

Runwood Homes Limited







Jubilee Court

Inspection report

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Ratings

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

Overall summary

This inspection took place on 6 and 7 January 2015 and was unannounced. Jubilee Court provides accommodation and personal care for up to 75 people with or without dementia and people with physical health needs. On the day of our inspection 58 people were using the service. The service is provided in four units across two floors with passenger lifts connecting the two floors. Each unit was open so that people could access any of the communal areas in the home.

The service had a registered manager. 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.

At our last inspection in August 2013 we found that the provider was not meeting the legal requirements in respect of people's care and welfare, infection control

Summary of findings

and medicines administration. During this inspection we found that the provider had made the required improvements. People received appropriate care that met their needs. People were cared for in a clean environment and received their medicines as prescribed.

People told us they felt safe living at the care home and staff knew how to protect people from the risk of abuse. The manager shared information about incidents with the local authority. People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work.

Staff had the knowledge and skills to care for people effectively. People received support from health care professionals such as their GP and district nurse when needed. Staff took on board the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink. People told us they enjoyed the food and there were different choices available.

We found the Mental Capacity Act (2005) (MCA) was being used correctly to protect people who were not able to make their own decisions about the care they received. Staff were aware of the principles within the MCA and took this into account in the way they cared for people

Staff treated people with kindness and compassion and we observed that caring relationships had been developed. People were involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People told us they were treated with dignity and respect by staff and we observed this to be the case.

People were provided with care that was responsive to their changing needs and personal preferences. People felt able to make a complaint and told us they knew how to do so.

There was a positive and open culture in the home, people who used the service and staff felt able to approach the manager. People gave their opinions on how the service was run and suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service. These resulted in improvements made to the service where required.

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?

The service was safe.

People were cared for in a clean and hygienic environment.

People received their medicines as prescribed and they were stored and recorded appropriately.

People received the support required to keep them and other people safe.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in their care planning and making decisions about their care.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were supported with their interests and hobbies and provided with care that was responsive to their needs.

Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

There was an open, positive culture in the home.

People gave their views about the service and improvements were made.

There was an effective quality monitoring system to check that the care met people's needs.

Good



Jubilee Court

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.

We visited the service on 6 and 7 January 2015, this was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor who has experience of district nursing practice and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We received information from commissioners (who fund the care for some people) of the service and spoke with healthcare professionals and asked them for their views. During our inspection we spoke with twelve people who were using the service, five relatives, two visiting professionals, six members of care staff, the manager and representatives of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans of five people and any associated daily records such as the food and fluid charts and incident records. We looked at four staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and six medication administration records.

Is the service safe?

Our findings

At our inspection in August 2013 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because systems weren't in place to protect people from the risk of infection. During this inspection we found the required improvements had been made and people were cared for in a clean and hygienic environment.

The people we spoke with told us they felt the home was clean. One person said, "The home is clean, there is nothing wrong in that regard." Another person said, "It's lovely and clean. They clean my room every day and make sure it smells nice." A relative told us, "The home is really clean."

Cleaning staff kept communal spaces such as dining areas and lounges clean. People's bedrooms were cleaned on a regular basis; those bedrooms we saw were clean and smelt fresh. People and staff were able to maintain good hand hygiene because adequate hand washing facilities were available along with soap and paper towels. We observed staff wearing personal protective equipment, such as disposable gloves, to protect people and themselves from the risk of infection.

However, some areas that only staff had access to were not cleaned on a regular basis, for example the medication room and hoist storage room. The manager addressed this issue during our inspection and ensured that these rooms were cleaned immediately and added them to the cleaning schedule. The staff we spoke with told us they felt the home was clean and they had access to sufficient supplies of cleaning equipment and personal protective equipment. Cleaning staff worked to a schedule which we observed to be well completed.

At our inspection in August 2013 we found there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's medicines were not always administered, stored and recorded properly. During this inspection we found the required improvements had been made and people received their medicines as prescribed and they were safely stored.

The people we spoke with were satisfied with how their medicines were managed and said they were given at the correct times. One person told us, "I have to have my

tablets at a set time, the staff make sure that happens." Another person told us, "I got my medicines this morning at the usual time, I am happy with how they are managed." A relative told us, "[My relative] needs to have one of their tablets at a certain time. Things have improved and now they get their tablets on time."

Medicines were administered and stored safely. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. Staff correctly recorded the medicines they had administered to people on their medication administration records.

The people we spoke with told us they felt safe at the care home. One person said, "I feel safe." Another person told us, "I feel safe here; the staff keep an eye on us." A relative said, "I have that peace of mind that [my relative] is safe living here."

Staff responded to situations where people may have been affected by the behaviours of others. For example, one person regularly became unsettled and this upset other people who used the service. Staff responded appropriately to support this person to reduce the risk of harm to them and other people. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was displayed in the home. Staff told us if they suspected any abuse had occurred they would report it to the manager or provider. Staff also knew how to contact the local authority to share the information themselves and we saw appropriate referrals had been made to the local authority.

People felt that risks to their health and safety were well managed without having their freedom restricted. One person said, "I have the equipment I need so I can get around safely by myself." Another person said, "I can't do much for myself but the staff make sure I am safe when they help me." A relative told us that they felt staff acted to minimise risks to people's health and safety, such as by ensuring people had their equipment to hand.

Measures were in place to manage risks without restricting people's freedom. We observed people leaving the home both independently and with staff support. Staff ensured people had access to equipment to allow them to maintain

Is the service safe?

their independence, such as walking aids. There were risk assessments in people's care plans which detailed the support people required to maintain their safety. We observed that this support was provided to people. People were cared for in an environment which was well maintained and appropriate safety checks were carried out.

The people we spoke with told us there were enough staff to meet everybody's needs. One person said, "There are enough staff to care for us." We were also told, "I think there are plenty of staff, I never have to wait long if I need help." The relatives we spoke with also told us they felt there were sufficient staff to meet people's needs.

People were cared for by sufficient numbers of suitable staff. Staff responded in a timely manner when people

needed support either in communal areas or in bedrooms. There were auxiliary staff employed to carry out tasks such as cleaning and preparing food. The staff we spoke with told us that they felt there were enough staff at all times of day and that staffing levels had recently improved. The provider carried out an analysis of people's needs in order to determine how many staff would be required to support them.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

People felt they were well cared for by staff who were competent. One person said, “The staff seem to know what they are doing.” Another person told us, “I would say the staff are competent.” The relatives we spoke with told us they felt staff were competent and appeared to be well supported. One relative said, “There is plenty of evidence that staff are trained.”

People received care from staff who were supported to have the knowledge and skills required to carry out their role. Staff told us they received training relevant to their role and had found this helped them provide effective care. Training had also been provided by external healthcare professionals which was relevant to people’s needs. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified. Staff felt fully supported by the manager who had implemented a new supervision system to ensure all staff received regular supervision.

People were supported to make decisions about their care and provided consent. The people we spoke with told us they had been asked to provide consent to their care which was described in their care plans. One person said, “I was involved in putting it all together and signed it off.” Another person said, “I have signed my care plan to say I’m happy with everything.” People also told us staff sought their consent for day to day decisions and before any care was provided. One person said, “Staff will ask if I’m ready to get up and get dressed before assisting me.”

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how this applied to the people they cared for. Staff could tell us which people were able to make their own decisions and who needed support to make decisions.

We observed staff asking people for their consent before providing any care and support. Where people lacked the capacity to make a decision the provider followed the principles of the MCA. There were completed MCA assessments and best interest decision checklists in place. These clearly showed the nature of the decision that was being assessed and the assessments had been recently reviewed.

People told us they were free to come and go and we observed there were no restrictions on people’s freedom. The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone’s freedom they had appropriate procedures in place to do so lawfully.

People told us they enjoyed the food and that they were given enough to eat and drink. One person said, “The food is good and you can have whatever you want.” Another person said, “The food is excellent, there is a good choice and you get plenty.” The relatives we spoke with were also positive about the provision of food.

We observed that people enjoyed the food provided for them and it was in sufficient quantities. Individual requests for different food and drinks were catered for, for example one person requested cheese on toast rather than what was on the menu. Where people required support to eat and drink this was provided in a calm and unhurried manner. All staff and the manager assisted during the lunch period, this resulted in a positive lunch time experience for everybody. The staff we spoke with told us people were provided with sufficient amounts of food and drink. There was a list of specialised diets such as soft food and low sugar alternatives and these were catered for.

People told us that they had access to the relevant healthcare professionals when required. One person said, “I have seen the doctor today, staff arrange appointments for me.” Another person said, “If there is anything wrong staff will make me an appointment with the doctor.” One relative told us, “[My relative] had gum problems and the dentist visited them.”

People received input from visiting healthcare professionals on a regular basis. District nurses and a GP visited people during our inspection and spoke positively about recent improvements in communication with staff. People also had access to specialist services such as occupational therapists and dieticians. For example, staff

Is the service effective?

were concerned about one person having frequent falls and contacted an occupational therapist to obtain

specialist equipment to support the person in reducing the risk of them falling. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice.

Is the service caring?

Our findings

People felt they were well looked after by staff who were caring and compassionate. One person said, “The staff are lovely, very kind and I feel like they are friends.” Another person told us, “All of the staff are very nice.” The relatives we spoke with felt that staff were kind and showed genuine concern for people. One relative said, “Every member of staff really does care about the people here.”

Our observations showed people were cared for in a kind and compassionate manner. For example, a person regularly became upset and staff responded by sitting with them engaging the person in conversation. Staff showed the person some photos which alleviated some of their distress.

People’s diverse needs were catered for by staff. For example, local religious organisations provided services in the home. People’s preferences about the gender of care staff were respected and staff were aware of this information. Staff knew about the needs of the people they were supporting and could describe the different ways people preferred to be cared for. Staff spoke about people in a caring and empathetic way and told us they enjoyed working at the care home.

People were able to be involved in making decisions and planning their own care. One person told us, “I had a meeting with the manager before I moved in and told them what I needed.” A relative told us, “We all had a meeting before [my relative] moved here, we were very much involved in planning their care.” People told us they were

given choices on a day to day basis about how they wished to spend their time. One person said, “I like to spend time between the lounge and my own bedroom. I can also join in the activities if I want to.”

People were offered choices such as whether they required assistance with their personal care and how they wished to spend their time. The staff we spoke with told us they involved people in making decisions about their care and support and we observed this to be the case. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice for people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, “Staff are very respectful, but we have a laugh together as well.” Another person told us, “I am given privacy when I need it.” The relatives we spoke with told us they felt staff treated people with dignity and respect. People were encouraged to remain independent where possible. For example one person told us they managed their own post and personal correspondence.

We observed staff speaking with people in a respectful manner and considering how they could protect people’s dignity. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time, with the exception of lunch time, and were offered a private area to speak with their relative if required. Records confirmed that the manager reminded staff during staff meetings of the importance of treating people with dignity and respect.

Is the service responsive?

Our findings

At our inspection in August 2013 we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people did not always receive the care they required and care plans were not always kept up to date. During this inspection we found the required improvements had been made. People received the care they required and their care plans were kept up to date.

People told us they received support in line with their needs. People also said they had regular discussions with staff about their care and were asked if anything needed to be changed. One person said, "I am looked after very well." Another person told us, "I am regularly asked if everything is OK and if there is anything else I need." People told us they were supported with any interests and hobbies appropriate to them. One person said, "There is entertainment and activities that I like." A relative told us, "There are regular activities, [my relative] can choose whether to take part or not."

Staff provided care to people when it was required and responded to requests for support. For example, when people asked for help to go to the bathroom staff responded quickly to provide support. Other tasks, such as paperwork, were completed by staff when people had received the care they needed. Staff responded to any changes in people's health and care needs by adapting the support they provided. For example, a communication book had been provided for the district nursing team to write information in about people under their care. This information was passed on to staff and implemented into people's care plans.

Staff encouraged people to develop relationships and avoid social isolation. Entertainment was provided in the home, such as a musician and celebrations of special occasions. People engaged in games and craft sessions with an activity co-ordinator and some staff also attempted to engage people in activity and conversation.

People had provided information about their likes and dislikes and how they wished to be cared for and this was in their care plans. Staff were aware of this information and provided care that was responsive to individual needs. Staff were aware of the information that had been collated about people and how that impacted on the care and support provided. The visiting professionals we spoke with were positive about recent improvements in the responsiveness of staff to any guidance they provided.

People had care plans which had recently been rewritten and they were reviewed on a regular basis. Changes and additions were made when required so that staff had up to date information about people's needs. For example, one person's care plan had been updated to reflect new information about their dietary needs when staff had been concerned they were not eating well. The staff we spoke with were aware of people's current needs and told us they were informed when a person's needs had changed.

People told us they felt they could raise concerns and make a complaint and knew how to do so. One person said, "I would speak to the manager if I needed to complain, but I haven't had to." A relative told us they had arranged a meeting with the manager because they had some concerns and the manager had resolved the issues to their satisfaction. We observed people speaking with the manager during our inspection and it was apparent they felt comfortable speaking with them.

People had been provided with accessible information about how to make a complaint. The complaints procedure was also prominently displayed in the home. There had been three complaints received in the 12 months prior to our inspection. Although they had been thoroughly investigated and addressed, the documentation about the outcome of the complaint was not always clear. The provider took action to address this during our inspection.

Is the service well-led?

Our findings

The people we spoke with told us the manager and provider were open and approachable. One person said, “I see the manager most days he seems very nice.” Another person said, “I would speak to staff about anything really, I do see the manager about as well.” The relatives we spoke with told us there was an open and transparent culture in the home and they felt comfortable raising anything. During our inspection the manager was highly visible in the communal areas of the home and spent time talking to people who used the service and staff.

The staff we spoke with told us there was an open and honest culture in the home. One member of staff said, “The manager is very supportive, I can talk to him about anything and he will listen and try to help.” Suggestions and concerns raised by staff were taken seriously and acted upon. For example, a member of staff had raised the staffing levels at a meeting. Action was taken to add an extra member of staff to the rota to provide support to people across the home.

The manager and provider gave constructive feedback to staff about how their performance could be improved during supervision and staff meetings. Meetings were also used to reinforce the vision and values of the home and to encourage staff to provide care that was responsive to individual needs and not task focussed.

The service had a registered manager and he understood his responsibilities. People told us the manager was visible and they felt that staff were supported to provide a good service. The relatives we spoke with were also complementary about the leadership shown by the manager.

Staff attended regular meetings and told us they felt able to speak up in these. The staff we spoke with told us they felt supported to provide a good service and that improvements had been evident in recent months. There were clear decision making structures in place, staff understood their role and what they were accountable for. Staff were assigned key roles, such as medication ordering and contact with healthcare professionals, which they took accountability for.

Resources were provided to drive improvements in the service. For example there had been investment in improvements to the building since our previous

inspection. The provider was giving regular support to the manager and staff at the home during regular visits. Staff told us that the provider visited often and offered them support to improve the service.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they felt the service was of a good quality, one person said, “I think this is a good home and I am happy here.” The relatives we spoke with also told us they felt the service was of a good quality. One relative said, “There have been improvements in recent months.”

People were provided with different ways of giving feedback about the quality of the service. There were regular meetings which people were encouraged to attend and contribute to. The provider welcomed people’s suggestions and was working to implement these, such as the provision of different activities. Satisfaction surveys were provided to people who used the service on a periodic basis and covered different aspects of service provision. These showed people were happy with the service provided.

There was a programme of audits being completed in areas such as medication and cleaning standards. The audits identified where improvements were required and had resulted in action being taken to remedy any issues. The provider also completed visits to the home to check that people were receiving a good quality of service. Where these visits had identified improvements that could be made, an action plan was put into place to monitor improvements to the service people received.

The majority of records we saw were accurate and up to date in respect of people who used the service and staff. However, we saw examples of daily records such as food and fluid monitoring charts that had not been fully completed. This meant staff did not always have a clear picture of how much people were eating and drinking. The manager was already aware of this issue and was taking action to improve the completion of these records. Staff induction records were also not always completed to reflect the induction that had actually been provided. The provider and manager took action to rectify this during our inspection to ensure records were kept up to date.