

Care UK Community Partnerships Ltd

Jubilee House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Jubilee House nursing home provides nursing care and accommodation for up to 48 people some who have physical needs and are living with dementia. On the day of our inspection 35 people were receiving care and support at Jubilee House.

People's experience of using this service and what we found

Staff and the management team took exceptional steps to ensure that people and their families were at the centre of the delivery of care. People were treated as individuals whose life and experiences were considered and factored into care planning. The registered manager and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect. Staff made efforts to exceed people's care by paying close attention to their needs. People and relatives were at the centre of decision making about their care. Families and friends were considered an essential part of the care team.

Staff at the service went the extra mile to find out what people had done in the past and looked at ways to accommodate activities that were important to people. There were a range of activities available within the service and outside. Staff ensured that people's lives that were near to the end were provided with care and compassion and that people's last wishes were provided where possible.

The service had a strong, visible person-centred culture and was exceptional at helping people to live their lives to the fullest. People, their relatives and staff told us the registered manager and the senior staff were supportive, valued their input and ensured that they were included in any changes to the service provision. The registered manager and senior management took a personal interest in people and knew them well. The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The management team was proactive with regard to how people's support could be improved.

Rating at last inspection

At the last inspection the service was rated Good (the report was published on the 8 September 2017).

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 intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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?

Outstanding ☆

The service was exceptionally Caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Jubilee House

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

Our inspection was completed by three inspectors.

Service and service type

Jubilee House 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 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. The registered manager was present on the day of the inspection.

Notice of inspection

Our inspection was unannounced.

What we did before the inspection

Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House. On this occasion, due to the timing of the inspection, we did not request a PIR. 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.

During the inspection

clinical lead, nurses, care staff, office staff and domiciliary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed six people's care records including their pre-admission assessments, three staff personnel files, training and supervisions for staff, audits and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from four health care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant that people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable in the presence of staff. Relatives told us they felt their loved ones were safe at the service. One told us, "You can tell the way staff are that she feels safe. You never hear anyone being sharp." Another said, "I can see the way staff treat the residents, they are so good and kind."
- Staff understood what they needed to do to protect people from the risk of abuse. One told us, "If I had a safeguarding concern I would tell my line manager. I also have a number that I can call too (Multi Agency Safeguarding Hub)."
- We observed that staff were vigilant when people showed anxiety and they stepped in to ensure people's anxiety was not directed towards other people that were around them.
- Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to people's mobility, safe evacuation in the event of an emergency, risks of dehydration and malnutrition and risk of choking.
- Staff adopted an approach of, 'positive risk-taking' that looked beyond the potential physical effects of risk, such as falling, to consider the effects on wellbeing if a person was unable to do something that was important to them.
- One person had been constantly encouraged to sit down in their previous care setting. Since moving to Jubilee House, the person had been supported by staff to walk when they wanted to whilst ensuring the risks were managed as much as possible. The clinical lead told us, "He is more happy and content." A health care professional had fed back to the service they observed, "Much less agitation" as a result of the person being able to walk freely. The person told us, "I get frustrated as I want to walk by myself, but my balance is all off. They try and help me any way they can."
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one person had behaviours that may challenge, their care plan stated staff were to speak in a low tone and calm voice, explain to them they were safe and to approach them calmly giving reassurance throughout. We saw this in practice.
- Where clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring including wound care, diabetes care and other health care concerns. Where wounds had been identified regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.

Staffing and recruitment

- Relatives told us that there were enough staff. One told us, "There's always enough staff here." Another told us, "There is consistency of staff, she (the registered manager) knows that familiarity of faces is what's needed."
- During the inspection we saw that where people needed support this was provided by staff straight away. One member of staff told us, "There is definitely enough staff here, if someone is sick they call in agency. It's always the same people from the agency though which is good so people recognise them." Another told us, "There's always enough staff here. If they get more residents, they will always get more staff in. They base it on people's needs."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely:

- People were supported to take their medicines as prescribed and medicines were managed appropriately. The registered manager told us they were reviewing medicines regularly. They told us, "We're asking the (health care professional) to review people's medicines. They (people) should only be on certain medicines for a small amount of time."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.
- There were methods and protocols for assessing and managing pain in people who could not verbally express themselves. There were protocols in place for staff for when they needed to offer people 'as and when' medicines.
- Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely. One member of staff said, "I did a week shadowing the nurse and medication competency before I was allowed to do it on my own."

Preventing and controlling infection

- The service was clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas. One relative told us they always saw staff cleaning.
- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading.
- Cleaning audits took place that ensured the environment was clean and tidy. Staff received infection control training and there was a policy in place.

Learning lessons when things go wrong

- Incidents and accidents were recorded with action taken to reduce further occurrences. The registered manager told us they used a hospital admission's tracker. They told us, "It is a tool which allows us to analyse if any admissions can be avoided in the future."
- We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, where people had falls they were referred to the appropriate health care professionals and monitored for a period of time.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that they used NICE guidance to assist them with care for example, in relation to moving and handling.
- There was a pre-assessment of people's care in each of their care plans. This was to ensure that the staff could meet the person's needs before they moved into the service. One relative told us, "When we came to view the home, (Registered manager) took (their family member) by the arm and took her around the place. It meant a lot that she took the time to do that." Another said, "Being able to have the assessment at home was a huge benefit."
- The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.

Staff support: induction, training, skills and experience

- People and relatives fed back that staff provided care in an effective way. One relative said, "I think the care is first rate."
- Staff completed a full induction when they started at the service to ensure they understood the care that needed to be delivered. A member of staff told us, "There was plenty of training when I first started. There are people with very high needs, you have to have good training to have a good understanding of people's dementia." A relative fed back, "Jubilee House staff not only coped with (family member) and this hideous form of dementia, but were always on hand to give us advice, tell us what to expect and reassure us at all times that (family member) was in the best place and we should just let them do their job."
- Staff received updated training to ensure that they were kept up to date with appropriate care practices. One member of staff said, "Although I'm agency, they treat me like one of their own staff. If they're running a training session they'll ask me if I want to attend." Another said, "We have a mixture of e-learning and face to face learning. That's for the practical elements such as moving and handling." Nurses were also kept up to date with clinical practices with the support of the clinical lead at the service.
- Staff had one to one meetings with their manager to assess their competencies in their role and to provide support to progress within their role.

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

- People fed back that they were happy with the meals on offer at the service. One told us, "There's plenty of

food available. As soon as I walked through the door they had dinner waiting for me." Another said, "I like the food, I can recommend it." A relative said, "The food is amazing, mum gets fed so well."

- The chef was aware of people's dietary needs and likes and dislikes. Where people had a restricted diet for example, pureed, the chef ensured that they still had a choice offered to them.
- We saw during lunchtime that people were offered a visual choice of meal. People in their rooms were provided with meals quickly and those people that required support to eat their meal were provided this by staff.
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on food and fluid charts, higher calorie snacks were provided, and guidance was sought from health care professionals. A health care professional told us, "The environment is well set up with plenty of snacks (fruits, crisps, chocolate, biscuits) and drinks available and spaces for residents and visitors to sit."

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

- Staff worked well with health care professionals to provide the most effective care. When health care professionals visited staff worked closely with them. There was regular contact with the GP and the mental health team. One health care professional told us, "In my opinion Jubilee House provide excellent nutritional care, particularly when considering the challenges to ensuring adequate nutrition and hydration among some of their residents who are living with advanced dementia."
- Staff had a handover at the end of each shift to share information about people's up to date needs. One member of staff said, "Everyone works well as a team here. If one of us needs help, someone will always come straight away. Its brilliant." Another said, "We all work well as a team here."
- Relatives shared with us they were informed of any health concerns with their loved ones. A relative said, "They (staff) always update me with anything I need to know."

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

- Relatives told us their loved ones were able to access health care at the service. One told us staff were in regular contact with the mental health team around the medicines their family member had been receiving. They told us, "They have assisted mum so much, she was on so many tablets and now she is on nothing at all." They said, "They have reduced her anxiety. It's like having our mum back."
- Staff reviewed people's health continuously and if they had a concern they would either speak with nurses or contact health care professionals to gain advice.
- We saw evidence of visits from various health care professionals including the GP, dentist, opticians, community nurses, hospice nurse, physiotherapists and occupational therapists. We saw that staff were following the guidance provided. One health care professional told us, "Above and beyond when I have spoken to staff members they are all aware of residents nutritional needs and are knowledgeable about the strategies that they, as care and nursing staff, are attempting to implement in order to optimise resident nutrition and hydration."

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's rights were protected because staff acted in accordance with MCA. We saw from the care plans that where people's capacity was in doubt assessments took place along with clearly recorded best interests decisions. Examples of these related to consent to living at the service and having sensor mats in people's rooms. Where appropriate applications had been submitted to the local authority for authorisation.
- Staff had a good understanding of the MCA and its principles. One told us, "With MCA, it's important to assume people have capacity. If after assessing they lack capacity, it's important to do things in their best interest and in the least restrictive way." We saw this was put in practice.

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

- The environment was set up to meet the needs of people living with dementia. The building at the service was well-designed and nicely decorated. It was bright with wide corridors for people to access easily. There were several small rooms including a private dining room and areas on each of the two floors that people could use to spend time with their families.
- The flooring of the communal areas and the hall ways were plain in colour to reduce the risks of people becoming confused when walking. There were memory boxes outside of people's rooms to help orientate them back to their bedrooms. There was appropriate signage on the bathrooms and toilets.
- There were gardens and outdoor spaces both downstairs and upstairs that provided a place for people to walk around or relax in. The corridors had been decorated and furnished with sensory items, murals and objects of interest; these were all placed in the corridors which people accessed independently.

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity;

- People and relatives shared with us that they felt staff were extremely caring and compassionate. One person said, "The staff are lovely." Another said, "The staff here are wonderful, I absolutely adore them. They're all angels to me. They've got a sense of humour which is needed." Comments from relatives included, "The staff are absolutely brilliant, it blows me away" and "The staff are wonderful here. As soon as we walk through the door me and Dad get a hug. They're honestly like friends to us, or an extended family. As you can see, they are so loving and compassionate to everyone."
- Staff went the extra mile to ensure that people received the caring support that was needed. For example, when one person was taken out to a weekly activity they took them to see their relative that worked locally. The relative said, "Staff will pop her over to me as I work locally. It means so much to us both."
- Another member of staff noted that a person liked their cardigan. They told us, "I came in one day and (Person) was wearing my cardi that I had left on the back of the chair. She liked it so much I gave it to her. It's the one she's wearing today." Another member of staff said, "This is their home. It's nice to see them happy."
- Staff took time to get to know people and listening and understanding their wants, needs and wishes. For example, one relative told us, "She (their family member) likes tissues in her hands to fiddle with. Whenever I am here she has the tissues and it means a lot they do that. It shows they care about the little things."
- Staff extended the emotional support to people's loved ones. Relatives and friends were encouraged to maintain relationships with people. One relative told us they were unable to visit their family member as they had been unwell, and the registered manager and a member of staff had delivered a plate of food to them at home. They said, "I burst into tears as it was so unexpected. It meant so much." Another told us staff popped into them daily (as they worked locally) to give them an update on their family member. They said, "Every day someone comes and lets me know how she is getting on. I know I can go home with a peace of mind."
- It was important to staff that people were treated as individuals and they respected their diversities. For example, one person missed India where they had lived years ago. Staff arranged for the garden to be decorated in an Indian theme, Indian food was prepared, and staff dressed in Indian clothing. The relatives fed back, "Her memories often take her back to that happy and exotic time, so we are sure sitting under the beautifully decorated gazebo enjoying the food in the sunshine made her very happy. You all worked so hard to make it a special occasion." A member of staff said, "She used to live in India they did the 'India' day for. Her care plan encourages staff to ask her about her time there as it makes her happy."

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

- People and their relatives were actively encouraged to be involved in decisions around their care. They were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. A member of staff told us, "We make sure we give people choices even if they're small. Things like asking them what they want to wear or if they want their lunch in the dining room or in their room." A relative said, "It's all about what mum wants. Staff are so accommodating."
- We saw examples during the inspection including one person being asked if they wanted red or white wine with their meal. Other people were asked whether they wanted to participate in activities or what they would prefer to do. A relative said, "They know exactly what he likes and doesn't like. He needed a shower, but they won't mention the word to him as they know this agitates him."
- People rooms were personalised with things that were important to them. A member of staff told us, "When (person) arrived, he was very anxious and agitated because of the change of environment. I got talking to him and I learnt that he was a Leicester City supporter. We then arranged for him to move to a room and put a TV in his room, which I put on the sports channels for him. Since we've done this, he has been so much calmer, and is happy to speak about the football with me." The person told us how important their football team was to them.
- People's care records factored in people's wants and wishes for example around what time they wanted to get up and what time they went to bed. Staff respected these wishes. One person liked to have photos of their family around them. A relative said, "He ripped up family pictures in the throes of his dementia and sure enough, the day after the pictures reappeared and were very carefully put back together with Sellotape (by staff). I just can't put into words what this gesture meant, if the staff are prepared to do these things for us then we know he has the best care anyone could give."
- Staff were passionate about people and delivering good care. One said, "The compassion staff have towards people here is excellent. They always treat them like a friend." Another said, "Everyone is kind and caring here towards people, that is our priority."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified and respectful way. One person, who was living with dementia, carried a 'doll friend' with them who they had names for. Staff ensured that they greeted the 'doll' by the name and if they needed to move the doll they always asked the person if this was okay first. You could see how much this meant to the person.
- Relatives were complimentary about their family member being treated with dignity and respect. One relative said, "Here it's about the resident. The staff ethos is 'you work in their home' and not the other way around." We saw care staff introducing the cleaning staff to people when they went into their rooms to clean. Another relative told us, "She is always dressed nice, always wearing a nice little outfit."
- People had the freedom to walk around the building with no restrictions in place. A person said, "Means a lot to me that even though I fall I can still walk around. It makes me feel human." One relative said, "What attracted us to it was the layout of the place. Clients are free and not restricted." A member of staff said, "This is their home, if they want to stand up and go for a wander there is risk, but we minimise the risk. People are free to do what they want."
- People were also encouraged to be independent as much as possible. For example, in one care plan it stated that staff were to encourage the person to use their right arm for washing and dressing and eating and drinking. We saw during the lunch that staff were encouraging them.
- People were not always able to remember what they had in their drawers in their bedroom which caused anxiety. To reduce the risk of this the service had clear fronted drawers on the sideboards to assist them to find things they wanted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Staff provided extraordinary care to people and their relatives leading up to the persons death. Feedback from relatives about the care their loved ones received included, "I am so pleased she was able to pass away in such caring and peaceful place and with wonderful people caring for her" and "We are comforted to know you cared for him so diligently and kindly."
- Staff had an excellent understanding of people's social and cultural diversity, values and beliefs. Information on the different cultures and faiths people had were displayed at the service. The registered manager said, "We have a display board with the dying ritual for different religions, so staff know what to do for each person." Staff were also planning to plant 'Forget me Not' flowers in memory of those that had passed.
- Staff used innovative and creative ways in relation to people's care planning and support. To protect people's dignity staff placed a painted flower pot in people's rooms which was colour coded so that staff were aware at what stage of life the person was at. When a person had passed away a member of staff made a posy of flowers to place with the person. A relative fed back, "Each one (staff member) on duty that final day (from 'upstairs and downstairs') slipped into his room to say goodbye and to give us a hug. We will never, ever, forget their compassion and kindness."
- The registered manager told us, "We have accommodation for families if needed. We have created a 'goody bag' with towels and toothpaste etc as it's probably the last thing they think of at that time." We saw that flowers, a candle and a photo of the person that had passed away was placed in the reception. The registered manager said, "Families find it very touching."
- Staff were open to having discussions with people about the care they wanted nearing the end of their lives. One told us, "End of life care doesn't start in the final days. When people move here we talk to them about it." The service was awaiting their accreditation for Gold Standards Framework (GSF) (the GSF is a way of working that has been adopted for patients with advanced disease to provide the 'best' care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were tailored to people's individual needs and wishes. People fed back about the activities and outings on offer. One told us, "I get to go out and about and to the shops. I'm not a big one for the activities here, but I like to talk to people." A relative told us, "They take her to church once a week. I feel like she has a better social life than me."
- People who used the service were encouraged and supported to engage with services and events outside of the service. One person told us they were taken by staff to a local church to take part in the singing club. The person told us, "I still go to church to sing. It's always been important to me, and I get to see and speak

to people which is nice."

- Where people had expressed a particular interest in an activity staff did what they could to accommodate this. For example, there was a 'Wishing Tree' at the service where people could ask for a particular activity that was meaningful to them. One person asked to go on a boat trip. Staff organised for this to take place and the person fed back that they, "Liked it very much." Another person said they would love to have had triplets. Staff bought them three 'baby' dolls which meant a lot to them. A third person had advanced dementia and their relative had fed back their passion years ago was riding motor bikes. The staff at the service organised for them both to visit the Harley Davidson Centre. The relative fed back, "It was a fantastic trip that (person) really enjoyed. Became instantly alert at the very first sound of the motorbike exhaust. Thank you for a lovely day."
- The registered manager took steps to ensure that people were still involved with the community. They took part in an initiative to bring children into the service to participate in activities with people. A relative fed back, "Mum loves to be with the children, read to them and sing to them. That's her wish fulfilled." A representative of one of the schools fed back, "Each week the children and residents are really beginning to make relationships, and it's lovely to see the excitement on the children's faces when they arrive. The residents, we feel, are benefiting so much from our visits too and we know they look forward to it from the interactions they have with the children."
- People that were cared for in their rooms were also supported with activities to reduce the risk of social isolation. One relative fed back, "Although mum was unable to get out of bed they made every effort to engage with her which included reading many of her letters and cards which she received virtually every day from her sister and nieces."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were detailed care records which outlined individual's care and support. For example, their preferred routines, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. One person told us, "Staff know a lot about me, but ask me about my life too." A relative said, "Her photos are so important to her as her dementia progresses. Staff always make sure she has her photos next to her so that she can talk to them."
- Care was planned to ensure that it was provided specific to people's needs. One relative told us, "It means the absolute world to us her being here. It means we can breathe a sigh of relief as we know she's well looked after. The smallest things here mean the absolute world to us."
- Professionals visiting the service told us care was focused on providing person-centred care and it achieved exceptional results. A health care professional told us, "In my dealings with Jubilee House I have found them to be quite responsive to the changing needs of residents. I also noted that they take time to get to know residents and their particular ways and needs so they can develop productive ways of working with them, so they can provide meaningful care."
- Life story books were in people's rooms to give provide staff with background information on people. One book stated that a person had written a book and that the person was a member of the Jaguar's members club. Without prompting a member of staff told us about the book and took us to the person's room so the person could show us. A member of staff said, "I speak to (person) about her life travelling. She has photos of her all around the world in her room, so we can speak for ages about them and she tells me little stories about them all."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. One relative said, "They weren't putting vest on him but then we asked and now they do put on the vest on when he is getting dressed." Another said, "The only complaint we've ever had is a couple of blankets that my wife crocheted went missing, but they were found

when we raised it. That's literally as bad as it's got."

- We reviewed the concerns and complaints records and saw that they had been investigated and responded to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had communication records in place. One person's care plan stated, "Has had stroke which affects communication. Has expressive and receptive dysphasia. Is able to express her needs at times although she can get confused at times." Staff were aware of this when communicating with the person.
- There were documents that could be provided to people in larger print and in picture format. We saw people being offered visual choices of meals during lunch.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider organisation's values and ethos were clear and effectively translated from the senior management team to all staff who worked there. During the inspection, the registered manager and clinical lead interrupted discussions with us to ensure that people were supported. On one occasion whilst speaking with the registered manager they stopped to support a person who wanted to sit in the reception area. They ensured they were comfortable and said to them, "Shall I give you some chocolate, how are you feeling. If you sit here, you can see who is coming and going." This showed that people were their priority and at the heart of what they did.
- People and relatives were extremely complimentary of the registered manager and the management team at the service. Comments included, "(The registered manager) is just amazing, such a people person. The crew are only as good as their captain and that shows here. I can go to her for anything", "The manager is grand, very nice. Her door is always open" and (The registered manager) is brilliant. She knows I like chocolate so gives me some every time I come here. We're always made to feel welcome."
- Staff also fed back positively about the leadership from the provider level to the management at the service. The clinical lead said of the provider support, "I could have not implemented changes without their support." They said of the registered manager, "She spends a lot of time on the units. I haven't seen that as much in other services." A member of staff said, "There is a strong management team." Another told us, "The manager is very approachable. Because I'm new to the role I have to ask her for support at the moment and she's always willing to help me." A health care professional told us, "Home manager is always accommodating to assist Social Care as much as possible."
- The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had a sense of pride and a feeling of being integral to the service's success. One member of staff said, "The home has excelled in many ways. The quality of the staff has improved." Another said, "The reason I don't mind travelling all the way from London to work here is

because of the culture of the service. Everyone is helpful and works as a team. Even the manager is brilliant." Another said, "One member of staff said, "I am proud of everything I do, I have made a big contribution to where we are."

- Staff were motivated by the management team and were proud of the service they provided. The registered manager told us that staff contributed to developing the values at the service. They told us, "During the staff meeting they used posted notes (regarding the values). Everyone was contributing to the process. As a result, the engagement and ownership were enhanced considerably."
- People and relatives echoed these sentiments, one fed back, "I just want to add my everlasting thanks to you and your organisation for running such an exemplary service. We can never thank them enough." There was involvement and input from people and relatives about how they wanted the home to be run. Regular meetings took place with people and relatives to provide feedback.
- Staff were congratulated by the management team and the provider for things that they had achieved in the service. Staff were nominated for GEM (Gone the extra Mile) awards. The registered manager told us, "We received 'National Care Home Award' for best nurse. We were finalist in the Surrey Care Association for Beyond the Call of Duty and 'Care team of the year' finalists. Healthwatch Surrey (an independent consumer champion for health and social care) fed back, "Congratulations on your nursing award – I am always most impressed with the care you give at Jubilee House and I am sure your award was very well deserved."
- Staff fed back to the management team how they felt supported and valued. One fed back to the registered manager, "I would like to thank the support, always with serenity and a smile on lips." Another told us, "When there was a train strike, they were completely understanding that I was going to be a little bit later and even offered to pick me up from the nearest station. It made me feel completely valued." A third said, "We have staff meetings. If I can't make it then I know the meeting minutes are always typed up, so I can read them and see what was said."
- Staff were involved in the recruitment of new staff. One member of staff said, "When we do interviews with colleagues I am included. It's nice to be part of that selection process. Some residents will sit in with us and you get a chance to see how potential staff interact with people."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were passionate about driving improvements. For example, staff at the service trialled a Namaste Care programme (Namaste care aims to enhance quality of life in the later stages of dementia). A member had recorded after giving a person a massage that, "She (person) seems to be comfortable with touch especially in the arms and hands."
- Health care professionals were complimentary about the joint working they undertook with the service. One told us the staff at the service worked on an initiative to ensure people's (particularly those living with dementia) nutrition and hydration was managed well. A health care professional told us, "Snack stations are available in all lounges and the care kitchens and snack boxes are available for residents overnight. There are hydration stations encourage residents to drink and posters supporting nutrition and hydration messages are visible throughout the care home."
- Another health care professional told us, "(The management team) are both approachable and responsive to questions. They report incidents that occur in a transparent manner and are open to outside ideas and feedback."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control, medicines and health and safety. Actions plans were recorded and followed up on.
- It was identified there had been a lack of recorded fire drills and the garden needed work to be

undertaken. The fire drills had taken place and a gardener had been contracted to carry out work to the garden.

- There was a, "What you said", "What we did" notice board. People had asked for improvements around activities and to be able to provide feedback earlier on in their initial move to the service. As a result, surveys were taking place sooner with new residents and the service recruited a new activities coordinator.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.

- Records showed relatives had been contacted where there had been an incident with their family member and relatives confirmed this. One relative told us, "If she has a fall they ring and tell me. It's important to me that they do that. I depend on them doing that."

- There was a clear staffing structure in the home. Staff knew who to report to and they could approach and get advice at any time.