

The Jubilee House Care Trust Limited

# Jubilee House Care Trust - 29 Jonquil Close

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

At their last inspection on 30 June 2015 and 1 July 2015, they were found to be meeting the standards we inspected. At this inspection we found the service remained Good.

Jubilee House is a service for 6 people with complex and profound learning disabilities. It is designed to meet the mobility needs of people with full wheelchair access, specially adapted bathrooms and kitchen facilities and a garden. There were 6 people living at the service at the time of the inspection.

People received care from staff who knew them well. Staff treated people with kindness, dignity and respect. Relatives were also positive about the care and support provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were creative in seeking new ways to support and encourage people to partake in a variety of social activities both within the local area and beyond.

Medicines were managed safely and people received their medicines in a way they could support.

There was an open and respectful culture in the service and relatives and staff were comfortable to speak with the registered manager if they had a concern.

The feedback about the registered manager and leadership at the service was positive. There were quality assurance systems in place that were effective and addressed any shortfalls in the service.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service was Good

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## **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 checked 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.<sup>1</sup>

This was a comprehensive inspection which took place on 20 March 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We contacted the local authority and healthcare professionals. This information was reviewed and used to assist with our inspection.

At the time of this inspection there were six people living at Jonquil close. We related with all six people who used the service, two relatives, four staff members and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans and three staff files.

# Is the service safe?

## Our findings

Five of the six people who live at Jonquil place communicate with facial expressions, sounds and gestures. People did not explicitly tell us they felt safe but our observations throughout the inspection demonstrated people were safe and relaxed with the staff and in their surroundings. Relatives spoken with confirmed this "My relative is very well cared for I have the utmost confidence in how staff care for [my relative]".

Staff knew how to keep people from harm. They had attended training in safeguarding and were aware of how to raise concerns. There had been one safeguarding alert made by the service in the last year following unexplained bruising. Safeguarding is always discussed in staff individual supervision and as part of the team meeting. All staff were confident any concerns would be dealt with and would have no hesitation in doing so. One staff member said "We are encouraged to raise any concerns and each one of us would".

Risks to people's health and safety had been identified. People's care plans included detailed and informative risk assessments. These provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary restrictions were placed upon them. For example how to keep people safe when travelling, or when supporting them with their laundry.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. The provider had developed a two stage interview process, firstly skill related and a second interview to determine the person suitability to support people in the service.

There were sufficient numbers of staff to support people. One staff member said. "There is always the right number of staff on duty to make sure we can give the right support to each person and always someone on call if we need them."

There were safe arrangements in place for managing people's medicines with clear guidelines on people's preferred way of taking medicines. For example one person could only take their medicines with yoghurt and staff checked with the pharmacy that this did not affect the medications properties.

Systems were in place for maintaining a clean environment. The registered manager said they were working on developing greater consistency in the level of cleaning and had introduced a more formal way of checking cleaning and ensuring all staff aware of expectations. We saw plans were in place for more regular deep cleaning of all the service.

## Is the service effective?

### Our findings

A relative said "We had a positive experience of being supported with a difficult health appointment which my relative always shunned but the staff prepared them and the healthcare staff and the professionals were all able to support [relative]."

People were supported by staff who had received the appropriate training for their role. Staff said training was very good and relevant to the people they supported. All staff said they followed an induction period and were working through the Care Certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member said "The training is good and interesting and we get updates regularly." The registered manager was sourcing bereavement training to meet the needs of people in the service.

All new staff work alongside an experienced staff member until they and the service are confident in their abilities to support people. Staff felt supported by the manager and senior staff and said could discuss issues that were important to them. Staff had regular supervisions and all said they worked as a team for the best outcome for the people living in the service. One staff member said "It's a really good staff team everyone is committed to supporting the people who live here and each other".

People's consent was sought and the service worked in accordance of the principles of the Mental Capacity. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). All six people in the service had a DoLS authorisation in place to help staff keep people safe, both at the home and while out and about in the community.

Staff had received training in MCA and the registered manager carried out spot checks on staff's knowledge. We observed staff supporting people in making choices throughout our inspection. People's consent to care and treatment was recorded along with their capacity to make decisions about their care. One person had an advocate and the registered manager plans to expand the use of advocates to help develop end of life care plans.

Staff were knowledgeable about people's nutritional needs they knew peoples likes and dislikes and the way they wished to be supported. Menus were created using pictures to help people make choices and we observed staff support people to choose what they wanted to eat. People were involved in cooking as much as they are able. People have food and fluid charts where needed.

People had access to health and social care professionals. Staff were up to date about people's health and care needs. People were supported to maintain good health and access relevant healthcare services where

necessary. The registered manager requested a review of people's communication from a speech and language therapist (SALT) to assess if there were any other methods or technology to support and enhance people's communication.

## Is the service caring?

### Our findings

A relative said "The staff are so caring, when we had to do something difficult for [my relative] they were just as upset as me they cared so much. "Another relative said "There is a bond between my relative and each of the staff that's what you look for and it is there." When we asked the registered manager what he was proud of he said "the staff they are one of the hardest working teams I know. They genuinely care".

We observed positive, caring relationships between people the registered manager and staff team. Staff spoke warmly about the people they supported and said they enjoyed working at the home. One member of staff said. "It's the best job I have ever had it is so rewarding working with the people who live here and the staff."

People were treated with care and dignity and had a relaxed and easy relationship with the care staff. For example a person was always supported to drink using a spoon but was now able to drink from a cup increasing their own ability and involvement in their care. People's privacy and dignity was supported by the approach of staff, we saw staff asking before entering a person's room and staff related the various ways in which they supported people maintain their dignity and privacy. For example making sure they take their time to explain a task and ensure the doors are closed and dignity is maintained throughout any personal care.

Relatives were involved in reviews of their family members care. One relative commented how staff always kept them up to date on what their relative was doing as well as when they formally reviewed their care. They related the changes they have seen in peoples communication for example one person now gets their coat to indicate they want to go out, another person goes to the front door. Healthcare professionals were also involved in regular reviews of each person's care. For example staff would contact the epilepsy special nurse if advice was needed or involve the community learning disability nurse.

Another person was always supported to drink using a spoon but was now able to drink from a cup increasing their own ability and involvement in their care. Peoples communication also improved for example one person now gets their coat to indicate they want to go out, another person goes to the front door.

Whilst the atmosphere in the home was warm and welcoming the environment was tired and worn with little homely aspects. People had personalised their rooms but some were in need of being refreshed and updated. The lounge / dining room required redecoration and new furnishings to make it more welcoming and homely. The registered manager said improvements to the environment were a priority and had a detailed plan with timescales of when the work would be completed. People living in the home will be actively involved at every stage of the planning.



## Is the service responsive?

### Our findings

Relatives said staff know their relatives well and were positive about the way they related and supported them. One relative said "The staff are so reliable and thoughtful they really know my relative well and how to care for them."

People's care plans had been updated using pictures and more accessible language to better enable people to understand them. The care plans were detailed and included clear guidance about how people wanted to lead their lives and the support they needed. New staff said they were a good guide to help get to know and support people. Staff were developing picture diaries to support people's communication. For example staff used photographs of people's activities to support people to choose what they wanted to do. Staff had created an activity boards with pictures and photographs so people could see the range of activities that had taken place.

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw staff understood the different ways that people expressed what they wanted. Staff used objects of reference, photographs or let people lead them towards an area. For example we saw people leading staff to the sensory room or to the dining room table. Staff gave time to people to make sure they understood all what people wanted to express.

We also saw staff respond to signs about how people felt. For example, staff recognised signs when one person became anxious and we saw they were able to provide reassurance to the person. The registered manager and staff actively supported people with their relationships, cultural and spiritual needs and looked at innovative ways of doing this. Each person had a key worker and regular meetings had been introduced to discover what kinds of activities people wanted to take part in both in and outside of the house. One staff member said "We are always looking for something different for people to try." For example sourcing ice skating for people who use a wheelchair. Staff explained how they showed people pictures and spent time seeing if they reacted positively about the activity if so they would build up a picture to help prepare the person for the event. The activities staff and relative spoke about were wide ranging and creative. From watching banger racing to visits to Wicksteed park, the cinema and Opera.

At the service there were opportunities for people to do arts and crafts, have foot spas, and spend time in a sensory room or do cooking. Staff sought people's real likes and made it possible for people to achieve them. One staff said "It has taken time for [person who lives at the service] to get to know and trust each other. Now we are planning a day trip to the sea."

Complaints were investigated and responded to appropriately. The registered manager created and was further developing a pictorial dissatisfaction folder to facilitate people who live at the service to voice any concerns. Relatives told us if they had an issue or concern they were happy to raise these with staff and they were confident they would respond. A relative said "I would find it easy to raise any concerns it's easy to approach the manager and the staff and I know they would deal with it." We saw any concerns raised were dealt with. We also saw a number of compliments had been received praising the work of the registered

manager and staff.

## Is the service well-led?

### Our findings

Relatives said the service had an open, welcoming atmosphere where everything was focused for the benefit of their relatives. They spoke highly of the staff who worked as a team. One relative said "The staff are reliable and available and have time to make sure everything is how it should be."

Relatives and staff spoke very positively about the impact the registered manager has had on the people who live in the service. Relatives comments were: "It has all got better, the staffing, the manager.", "The manager is so enthusiastic and caring, he keeps us up to date and involves us."

Staff comments included : "The manager is a breath of fresh air, so hands on , supportive to people and staff and has introduced loads of ideas to involve people more "

The registered manager worked on shift for three months to get to know people and their routines. This led to various developments when the registered manager implemented small changes which had a big impact on people taking charge of their lives. For example one person would set out the things they relaxed with all over the floor and staff previously would always clear them away to avoid a trip hazard. Now the person themselves puts them away. another person now takes their laundry to the machine and gives it to the staff rather than staff collecting it from their room. The registered manager also introduced monthly meetings with people to keep them up to date and involve them in what was happening in the service. A staff member said "The manager has led by example, shown us new ways of working with people and made changes which are all focused on giving people more choice."

Staff were clear about their roles were well supported, worked as a team and were encouraged to participate in the development of the home. They had regular individual supervision to review their work with people who live in the service and their own personal development. Staff meetings were regular to give an update of each person living in the home as well as anything happening within the home or changes in legislation or practise that they need to be aware of.

There were clear plans for developing the service and effective quality systems in place. There were monthly audits carried out by an independent professional. The registered manager and staff also completed monthly audits including care plans, risk assessments, key worker meetings, medication, safeguarding and health and safety. These audits helped maintain and improve the quality of the service highlighting good practise and areas that need to be acted on.

There was a caring and open culture which put the people living at the service at the centre. Relatives were welcomed and were happy with the service. Staff told us that they were lucky to work in a place where people came first and they felt valued and part of a family.