

The Jubilee House Care Trust Limited

Jubilee House Care Trust - 29 Jonquil Close

Inspection report

Jubilee House
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2015
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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?

Requires improvement 

Overall summary

This inspection took place on the 30 June and 1st July. The inspection was unannounced.

Jubilee House is registered to provide accommodation and personal care for up to 6 people with complex learning and physical disabilities. At the time of our inspection 6 people were living in the home.

There has been no registered manager in post since February 2015 however there was a competent and

experienced member of staff acting as manager whilst the organisation was actively seeking to recruit a replacement. 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.

Summary of findings

At our last inspection in 3 January 2014 the home was not meeting the required standard as consent had not been obtained in line with the requirements of the MCA 2005 with regard to administering covert medication. However at this inspection we saw action had been taken and best interest decisions involving the GP had been sought prior to administering covert medication.

People were safe as staff knew how to manage their care needs so that risks were managed in a way which ensured people had as much freedom as possible. Staffing levels meant people's individual needs were met. People received the support they needed to pursue their chosen routines both within and outside of the home.

Staff had developed good relationships with people and were kind and caring. Each person was treated with dignity and respect. Care provided was good and staff were knowledgeable about people's needs. Staff had received appropriate training and supervision.

People had access to healthcare such as GP's dietician's, specialist nurses and related specialist services. People were supported to enable them to maintain a balanced diet.

Staff sought peoples consent before undertaking any support.

The home was being well led by the acting manager who knew the people well and was supporting the staff. They promoted an open culture which encouraged all to express their ideas and concerns. Audits and reviews and surveys were used to monitor the quality of the service.

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 felt safe and staff managed risks and behaviours without restricting people.

There was enough staff to meet people's so they could follow preferred routines and spend time pursuing activities within and outside of the home.

Safe recruitment practices ensured only staff who were suitable and safe to work in the care home were employed.

People were protected by staff who understood the safeguarding procedures and would report concerns.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were trained and well supported. They had the skills and knowledge to meet people's needs.

Arrangements were in place for people to access health care services when they needed them.

People's nutritional needs were met. They had access to food and drinks of their choice in the home and often went out for meals.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and promoted a happy, relaxed atmosphere.

Staff knew people well and used praise and encouragement to support people.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs and was regularly reviewed.

People were asked for their feedback about the quality of service they received.

Good



Summary of findings

There was a complaint system in place and relatives were confident any concerns would be dealt with.

Is the service well-led?

The service was well- led.

There was no manager in post. Whilst a manager is being recruited a competent acting manager was in place with support available from the organisation.

There was an open culture which encouraged all involved in the home to voice their views and concerns.

People's views were sought and systems were in place to constantly monitor the quality of the service.

Requires improvement



Jubilee House Care Trust - 29 Jonquil Close

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 30 June and 1 July 2015 and was unannounced. The inspection team consisted of a lead inspector and an expert by experience with expertise in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At our last inspection in 3 January 2014 the home was not meeting the required standard as consent had not been obtained in line with the requirements of the MCA 2005 with regard to administering covert medication. However at this inspection we saw action had been taken and best interest decisions involving the GP had been sought prior to administering covert medication.

Before the inspection we reviewed the information we held about the service and received feedback from Social Services. We used a number of different methods to help us understand the experiences of people who lived in the home. Although most people could not communicate their views with us verbally we did not use a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. That is because it would have been intrusive in the setting and uncomfortable for the people living in the home. However we did spend time in the communal lounge, dining room and garden and were able to observe interactions support offered.

We spoke with five relatives, the acting manager and four staff. We reviewed care records relating to three people who lived at the home and three staff files that contained information about recruitment, induction, and training. We also reviewed records relating to the management of the home including audits and action plans. We toured all areas of the home during the inspection.

Is the service safe?

Our findings

One person said they felt safe and gave a thumbs up. Relatives said they felt their family member was safe at Jubilee house. Relatives comments included: "It is more than safe. It is nice to go away on holiday and feel my relative is safe."

"And "yes my relative is safe; they have been there many years." Feedback from relatives and professionals stated that they felt people were supported in a way that maintained their dignity and kept them safe.

Staff had a good understanding and knowledge of how to safeguard people against the risk of abuse. They knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate that something was wrong. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly and appropriately. There had been no safeguarding concerns or significant incidents within the home. The home had a safeguarding champion to carry out annual audits to monitor Safeguarding standards.

All staff we spoke with knew about whistle blowing policies and all said they would not hesitate to use them. One staff member said "We are encouraged to report anything we may be concerned about we are here to keep people safe, it's all about people's wellbeing."

Each person's care plan had a collection of assessments of areas of their life that could pose a risk to themselves or others. These were clear and reviewed regularly. For example, if someone needed sides to their bed to keep them safe or when people went out how best to support them whilst maintaining their independence. There were risk assessments identified when a person may be unhappy about something. We saw that staff had identified how people would communicate this to staff by pushing items away or pointing to an object. Risk assessments clearly indicated how staff should respond to people in a positive manner. We observed a new member of staff looking through people's plan of care so that they would know how to support them safely.

We saw any accident and incidents had been reviewed and appropriate action taken.

The weather was exceptionally hot on the days of the inspection and staff supported people with sunscreen and shade when they wished to sit in the garden taking all measures to keep people cool.

Our observations and discussions with relatives and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. There were three staff on duty throughout the day and a waking night and sleep in staff on at night. The acting manager explained how they covered any vacancies or leave with bank staff within the organisation and if necessary they requested agency cover. However they always ensured there was a member of staff familiar with people and the home. This was confirmed in the staff rotas seen.

There was a robust staff recruitment process in place which included carrying out all relevant checks to ensure people's suitability before they began work. Staff told us they had a formal interview and did not start work until all checks had been completed. We saw references had been received and gaps in employment had been checked prior to the person starting work.

We observed staff administering medication that was required to be crushed and taken with food. There was agreement by healthcare professionals, including GP and pharmacist that this was the safest way to support this person with their medication. The staff member spoke with the person and sat beside, explained what they were doing and asked if it was ok. They spoke and encouraged the person all the time they were giving their medication. We also observed that one person was given medication to help keep them relaxed before visiting the dentist. This medication had been suggested and approved by their GP. A relative said "Staff let me know if medication has changed."

Staff completed daily checks of people's medication. We saw records kept were clear and tallied with the medications in stock. There was always experienced staff on duty who could support a person who required emergency medication for seizures.

There were regular health and safety checks carried throughout the home weekly and monthly. Fire drills were undertaken regularly and every person had a personal evacuation plan in the event of any emergency. All of these checks contributed to helping keep people safe.

Is the service effective?

Our findings

Relatives said staff knew when something was wrong and contacted the right people. One relative said “They knew there was something wrong with their teeth and they took them straight away to the dentist.

People were supported by staff who had received the appropriate training for their role. All staff had training in working with people with learning disabilities and with epilepsy and understanding behaviours that can challenge others. Staff said training was good and relevant to their day to day support of people. For example one staff described how they would give someone space if they did not wish to be supported. They would try again after a while and if it didn't help they would ask another member of staff to try. Another explained how, following training, they felt confident in the way they monitored people with epilepsy

Each of the experienced staff had been nominated, “champions” in various areas such as safeguarding, nutrition and infection control. They explained this meant they would take a lead in the particular area, keep up to date with any new developments and make sure all staff were working to the latest guidance.

Staff said they received regular supervisions and we saw evidence of this in the records we reviewed. All the staff said they worked as a team to support people and our observations throughout the two days supported this.

New staff were required to complete an induction programme and did not work alone until assessed as competent in practice. One member of staff had asked about taking on the sleeping in shift but was told they needed to wait until they were competent in all aspects of supporting people.

The acting manager and staff all had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to describe how they put it into practice and we observed them asking people for their consent before providing care and support. A DoLS application had been made for all six people living in the home. This meant that people's freedom to go out alone was restricted to help maintain their safety. We saw each person had been assessed individually prior to applications being made.

We observed staff seeking people's consent through the day before administering medication, or supporting with a drink or a meal. Staff explained how they knew when someone did not want something they would push it away. When asking which drink someone wanted they were shown two packets to enable them to make a choice.

We discussed with the acting manager the lack of signage throughout the home and if there were other communication aids they had used to enable people request things themselves. For example to enable someone to ask for a drink or to undertake an activity. Apparently the home did have more signage throughout the home but it had not been replaced following decoration. However they will put in more signage and photographs. The acting manager also stated they had tried a number of methods to enable people to further their communication and independence but had not found anything that suited people. Currently staff take the initiative and we observed they were mindful in offering drinks regularly.

People and staff met together each Sunday to decide on the menus for the week. Staff said it was a relaxed meeting where everyone was invited. Staff try to facilitate people's participation for example by placing photographs of food on the table for people to choose. All of the people have lived in the home for a number of years and staff are aware of their food preferences but try to expand their choices. One main meal is prepared daily. Staff had an alternative meal which they offered only for one person who had a very limited diet. This person always offered the main meal and only if they refuse to eat the food is the alternative given. People's weight was monitored and staff worked closely with dieticians in making sure people receive a sufficiently nutritional diet.

We observed people receiving snacks and drinks when they came in from the day centre. People were offered frequent drinks during the day.

Staff recently introduced protected mealtimes, where they avoided any unnecessary interruption at mealtimes such as not requesting professional visitors and not answering the phone during mealtimes so as a support to people who get easily distracted whilst eating. However relatives were still welcomed. We also observed one person who had difficulty maintaining their appetite eat their meal, staff were discreetly observing and asked if they wished some more which they accepted and ate.

Is the service effective?

A relative commented “Staff have taken control of all (medical issues) my relative had been in hospital recently and staff had kept them informed of the outcomes”. People were supported to maintain good health and access relevant healthcare services where necessary. Everyone had an annual health check, regular visits to the dentists and the podiatrist. Two people were supported to go to the dentist on the day of the inspection. There were links with specialist nurses and the local GP’s. One person has had a

recent visit from an occupational therapist to reassess their equipment and staff were in discussions to provide a ceiling tracking hoist for one person to allow them greater freedom and more space within their room.

Each person has a separate health file with a one page emergency ‘grab’ sheet which gave an overview of people’s health and support needs in the case of any admission to hospital. Staff said they would accompany people and support them through any admissions.

Is the service caring?

Our findings

Relatives were positive about the staff and the care and support they offered. One relative said, "There is an open door policy I can turn up at any time," another said, "Family are always invited."

They said staff were always supportive accompanying their relative to visit or out for a meal when required.

We saw that staff supported people in a kind, patient and respectful way. They knew people they supported well and had established positive and caring relationships with them. Staff understood how to relate to each individual. For example, people wanted their own space and we saw staff respected this while providing support in a caring and compassionate manner.

People's care plans were individualised and personal information had been incorporated in a sensitive and respectful manner. Each person had a profile about them, their preferences and interests and we observed staff work with people's preferences. Relatives said they were involved in reviewing their family members care and were contacted about any changes.

Staff were clear on how to treat people with dignity, kindness and respect. Our observations were positive, staff used effective communication skills which demonstrated knowledge of people and showed them they were valued. Staff were aware of maintaining people's dignity when they supported someone with personal care. Another example, we observed staff made eye contact with people, talked to them at their level sitting down where people were in a

chair. When one staff member stood to support a person the manager offered them a chair so that they would be on the same level as the person and be able to relate to them more.

We saw guidelines with the emphasis on giving people choice. For example "It's important my bedroom door is left open so I can get up when I choose."

We saw people were comfortable around staff. For example, one person liked to have their own space but enjoyed hand massages. When a staff member was trying to seek their consent they were gently massaging their hands which drew a response from the person who became engaged in the activity.

There was a relaxed, happy atmosphere and people were able to move around freely and spend time in different parts of the home. One person wanted time in the sensory room, another wanted to spend time in their room and staff enabled people to relax where they wanted.

Staff took their time to make sure they were communicating with people, explaining things clearly and slowly and giving them time to respond. For example with one person it was unclear whether they wanted to be in the lounge or in the garden. We saw staff take time to see what the person preferred. They went at their pace using objects of reference until they were settled and comfortable. We saw staff encouraged people and gave positive praise at every opportunity. For example staff spent time encouraging a person who found eating difficult.

Relatives said there were no visiting restrictions in place and they were always welcomed into the home at any time. One relative said "I am always kept informed."

Is the service responsive?

Our findings

Our findings

Relatives spoke positively about the staff and how well they knew their family member. They told us staff involved them with updating their relatives care plans where the person was not able to do this themselves. Relatives were always consulted with any decisions relating to people's lives. Professionals' responses within a questionnaire said they thought staff promoted people's independence."

Care plans had been created to meet people's individual needs and to help staff to support them. They held good information about people, those important to them, people's interests and the areas where they needed help and support. For example, giving clear guidance on how people communicated and expressed themselves and how staff should support people in a way which respected their preferences and promoted their independence. .

If someone's situation changed staff respond. For example one person's medical situation had changed and staff now monitored the changes to inform the professionals supporting them.

Everyone had daily records which showed how they had spent their day, the personal care and support given, the meals they had and any communication with others such as family or healthcare professionals.

Staff showed a good knowledge and understanding of people's individual needs. They described in detail people's preferences and how these were met. Staff said how they worked to make sure people had the best quality of life possible. When we asked staff how people bedrooms were personalised and how the colour schemes were chosen they explained how one person was given a selection of colours to look at in the sensory room and one colour they responded to was chosen. Others were led by relatives who said their family member liked a particular colour.

We observed one person choosing a dessert by being given packets to choose from. They were then supported to prepare the dessert which they clearly enjoyed.

A staff member said "If someone enjoys an activity we try to make sure they can take part". For example one person was said to be of one Christian denomination but enjoyed attending another church and responded well to the atmosphere and the service. So staff had facilitated their attendance at this church.

Jubilee House had a sensory room which was enjoyed by a number of people. We observed people going in at various stages during our visit. It was an exceptionally hot day and staff had maintained a cool temperature in the lounge and put up umbrellas in the garden. One person particularly liked to sit in the garden and staff were attentive to ensuring she had sufficient shade, drinks and sun cream. Their favourite music was also played.

Four people attend a local day centre five days a week. All of the other three people attended but for less days. Staff and families said how people go out frequently to a variety of settings. The house has two minibuses and some of the senior staff are qualified to drive them taking advantage to go different parks, pubs, garden centre, picnics and theatres. In May four of the people went on a holiday to Norfolk and in June everyone enjoyed a trip to the seaside apart from the other activities.

People's birthdays are celebrated in a theme they would enjoy. One staff said, "Family are always invited and on occasions guest musicians come to play". Irish music and Abba were organised for two people. Although there had been a number of different activities and outings for people there were no photographs on display for people to enjoy. We discussed with the acting manager having more homely articles or pictures on the walls.

Staff we spoke with demonstrated a good understanding about what they should do if anyone raised a concern with them. Staff told us how they would voice concerns on behalf of people who were unable to do so themselves. Staff told us advocacy services were available if people needed additional support.

There was a system for complaints though none had been recorded for some time. The acting manager said they had an open door policy and tried to pre-empt any concerns and encouraged families to speak about any concerns or worries.

Is the service well-led?

Our findings

Relatives and staff were very positive about acting manager. Relatives said, "There is no manager, but (staff) has stepped in and are very good." They also said "I can't fault any of them".

Another relative said, "Care is reliable it is nice to have relative there." Staff quotes about the acting manager included, "The acting manager gives 110%" another said "The acting manager is wonderful so hands on they are very understanding and you can go with a problem and they will help you."

There was no manager in place. The registered manager left in February 2015 and the organisation has been actively seeking to appoint a manager. They have advertised and held one set of interviews but they were no suitable candidates. The acting manager is very competent and had a good knowledge of the home, the people who live there and the staff. They said they enjoyed being actively involved in supporting people and wish to continue in a deputy role once a manager has been appointed.. The organisation has an on call manager 24 hours a day.

Staff said they work as a team supporting each other and are encouraged to participate in the development of the home. Staff said they have regular staff meetings to talk through an update of each person living in the home as well as anything happening within the home or changes in legislation or practise that they need to be aware of. We saw these were minuted.

The organisation has an independent monthly inspection of the home against the new fundamental standards as part of their quality assessment of the home. Each person has a yearly review of their care and support needs which they their relatives and linked professionals attend.

Staff carry out regular audits for example for medication, reviewing any incident or accident, health and safety checks to ensure standards are maintained within the home. We saw records of audits undertaken and staff said they would discuss any changes that an audit might show was required. For example staff were reminded to take out all dishwasher tablets, anti-bacterial spray, washing up liquid and floor cleaner out of the kitchen and laundry room once they have finished with it and put it back in the COSHH room. Another example was to remember to keep relatives up to date if staff had followed up on a hospital appointment or a health issue, even if the results were not completed to let relatives know what they had done.

There are no formal meetings for relatives but they are in frequent contact and are invited to all reviews and kept up to date in any proposed changes. The acting manager said they would be discussing other ways to enable relatives to meet together if they wished.

There are annual questionnaires sent to all relatives, people within the home, staff and professionals and the recent results had just been sent to the home. The feedback and results were positive and the organisation will review the feedback in depth so as to inform them of any changes people are requesting.

There was an open culture which encouraged all involved in the home to voice their views and concerns. The acting manager and staff shared a vision based on person centred care and maximising peoples abilities. People were treated with care and dignity and had a relaxed and easy relationship with the care staff.