

Quantum Care Limited

Jubilee Court

Inspection report

Hayward Close
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Tel: 01438730000

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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 Court provides accommodation and personal care to older people. The care home accommodates up to 91 people in one purpose built building. At the time of the inspection 89 people were living there.

People's experience of using this service:

People were happy at the service and were supported by staff who knew them well. People felt privacy and dignity was promoted. People were able to choose how to spend their time and encouraged to make decisions about their care. People's care plan included information that gave staff information on how to support people.

People told us they enjoyed the activities available. People had the opportunity to go out. There were communal areas throughout the home which were all used regularly. The friend's café was the hub of the home where people from every unit of the home joined for social events, activities and general get togethers.

The recruitment process and training systems meant people were supported by staff who were suitable to work in a care setting and equipped for their role. People's view on staffing was that in most cases there was enough staff to meet their needs. Staff told us that in most cases there was enough staff, at times people may need to wait a little longer than preferred. On the day of inspection people had their needs met in a timely fashion. There were systems in place to help ensure staff were trained and received regular supervision. Staff felt supported.

People had their individual risks assessed and staff were aware of these. People were supported safely. People received their medicines when needed. People's personal care needs were met.

The provider had systems in place to help them identify and resolve any issues in the home. The registered manager was known throughout the home and people and staff were positive about them. All staff were clear about what was expected of them and any lessons learned from events or incidents.

The service met the characteristics for a rating of "Good" in all key questions.

More information about our inspection findings is in the full report.

Rating at last inspection:

At the last inspection on the 27 September 2016 the service was rated as Good in four key questions and Requires Improvement in one key question. The rating for Responsive has improved at this inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

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 Court

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. 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:

The inspection was carried out by an inspector, an assistant inspector 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.

Service and service type:

Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

The site visit took place on 14 May 2019.
The inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the regional manager, and six staff members.

We spoke with eight people who used the service and three friends and relatives.

We reviewed five people's care records, medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently. For example, when supporting a person at risk of choking and with their mobility. A relative told us, "[Person] is hoisted but they do it so gently she is never distressed. They call [person] by name and explain what they are doing. They get close to her, so they can hear her and vice-versa."
- People had their individual evacuation needs assessed. Staff were aware of how to evacuate people in case of a fire.
- Fire drills were practised. A record of staff attended was completed. Most staff were aware of how to evacuate people, but others needed more prompting. Evacuation training had been delivered. The management team told us that they would revisit this with the staff team to satisfy themselves all staff were clear on the process.
- A fire risk assessment had been carried out and actions identified had been signed as completed.
- Accidents and incidents were reviewed, and remedial action taken as needed. This was reviewed by a member of the management team to enable them to identify themes and trends.
- People who had bedrails in place had the protective bumpers on to help protect them from injury.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, "I'm very safe and comfortable here. I trust the staff." Another person said, "I am very much at ease here. Carers and other people are round me all the time." Relatives told us they felt people were safe.
- Staff had received training regarding safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had. One staff member said, "I know I can report to one of the Care Team Managers, to [Registered Manager]. Higher in the company but can also go to social services and even the police if I need to."
- Staff told us that the registered manager regularly went around the home checking for any issues and ensuring staff were working safely.
- Where a potentially unexplained bruise or skin tear was discovered on a person, this was investigated, and the findings recorded to satisfy themselves that the injury was not as a result of harm.

Staffing and recruitment

- Recruitment files included all relevant information to help the registered manager make good decisions about the staff they employed.
- People told us there were enough staff to meet their needs. One person said, "I ring my buzzer and they are quick to come. They are occasionally short staffed but it's usually fine, they take a bit longer to help you."

Relatives also told us that there were enough staff.

- Most staff said there were always enough staff, some staff said at times people occasionally had to wait for a short period for support if they were busy with other people. Staff told us most shifts were able to be covered.
- Throughout the inspection we saw people received support when they requested it. There was a staff member available when people needed them.
- The home retained many of their long serving staff and there was only one post that needed to be recruited into so there was a low staff vacancy rate.

Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed. The environment was clean and tidy.
- People were protected from the risk of infections, staff received training and followed guidance.
- The kitchen had been awarded five stars from an environmental health inspection.

Using medicines safely

- People's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed. A member of the management team carried out a full audit twice weekly and took any remedial action needed.
- People received their medicines when they needed them. We saw staff administering medicines in a calm and discreet manner, explaining what the medicines were for.

Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, this was shared with staff at team meetings, supervisions and any actions needed explained.
- For example, an issue where there had been a delay in equipment meant a person could not get out of bed was found on the day of inspection. This had not been brought to the registered manager's attention. As a result, new communication and reporting systems were put in place, along with a new checking system. Additional stocks were also purchased to ensure this situation would not occur again. This was communicated to staff.

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.

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

- Bedrooms were personalised, and communal corridors were designed in a way that made them interesting.
- The service was set up in a way to promote people to be able to move around freely. There was ample communal space which we saw people using.
- There was a pleasant garden area which people told us they used. There were also pets in the home which added to the homely feel. People told us about the cat and how much they enjoyed having him around.

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

- People told us the food was good. One person said, "The food is excellent and of good quality and I know that if I didn't like what was offered they'd get me something else." Relatives told us that the food was good.
- Food choices were taken earlier in the day, but staff checked with people what they had chosen when delivering the meal to the table.
- Tables were set ahead of the meal and drinks were offered. People were given support in a kind and patient way if they needed help to eat. Staff chatted with people while they supported them and if they needed to get up from the table, they explained and apologised when they returned.
- Allergies, dietary needs and weight changes were shared with the kitchen staff. Staff recorded people's food and drink intake where people were assessed as being at risk of not eating or drinking enough.
- Snacks and drinks were all around the home to make them easily accessible for people. Baskets were on the wall in corridors labelled 'Eat Me' to help them be more visible and accessible for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care professionals. Staff supported people with this as needed. This included hospital appointments and opticians. There was a regular GP round.
- We saw that all changes in health were documented and staff were aware of these. One person told us, "I'm in reasonably good health so don't need the support of staff. I can manage myself, but if you see people needing help, the carers are very attentive."

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 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.
- People were encouraged to make their own choices and decisions. People had their capacity assessed in relation to important decisions about their care. Best interest decisions were recorded. The registered manager told us they were developing their records in relation to the MCA to ensure they were working in accordance with up to date guidance.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their welfare.

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

- People, and their relatives where appropriate, were involved in planning care.
- People's choices were reflected in the care plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and food offered.
- The service was working with health and social care professionals to support people who were not always making safe choices and may not understand the impact. This was so they could meet these people's needs while not infringing on their rights.

Staff support: induction, training, skills and experience

- Staff received an induction when starting at the service. One person told us, "Everyone seems to understand their job. The carers seem to work together really well."
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training but could ask for more if they felt they needed it. Staff told us that their competency was checked after receiving training. Staff were supported to undertake further education.
- Staff received supervision and felt supported. Supervisions happened regularly. All staff told us that they could go to the registered manager or the deputy managers at any time.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported.

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

- People were treated with respect and kindness. Staff spoke with people in a way that demonstrated they respected them. One person said, "No one moans at me. It's a lovely atmosphere. The carers tease me and I tease them back. We tell jokes- it lifts my spirits and makes me feel wanted. The carers are so good and kind. They are very respectful of me and always call me by name."
- Relatives told us that staff were kind. One relative said, "This place is special. The carers stay a long time and build a relationship with all of us. They are local girls (staff) you can relate to. I'm never anxious leaving [person]."
- Staff were attentive to people. People told us that staff were kind and patient. We saw several examples of positive interactions and staff knowing people well throughout the inspection. One relative said, "[Person] has a care plan and they know all about her life history and what her interests are."
- People and their relatives told us that their relationships were respected. We saw that many people living at the home had developed friendships with other people living at the home which made for a social environment. One person said, "Wherever I sit there's always someone to talk to. When my family take me out it's lovely, but I look forward to coming back here."
- People's life histories, religion or cultural beliefs, hobbies and interests were considered by the staff team. Different cultures had their important dates, holidays and festivals celebrated.
- Where people had been part of a club but were unable to continue attending, the staff invited the club to the home for an afternoon. For a person who worked in a service that was important to them, people of the same profession were invited to the home.

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

- People were asked about their views about the care as part of their care plan review. Staff told us that care was delivered in accordance with people's wishes, choices and preferences.
- Staff were heard asking people for their choices throughout the inspection.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. One person said, "If you ask for something, they'll do their best to get it for you, or do it." We saw that reviews included the person.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and were discreet when supporting people.
- People who needed support by staff were dressed appropriately. People who needed assistance with continence products or using the toilet, received this support swiftly.
- Records were stored securely in most cases. On one unit, the cupboard for storing records was unlocked.

We raised this with the registered manager.

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.

Personalised care

- At the last inspection on 27 September 2016 we found that care plans needed further development.
- At this inspection we found that improvements had been made in relation to care plans.
- People's care plans were detailed, and person centred so that it covered all elements of a person's needs, wishes, and lives. Staff were able to tell us about people they supported. However, we spoke with the registered manager about ensuring that additional information about people's health conditions were included to ensure staff had access to clear guidance. For example, different types and symptoms of dementia.
- Staff recorded that personal care had been delivered. We discussed with the registered manager the need for staff to provide more detail regarding what care had been delivered. However, we noted that everyone we observed had received care, were clean and no issues were identified regarding care delivery.
- People received care that met their needs and took account of their preferences. One person said, "It's a place where you get help and common sense out of people." Another person told us, "I try to get in bed on my own but if I struggle with my leg I ring and they'll help. I have a shower when I want."
- People's relatives were happy with the care provided. One relative said, "The level of care is nothing short of marvellous. Residents are the heart of everything they do. Their welfare and care is worth more than anything to them. They go the extra mile."
- People told us that they enjoyed the activities provided. There was a daily newsletter that was delivered to everyone daily which included quizzes and puzzles. On the day of inspection there was a games morning in the friend's café and a local brownies group were visiting later that day.
- People told us that they had enough to do and were happy living at the service. One person told us, "The 'Daily Sparkle' is excellent. We try the quizzes. The garden is very nice. There are all manner of activities to keep me busy. We also get out. I've been on a canal boat trip. That was beautiful and so stimulating. [Name] the Activities' coordinator is a very kind and caring person. We went on a trip to a zoo and they had lambs there and they kept jumping on our laps. It was so nice. We had a meal out afterwards. It was a wonderful day."
- Activity planning took account of people's interests. One person who previously had been a keen baker spent a day making cakes for other people in the home and enjoyed watching people eat them.
- There were opportunities for people to go out. Staff on each unit were being encouraged to come up with and plan outings for the people they supported and knew well.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately. This information was shared with the staff team as a learning tool.
- People and their relatives told us that they could speak to the registered manager or a member of staff if

they needed to. One person said, "We are encouraged to ask if we're not happy about something." A relative said, "There was an issue in the past. They dealt with it and it shows they take things seriously."

- Complaints were monitored to help them address any themes and trends. There had previously been complaints about the quality of care delivery. Our observations of care on the day noted that these had been addressed.

End of life care and support

- The service offered end of life care. When people were nearing the end of their lives, care plans were put into place for supporting people.
- Feedback from relatives about support from staff during the time their family members were receiving end of life care was positive. Feedback from relatives included, 'The care and commitment shown to her and to us was wonderful.', And, 'Marvellous staff who cared for [person] with such love and dignity.' This demonstrated that people and their families had been supported attentively at the end of their lives.
- The service had started to introduce blankets for people who were nearing the end of their lives. They were people's favourite colour, a comforting, fluffy texture to the person's preference. The blanket remains with person after they have passed, people have found this comforting.

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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us that the registered manager was approachable and was seen around the home regularly. People told us they were happy at Jubilee Court. One person said, "At my own home I wasn't doing well but here it's a place I feel so at home in. When I first came in to the Home there were some sheets of paper lying around and one said 'heaven' on it. Well it is like that here and I've discovered it."
- Relatives told us they were happy with Jubilee Court. One relative said, "I've never been happier with the place. I see [person] [number] of times a week and always leave with a warm feeling inside." Another relative said, "I was recommended this place and it's every bit as good as I was told. You feel welcome when you come in. [Name] the [registered] manager is very approachable."
- Staff told us, and we also saw, that the registered manager was visible in the home and were available if anyone needed to speak with them.
- There were daily handovers detailing updates or changes to people's needs in some cases, and meetings with staff discussed all relevant information. The registered manager monitored this to ensure staff had received the information they needed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager used their governance systems to help them identify and resolve issues in the home.
- These systems included audits, observations and checks. The registered manager empowered care team managers and the deputy manager to carry out some of these checks. They reviewed this information to ensure it was accurate and where needed, additional actions were given.
- Action plans were developed following these checks and we saw the actions were signed off when completed.
- The registered manager had identified care plans as an area needing further development and this was ongoing at the time of the inspection.
- The provider issued a quarterly newsletter which helped keep the staff informed about good practice, what a difference good practice makes to people, reminders about different needs and updates relating to the care sector.

Working in partnership with others

- The registered manager had ensured that other agencies were informed of any issues arising. The registered manager had links with various agencies which included the local authority and a local care

providers association.

- There had been a recent monitoring visit from the local authority and they had rated them as Good. The registered manager was working through an action plan to address the areas identified by them as needing further improvement and had made progress at the time of our inspection. For example, evidence of lessons learnt was now being clearly documented.

Engaging and involving people using the service, the public and staff

- People had meetings regularly to discuss the service and anything they wanted to change or plan for the future. They were kept informed about anything that affected the service. We saw where suggestions had been made for activities and updates to the menu, these had been shared with the relevant team for implementing. One person said, "It's a lovely environment. If I thought of something to improve things I know they would listen."
- The home used a system called 'You said, we did' to seek people's views. There was a suggestion box on the units and a board displaying the previous months suggestions and the action that had been taken to implement the suggested changes.
- The management team invited everyone to be part of learning and talks within the home. There was an upcoming training session around nutrition and modified diets that people, their relatives and staff were invited to. There was also a talk about dementia for which there were posters displayed.
- There was a feedback survey completed annually. This year's survey was due to be sent out. The 2017 survey showed feedback from people and this had been developed into an action plan. We saw, and we were told by people, that these changes had been implemented. For example, more outings and issues with personal care and changes to the menu.

Continuous learning and improving care

- The staff team included champions for key areas within the home. For example, falls, infection control, end of life care, medication and nutrition. The champions were responsible for reviewing issues within their subject lead role and develop solutions to any issues.
- The provider carried out month's quality checks with the quality team. Information from these checks and learning across the provider was shared with the home's staff for any required actions to be taken.