

Westfield Care Limited

Jubilee Court Nursing Home

Inspection report

Gateford Road
Worksop
Nottinghamshire
S81 7BH

Tel: 01909530233

Date of inspection visit:
25 October 2016

Date of publication:
12 December 2016

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

This inspection took place on 25 October 2016 and was unannounced.

Jubilee Court Nursing Home is run and managed by Westfield Care Ltd. The home is purpose-built in a residential area on the outskirts of Worksop and provides a combination of residential, nursing and respite packages for up to 60 people at the present time. On the day of our inspection 41 people were using the service.

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

People who used the service and staff at Jubilee Court knew who to report any concerns to if they felt anything untoward had occurred. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. There were enough staff with the right skills and experience to meet people's immediate needs. Medicines were stored, administered and handled safely.

People were supported by staff who had received the training they needed to support people effectively. People had consented to the care that they received. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People spoke positively about the food they received. They were able to have choice in what they ate at each meal and received support to eat if required. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

People received the care they needed in a way that met their needs. We saw staff provide planned care well. While a range of group activities were provided, people who could not or did not wish to join in with these activities complained of boredom. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, which meant that their views informed decisions to improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. The registered manager had clear processes in place to check on the quality of the service and to ensure that any improvements identified were made and sustained

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.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were supported to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a service which was planned around their changing care needs. There was a range of activities available

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Jubilee Court Nursing Home

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.

This inspection took place on 5 October 2016 and was unannounced. The inspection team consisted of one 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.

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. 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 took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with eight people who used the service and eleven friends and family of people who were visiting Jubilee Court, as well as three visiting health or social care professionals. We also spoke with the registered manager, the clinical lead, one nurse, the activities worker and fourteen staff, including domestic staff and those working in the kitchen on the day of our inspection.

We looked at all or part of the care records of three people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Jubilee Court. One person we spoke with said, "Oh yes, I feel very safe." Another person told us that they felt that they were safe and their possessions were too. Relatives also told us that they felt people living at Jubilee Court were safe. One relative we spoke with said, "Yes, very much so [my family member] is safe here." Another relative told us, "It is safe and homely here." We also spoke with visiting healthcare professionals who were confident that people were safe at Jubilee Court and that staff would take the appropriate action to protect people if they had any concerns.

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm people may be subject to and told us they would report any concerns to a member of the management team or to the local authority to protect people if they suspected anything untoward had occurred. One staff member we spoke with told us how they had spoken up when they had seen poor practice and the registered manager took action to ensure that people received the correct support. Another staff member told us that they felt able to speak to any member of the management team if they had any concerns saying, "They are all approachable, and would take action if we had any concerns".

Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Records showed that there were very few referrals to the Local Authority Safeguarding team although staff we spoke with knew how they would do this should they need to do so.

People were protected with their freedom being supported and respected because risks were assessed and managed. When we spoke with people they described how they received their care and support in the way that had been assessed for them to receive this safely. People also confirmed that staff provided the support people needed to maintain their independence and remain safe. People told us how staff helped to keep them and their belongings safe. For example, people told us how they had been able to entrust some valuables into the safe in the home to keep them safe. Another person told us how they could summon staff in an emergency by using their call buzzer. They told us, "If the emergency gets pressed two (staff) come running." We saw this to be the case during our inspection when the emergency alarm was activated.

Relatives were also told us how any risks to their family members were identified and minimised. However, we spoke with one relative who was concerned about the security of the outdoor seating area which is adjacent to the car park which could pose a risk if people were using this independent of staff support on the warmer weather as it was not enclosed. We also spoke with several relatives who described the steps that had been taken quickly to minimise the risk of a particular incident reoccurring which helped keep their family member safe while maintaining their independence. In one instance increased monitoring had been put in place and in another some equipment had been purchased and fitted. Both measures had reassured the relative that their family member was at lesser risk. Pressure mats were also used where appropriate to alert a member of staff if someone who may be at risk of falling was moving in their room so that they could

provide them with support. Visiting healthcare professionals told us that they had always seen staff use safe practice, for example when assisting people to move using hoists or standing equipment.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included smoke detectors, wheelchairs and the water system to prevent the build up of legionella bacteria. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed..

People told us there were enough staff to keep them safe and meet their immediate care needs. When asked if there were enough staff at Jubilee Court a person replied, "Is there enough staff? I would say so. If the buzzer is pressed they come." Relatives consistently commented that there appeared to be fewer staff at weekends when staff could be, "Always busy, run off their feet." Another relative told us, "They [the staff] can't give you any individual attention unless you are ill." They reflected that while this led them to feel there were enough staff for their family member to be safe and for their care needs to be met, there were not enough staff for them to have their social needs met. Visiting healthcare professionals told us that the staff, "Do a good job, but could be stretched at times, especially if several people were poorly and needed a little extra care."

We spoke with staff who told us that the rota allowed enough staff to provide everyone with the care and support that they needed. However, they said, "We can be pushed," if anyone went off sick or did not turn up for work. The domestic staff told us that there was enough time for them to complete routine cleaning duties as well as other tasks that arose during the course of their work, for example to clean up a spillage. The Provider Information Return, (PIR) recorded that bank staff were available to supplement the contracted staff as a first port of call for absence cover. Staff told us that these arrangements enabled some extra staff capacity when needed and gave more consistency than having to rely on agency staff to cover absence.

The registered manager told us that staffing levels were based on people's dependency levels. This included, for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. The registered manager also told us how important it was to know the skill mix of the staff on duty as this would affect the ability of the staff on duty to be able to meet people's needs and this was considered when the duty rota was set.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents.

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. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were stored and handled safely. Several people told us how the doctor had recently reviewed their medicines and there had been some changes. They said they had been unsure about these changes and had discussed them with the nurse for advice and reassurance. The people we spoke with told us they got their medicines as prescribed and in a timely fashion. We spoke with someone who was staying in the home for a short break. They and their relative told us how staff had discussed the medicines they took and noted them all down. They told us that they were happy with the arrangements in place. Their tablets had been secured away and were given to them at the correct time. Visiting healthcare professionals told us that they were confident that people had their medicines administered correctly and that any topical creams people required were correctly applied.

We observed staff administer medicines in a safe way. Staff were patient when required and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure that they had taken their medicines after being given them. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Medicines were stored securely in lockable trolleys and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and records showed that they were within acceptable limits. This ensured that medicines remained effective. Regular audits were carried out by members of staff administering medication and monthly audits and observations were carried out by members of the management team to ensure that medicines were being managed safely.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "The carers are very good." Another person reflected on the staff and said, "I don't think you'll find anything better. I'm very lucky to be in here." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and told us, "I've found this place not wanting for anything, [my family member] is very well looked after." Visiting healthcare professionals were confident that staff had the skills needed to support people well.

Staff told us they received regular training and records confirmed this. One staff member told us, "There is lots of training like safeguarding and manual handling and it is all good." Another staff member told us how they received training related to people's specific needs such as PEG feeding, (where people have a condition which it makes it hard to swallow food and fluids and receive their nutrition through a tube), or diabetes so that they understood in more detail how each person had to be supported. Staff in domestic roles told us with pride that they had also had training in areas such as moving and handling and food hygiene so that they could provide assistance if required.

Newer staff members told us that they had received an induction when they started working at Jubilee Court. This included a period of shadowing more experienced staff members as they got to know how each person needed to be cared for. One member of staff described the training that they had undertaken when they started work at Jubilee Court. They had received an induction to the building and people using the service as well as completing training courses. Some of these courses were taught classroom courses and others were provided through distance learning resources such as DVD's and workbooks. All of this had given them the skills they needed to support people well. They reflected how they wanted to further their career and how the training at Jubilee Court had prepared them for that too.

We looked at the training matrix which showed that staff had received the training that they required and how any training which needed updating had been refreshed in a timely fashion. The staff told us how they could request additional training should they feel staff required it and this was arranged by the provider.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this.

People made decisions about their own care and were given the opportunity to provide consent where possible. Prior to moving into Jubilee Court, people and their families were involved in completing a 'pre-admission assessment' so that their needs could be identified. This formed the basis of the person's care plan. A consent form was signed to indicate agreement with their care plan when the person moved into Jubilee Court.

As was recorded on the PIR, we saw that each person had a comprehensive person centred care plan which was created and updated using a computerised system. The care plans were reviewed regularly to ensure that they remained up to date. We spoke to one person who told us how they had taken part in their

assessment and then been encouraged to begin writing their own care plan, outlining the way they they wanted to be cared for. The staff had then supported them to finish it off and load it onto the computerised system which holds the care plans. A relative also described to us how they were involved in checking and consenting to their family members care plan as they did not have the capacity to do so for themselves.

We saw that staff always asked people for their consent before providing any care and support. The told us that some people would say yes or no, while others may nod or smile in agreement. Staff told us they had attended training on the Mental capacity Act, (MCA), and always worked on the presumption that people had the capacity to make decisions for themselves. We heard from the person who facilitated the MCA training how they had adapted the course for kitchen and domestic staff so that they had an understanding of the legislation that was relevant to their role.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate to ensure that people were not being deprived of their liberty unlawfully

People were supported to eat and drink enough to keep them healthy. One person told us, "Food – you can have what you want basically. What ever you want, they will do it for you." They went on to tell us which of the foods were their favourite as well as which were not to their taste. Relatives were also of the opinion that the food was good. One relative told us that they, and their family member, were happy with the food provided. Another relative spoke of the support that had been given to their family member to encourage them to eat. They told us, "They've tried with all different sorts of things to get them to eat [well]."

At lunchtime there was a choice of two main courses and two deserts. A good sized portion of food was presented in an appetising way with the fish pie being served in individual portion dishes with vegetables on the side, "Just like in a restaurant!" a staff member observed. We saw that the method of food being presented in these individual dishes also promoted peoples independence as they told us that they found these dishes easier to eat from. People were able to choose who they sat with, or could eat in their room if they preferred. Tables were laid neatly and suitable crockery and cutlery were available to people where this was needed. Staff were present in the dining room throughout the meal, supporting people as required. A menu was on display which showed the range of food that was offered during the week which showed a range of different foods.

Information about people's dietary requirements and meal time support was readily available for staff who were serving people their food. We spoke with one of the management team who was involved in the running of the kitchen. They told us how the menu had been developed with the input from those using the service so that they got to eat the sorts of foods they liked. We were also told how, as far as possible, the food was cooked using fresh produce. When a new recipe was being introduced a 'sample batch' was

cooked, sampled and adapted to take account of people's preferences and dietary needs, such as soft or enriched diets to ensure that the food tasted good and appeared appetising. We also saw how food supplements were used and presented in an appetising way in order to encourage those who were at risk of malnourishment to enjoy taking them.

Drinks were offered during the meal and throughout the day. We spoke with one of the domestic staff who said that they always offered to go and make people a fresh drink when they went to clean a person's room if they were sitting in there. People also had access to drinks and snacks between meals from the kitchenette on each floor and visitors were able to help themselves when they wished. Where needed, records were kept to ensure that each person had enough to eat and drink to reduce the risk of people becoming dehydrated. One person who was at risk of dehydration told us that the staff were very good at reminding them to drink plenty.

People had access to the healthcare professionals they needed at the right time. One person told us how staff would arrange hospital appointments when required and would attend with them for support if needed. While some relatives told us they were not always informed quickly if their family member was 'under the weather,' they were confident that people had access to any support they needed to maintain their health.

Visiting healthcare professionals told us that they found the staff at Jubilee Court were always keen to take their advice, and always took notice of what they were told, saying "Any monitoring we want done is always completed." A system was in place to ensure that any advice visiting healthcare professional gave was recorded and we were told that the system worked well with people's care plans and staff practice being updated accordingly. During our inspection we observed a visiting healthcare professional check with staff as to whether there were any additional people that needed to see them while they were at Jubilee Court in case anyone's needs had changed since their booking had been made.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a podiatrist and the falls team. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary. The registered manager told us how positive links had been formed with local GP practices and gave several instances when they had advocated on people's behalf to ensure that they received the access to healthcare advice that they needed.

Is the service caring?

Our findings

People told us that staff were caring and had formed positive relationships with them. One person said, "They [the staff] are very thoughtful, always smiling and happy." Another person told us, "Carers vary, but most are caring and compassionate." A third person assured us, "I've got my favourites, especially one of the youngsters!" Relatives also told us that they felt the staff to be caring. One relative we spoke with told us, "Carers are very caring, approachable, do everything they can." Another relative said, "Every one of them likes [my family member]. One of the staff even took them to [the shop opposite] to buy a birthday card for me." A third relative told us how they felt welcome at Jubilee Court saying, "I feel welcomed (as a visitor), for instance today I was greeted and the nurse asked if I'd enjoyed my recent holiday."

Visiting healthcare professionals told us there was usually a light atmosphere at Jubilee Court and often saw people and staff laughing together. Staff told us how they worked together to promote a feeling that everyone was, "One extended family at Jubilee Court, the residents, staff, nurses and management." Other staff told us of the importance of making sure everyone is OK, that they are always as comfortable as they can possibly be, and that their well-being is looked after.

The registered manager told us that it was important for people to feel like this was their home. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. Most people liked to sit in their room and where this was the case, they had the things that they wanted close to hand, for example, some sweets, pictures of loved ones or magazines that they liked to read on a table by their chair, as well as their call bell and TV remote control.

During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully. We observed staff respond quickly when people showed any signs of discomfort and provide reassurance when needed.

While there were no visiting clergy at the time of our inspection, we were told that arrangements had been made in the past, and could be made again in the future for people to be visited in Jubilee Court to make religious observations.

People were supported to make day to day choices such as whether they wanted to join in with activities and whether they wanted to spend time in their room or in the company of others in one of the communal areas. One person spoke about choosing what they wore and told us, "They're pretty good, if you don't like something they'll get you something else." This view was echoed by a relative who said, "If [my family member] says she wants a different bed jacket to the one she's wearing then okay, they'll swap it for her, no problem." Another relative affirmed, "There's choice on things, [my family member] is given options." Someone who was staying at Jubilee Court for a short break told us how they were always able to choose the room that they wanted to stay in.

Staff told us how, "Not everyone is the same; we have to find out what each person wants, ask them and give them choices." They went on to explain how the finding out detail of a person's choice was important so that they got exactly what they want, as though they were getting it themselves. During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their independence. One person liked to use their tablet computer to play games and communicate with family and friends. They had been given access to the wi-fi connection at Jubilee Court so that they could do this.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection.

People were treated in a dignified and respectful manner by staff. One person said, "If there's anything private, they'll keep it that way." Another person explained, "They don't talk down to you." A third person told us how even though their bedroom door was held open, "Usually there's a knock and I say hello before the staff come in." Visiting healthcare professionals told us that staff always appeared to respect people and promote their dignity.

However, information about people's dietary requirements and support needs at meal times were on display in the kitchenette areas on each floor. While intended as a means for staff to have access to accurate information when serving food, the availability of such detail in a communal area did not respect people's dignity. This was especially apparent as a number of relatives told us how they valued being able to make drinks and prepare light refreshments in the kitchenette areas. Other personal details for people were kept securely. Information stored in files were located so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Staff told us how important it was to build relationships with people and how this was especially important when providing personal care. Staff we spoke with described how they supported people in a dignified way and we saw this demonstrated in their practice. For example, we saw staff speak with people close by, if they were talking about sensitive issues, so that others could not hear what was being said. If staff needed to speak to each other about a person's needs, this was done using hushed tones, again, so that others could not hear what was being said. Staff also told us how they were mindful of the dignity of grieving relatives if a family member had passed away and made sure that they had space to be together as a family, "Together with tissues and refreshments."

People had access to their bedrooms and also several communal areas. As was recorded on the PIR, we saw that visitors were able to come to the home at any time and many people visited during the inspection.

Is the service responsive?

Our findings

People felt that they received the care and support they required. While it was responsive to their needs, people may experience some delays. One person told us, "I want for nothing," yet other people told us how they may have to wait for several days once they have made a simple request. For example, one person was still waiting for a brighter light bulb they had been promised several days before. Another person had to wait several days for a new battery to be put into a piece of equipment that held their door open safely. This meant that their door had to be closed while they waited for the replacement which they did not like.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff checking on those in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home. We saw staff 'look in on' people who chose to stay in their rooms. It was evident that staff had an understanding of people's care needs and how they had changed over time. A relative told us how their family member can become confused and often asks staff for assistance with an ailment that they had not suffered with for some years. They said, "The carers are always happy to take a look, even though they know there isn't a problem."

Information about people's care needs were provided to staff in care plans. As was recorded on the PIR, we saw that people's care plans were regularly reviewed and updated when required. Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

Relatives were confident that people's care plans contained the information staff needed to order to care for their family member. However, relatives told us that since moving to a computerised system, they found it harder to be able to refer to the plan if they needed to as they had to ask to see the care plan on a computer now. Although several relatives told us that they were able to access the information they wanted, others told us that they found it harder as they had to ask staff and sometimes felt that this was an intrusion on staff time. Relatives also felt that access to the computerised system may present a delay if staff needed to access information quickly. Staff however, were confident that they could access computerised care plans quickly, and were able to show us how they would do this.

The home had a program of regular group activities which people could join in with if they wished to and were able to. These were planned for each weekday and tended to take place on the ground floor. People who lived upstairs were also supported to attend if they wished. We saw a game of bingo being played during our inspection, which staff told us was a favourite with people. The session was well attended by people who lived on both floors who all seemed to enjoy the game. A film was also put on in one of the communal lounges for those that wanted to sit together to watch it. We asked people who were not participating in the activities that were on offer and one person replied, "I want for nothing, they're very kind, I don't think you'll find anything better. I'm very lucky to be in here." However another person was less enthusiastic and said, "There's a couple of sessions of bingo a week and a quiz with old questions, there's no socialising – it's a lonely experience, I won't say life."

Relatives we spoke with said that the activities co-ordinator had spoken with their family member to see

what they might like to do and encourage them to join in with activities. They told us about the of activities on offer during the day and added that, "Staff will sit and talk with their family members during the evenings as well if they have the time." Another relative spoke about their family members birthday, saying, "They put on a wonderful party for her 80th birthday, all the catering and everything."

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I've had no complaints. I wouldn't know the procedure but I would just speak to the manager." They went on to say that they would feel comfortable to do this. Another person told us they felt comfortable in speaking up if they had a concerns saying, "The managers always say, Anything, [you want to speak to us about], come and see us." A relative we asked about complaints told us, "Complaints – I know how, I would write or e-mail. I've had a meeting with [the registered manager] and did get it resolved." Another relative told us that they would be happy to speak to any of the staff if they had a concern saying, "They are like our extended family."

Staff we spoke with told us that they would take any actions they could to resolve a complaint that was made to them so that things were put right as quickly as possible. Staff consistently told us that they would ensure that someone senior to them was informed if they received a complaint when the registered manager was not available. For example, domestic staff would inform the housekeeper and support staff, the nurse. So people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed on the notice board.

We reviewed the records of the complaints received to date in 2016 and saw that eleven complaints had been made. The complaints had been investigated and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice. The record of complaints also showed complaints had been made by Jubilee Court staff to external agencies when a person using the service had not received the service from them that was expected.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Jubilee Court. We saw people felt comfortable and confident to speak with the staff that were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good. Visiting healthcare professionals told us that the management at the service were present and approachable. They said they would be able to speak with them if they had any concern and action would be taken to resolve the issue.

Staff told us that they felt well supported by the registered manager and the team leaders. We spoke with one staff member who told us, "It is a good home, which is well led and has great staff." They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. Another staff member said, "I could speak to one of the managers if I was worried about anything." They reiterated that they were confident that they would be listened to, their concerns taken seriously and acted upon.

The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service.

There was good management and leadership at the service. People and relatives who had had interaction with the registered manager or the management team spoke positively about them. One relative told us, "I'm on first name terms with the management. We were well looked after when [my family member] first came." Other relatives were more vague, summarised by one relative who said, "I don't know the management, but I suppose I'd recognise their faces." There was an acknowledgement from visiting professionals that the service had improved considerably in recent years. A staff member said, "It is a family run business and the registered manager is building a family feel." Another staff member affirmed this saying, "They [the registered manager] makes us feel confident at work, all of the managers here are easy to talk to."

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since December 2012. They had a good understanding of their responsibilities. Staff confirmed that the registered manager was usually seen by them every day when they were on duty.

The registered manager was also responsible for another home. There was a robust system in place to ensure that management cover was always available at Jubilee Court. An assistant manager oversaw the day to day operation of the home and the provider usually visited on a daily basis. A management team was in place which worked across two the services. This ensured that there was always clear leadership available to staff. Sharing the management resources also enabled that their skills to be deployed effectively so that people received good, safe, care and lived in a well maintained environment. There was good

delegation of tasks with each member of the management team knowing what was required of them, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.

People could be assured that the service was of a high quality. People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. There was a system of audits in place and these had been completed in areas where 'hard data' could be found such as health and safety, the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Quality Audits were also undertaken around various aspects of people's experience of receiving care such as people's well being and physical care and the activities that people were engaging in. Audits were also completed around the experience of staff working in the home such as their communication skills and job satisfaction.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through the Service user meetings which were held regularly. We spoke with the staff member that ran the Residents meeting. They told us, "I run residents' meetings every two months." They told us how the residents meeting was used to canvas people's views on the running of the home and things like the activities or foods that were on offer. A relatives meeting was also in place, although a relative told us, "I keep seeing notices on boards pointing out relatives' meetings but I don't attend. I'd have nothing to say."

Clear communication structures were in place within the service. As was recorded on the PIR, there were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, for staff to discuss issues as a group and for areas where improvement was needed to be discussed. Notes were made for staff who were not able to attend to refer to. This We saw that the improvements sought by discussion at the team meeting had been brought about by staff changing their practice as requested.