skills and experience

- The provider ensured staff members received on-going training to enhance their skills and knowledge to deliver effective care.
- One person told us, "They [staff members] are very well trained, they know their stuff and how to look after us. We have the best team over here." A relative said, "I think 50% of the staff are quite knowledgeable. There's a fantastic member of staff that supports [relative], she's very knowledgeable, but I'm sure they'll will move on. Some of the staff are really very good."
- Staff confirmed the training provided was put into practice in the delivery of care. Training was both e-learning and classroom based.
- Training covered a wide range of topics, for example, safeguarding, Mental Capacity Act (2005), fire awareness, food hygiene, epilepsy and step on.
- One staff member told us, "I think training does not stop as things are changing all the time. I've started my NVQ level 3. The training has been beneficial. The last training I did was equality and diversity and safeguarding."
- Upon commencement of the role, staff members undertook a comprehensive induction programme. The induction programme was part of the Care Certificate. The Care certificate is an 'agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.'
- During the induction programme, staff were supported to work alongside experienced staff to familiarize themselves with their roles, responsibilities and people using the service. Staff confirmed they found the induction process comprehensive and gave them the confidence to carry out their role.
- Staff continued to reflect on their working practices, through regular supervisions and annual appraisals. One staff member told us, "We [staff members] can be open and honest without feeling judged. I can ask anything."
- Supervision records showed that staff and the registered manager discussed, for example, wellbeing, concerns, work in progress, training and personal development.

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

- People continued to be supported to access sufficient amounts of food and drink that met their dietary needs, requirements and preferences.
- One person told us, "They [staff members] help us make the meals. Sometimes on the Sunday we will have a roast, it's banging. We help each other cook and prepare it, we do things in turn. We have a menu plan, sometimes I don't use mine and make what I want on the day."
- Care plans clearly detailed people's preferences and house menus were devised with people's preferences and dietary requirements.
- People were also encouraged to prepare their meals with direct support from staff, if risk assessments deemed it safe to do so.

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

- People continued to have their healthcare needs monitored and assessed in a timely manner and action taken swiftly when concerns were identified.
- One person told us, "They [staff members] take me to the G.P and they will give me [pain killers] if I'm unwell. They go to the dentist, G.P, hospital appointments with me."
- Care plans detailed people's health and medical conditions and needs and records confirmed staff supported people to see healthcare professionals regularly and guidance given implemented into people's care plans.
- A staff member said, "I support people to attend appointments, blood tests, hospital, GP annual review,

accident and emergency and the dentist."

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care and support that was compassionate, kind and caring.
- One person told us, "They [staff members] are fantastic, they really are. We have a great team here, and sometimes if I have problems I will speak to the staff and calm me down."
- A relative said, "Oh, yes relative is treated very well and equally. I would never ever question that."
- Staff spoke about the people they supported with compassion. During the two-day inspection we observed staff interacting with one person. Staff were respectful, inclusive and communicated with the person in a manner they preferred and were patient when waiting for a response.
- Both staff spoken to confirmed they would be happy for one of their relatives to use the services.

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

- People and their relatives confirmed they were encouraged to make their own decisions and staff supported them to understand the consequences of such decisions.
- Records confirmed people were supported to share their views through several mediums. For example, keyworker sessions, house meetings and quality assurance questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People continued to be supported to maintain their independence where safe to do so and were treated equally and had their privacy maintained.
- A relative said, "Yes, they [staff members] support relative being independent. Staff help relative to budget her money for the week, they're very good like that."
- Staff were aware of the importance of encouraging and supporting people to remain independent. For example, one staff member told us, "Encourage them [people] to do things for themselves like, activities, what they want to wear and personal care. I'm on hand to support if needed."
- Care plans detailed people's dependency levels to ensure people received the right amount of support whilst not de-skilling them. Risk management plans were devised in such a way, to promote independence whilst keeping them safe. For example, help with meal preparation, accessing the community and finances.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive personalised care and support, which was detailed in comprehensive care plans.
- One person told us, "I have seen my new one [care plan] and I really like it, I like the pictures. They [staff members] asked if I was happy with it, they updated everything and its brilliant."
- A relative told us, "We have had a review. I like to know what's going on. If I made suggestions they [the service] implement them into the care plan, there's been a lot of that and its' always the case."
- The local authority quality monitoring team visit report, rated the care plans as excellent. Stating, 'Care plans with clear service user involvement and preferences. Support plans are written with support of those involved in care including professionals.'
- People were encouraged to develop their care plans and had their suggestions and views incorporated into the care plan.
- Care plans detailed, for example, information about the person, life history, preferences, likes and dislikes, health needs, medical needs and behavioural support.
- Care plans also detailed people's communication needs. For example, one care plan detailed how one person would communicate their needs through the use of Makaton, picture exchange communication (PEC), facial expressions and body language. Makaton is the use of hand gestures used by adults and children with learning disabilities and communication difficulties. PECs allows people with little or no communication abilities to communicate using pictures. By using these systems it enabled people to make informed decisions and express their needs.
- Care plans gave staff a clear and comprehensive understanding of people, their needs and how to support them in line with their wishes.
- A staff member told us, "The care plan details what has been agreed on how to support people, their individual needs and in a person-centred way."
- Care plans were reviewed regularly to reflect people's changing needs. Changes implemented were then shared with staff in a timely manner.

Improving care quality in response to complaints or concerns

- People were aware of how to raise concerns and complaints and felt confident in doing so.
- One person told us, "I would ring up the [registered] manager to make a complaint. If I wasn't happy I would [then] ring you [the CQC]."
- A relative told us, "I certainly know how to raise a complaint and I have raised a concern before and it's been dealt with."
- Staff were aware of the importance of reporting people's concerns in a timely manner. One staff member said, "I would fill out the complaints form and take it to the management immediately."

- The complaints policy was also available in an easy read format, ensuring those who found the written word difficult to understand were aware of how to raise a complaint.
- The policy also detailed the two stage complaints process, what to expect and who they could appeal to should they be dissatisfied with the outcome of their complaint.
- At the time of the inspection there had been no complaints received in the last 12 months.

#### End of life care and support

- People who wished or were able to, had their end of life wishes documented.
- At the time of the inspection, one person's care plan detailed that the person was unable understand the concept of end of life care, however the service confirmed they would raise this during the care plan review meeting with stakeholders, to ensure the person's needs were documented.
- On the second day of the inspection, staff had supported another person to start the process of documenting their wishes in relation to end of life care and preferences. Staff had raised this sensitive subject with the person who had shared with them, what type of funeral they wanted, who they wished to be involved in the process and that they wanted a charity donation box at their funeral.
- Staff had set out an end of life care action plan, which detailed what actions they would be taking in the next 12 months, to ensure the plan was completed. We were satisfied with the provider's response and will review this at our next inspection.

## 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Two days prior to the inspection, the registered manager handed in their notice with immediate effect.
- One person told us, "She's [the registered manager] fantastic, she's brilliant and sits down and talks with me. She sorts things out. She really is brilliant." However, a staff member said, "She's [the registered manager] approachable, supportive and gets things done. She manages several services and that means that you may have to wait for things to be done." Another staff member told us, "She [the registered manager] is managing too many services. The last manager did that and then left and the same before that. The work load gets too much. I think there should be more than one [registered manager] for all the services. She is good in her job." However, we found no additional evidence to support this statement.
- Although we received some positive comments about the management structure at the service, we also found that the registered manager failed to take sufficient action in ensuring the service remained safe. For example, issues during the inspection were identified around fire safety.
- Despite there being a clear organisational structure and people appeared aware of their role and responsibilities, the registered manager had failed to share and follow up on important information with senior management. For example, the latest Fire Authority Fire Safety Report, had not been shared with the chief executive officer (CEO). This meant that action taken to address the concerns, had not taken place in a timely manner.
- We raised our concerns with the CEO who advised us that they were unaware of the Fire Safety report, however, if they had been this would have been addressed immediately. This was reflected by the CEO's immediate action in implementing safety measures, following us raising our concerns. For example, a detailed action plan and risk assessment on how to manage the issues identified was sent to us following the inspection. We were satisfied with the CEO's response.
- We also raised our concerns with the CEO in relation to the on-going management of the service in the absence of the registered manager. Following the inspection the CEO sent us the organisational plan in order to ensure all services managed by the registered manager were sufficiently managed in her absence. The CEO also confirmed the advertisement for the registered manager position went live on 15.03.2019. We were satisfied with the CEO's response.
- The registered manager had clear understanding of their role and responsibilities in line with the Health and Social Care Act 2014. The registered manager submitted statutory notifications to the Commission in a timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility:

- The provider continued to have a clear vision and values for the service. The values included, empowering people with learning disabilities, being open and honest, supportive and caring, continually improving and strategy. The strategy was that 'by understanding the needs of individuals and their families, we provide quality support and care.'
- Staff had a clear understanding of the provider's values, and this was evident from observing staff throughout the two-day inspection.
- Incidents and safeguarding that took place were reviewed to minimise the risk of repeat incidents.

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

- The service promoted an open, transparent and inclusive culture, that encouraged people's involvement in the development of the service.
- People confirmed they could speak with the staff and the management at any time and felt action would be taken as a result.
- People's views were continually sought through regular keyworker meetings, house meetings, general discussions and through quality assurance questionnaires. We reviewed the completed questionnaires for May 2018 and found the ones completed were positive.
- Quality assurance questionnaires covered, for example, communication with staff, staff treating people with respect, working in partnership with the service and as to whether they felt listened to. Comments received from people, healthcare professionals and relatives included, 'I have only recently become involved with the [person] but so far, discussions have been informative and professional', 'We have been and are very happy with the environment and support received', and 'I am able to say if I want something'.

Continuous learning and improving care

- The CEO and current management team at the service, confirmed they were keen to improve the service and that this was an on-going strategy within the organisation. Although there had been issues around the fire safety management and lack of communication, we identified the service sought positive outcomes for people.
- Information shared by people, their relatives, healthcare professionals and staff was acted on in a timely manner.

Working in partnership with others

- The service demonstrated they were keen to maintain links with other healthcare professional services and stakeholders to enhance people's experiences of the service.
- A member of the management team told us, "If we all work together, we are all working for the same reason, to meet people's needs in their best interest for now and the future. So we work together in partnership with others to pool our knowledge."
- Records confirmed the service worked in partnership with people, their relatives and healthcare professionals. Guidance and information provided was then implemented into the delivery of care.