

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Jubilee Lodge

Carleton Road, Skipton, BD23 2BE

Tel: 01756700720

Date of Inspection: 13 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	North Yorkshire County Council
Registered Manager	Mr Mazar Hussain
Overview of the service	Jubilee Lodge is a purpose built respite unit and is registered to provide personal care and support for up to 5 people. It does not provide nursing care. The service specialises in providing support for people who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other authorities. We used information from local Healthwatch to inform our inspection.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people's relatives and the staff supporting them and from looking at records.

There were two people staying on short time care when we visited the service. We spoke with one of the people who was staying at the respite unit about their experience. We were unable to speak to the other person as they were out for the day. We spoke with one member of staff during our visit. We also spoke with relatives and other members of staff by telephone.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We found that people were supported to make choices about their care and support, and people experienced care and support that met their needs.

Relatives we spoke with told us that they thought Jubilee Lodge was a good service. One

relative told us "I genuinely have no doubts about my relative's safety when they are at Jubilee Lodge, they are always happy to go. If I had any concerns I would not leave them there."

Systems were in place to make sure that the manager and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We saw that recruitment procedures were rigorous and thorough. No staff had been subject to disciplinary action. Policies and procedures were in place to make sure that unsafe practices could be identified and therefore people were protected.

The service had proper policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We also found relevant staff had been trained to understand when an application should be made, and how to submit one. This meant people were safeguarded as required.

Is the service effective?

Staff we spoke with were knowledgeable about the people they supported and knew people very well. People's health and care needs were assessed with them, and they were involved in developing their plans of care. People told us they were included in decisions about how their care and support was provided. From speaking with staff they were able to demonstrate a good understanding of people's care and support needs.

Staff had received training to meet the needs of people they supported. Comments included, "We have a variety of training available to us, not just the mandatory training."

Is the service caring?

We observed a relaxed and friendly atmosphere at the service throughout our visit. Good professional relationships appeared to exist between people using the service and staff. People's preferences, interests, aspirations and diverse needs were recorded and care and support was provided in accordance with people's wishes.

Relatives were also asked for their opinion and they too were welcomed and kept well informed. One relative said, "They (staff) communicate with me properly. They contact me immediately if they are concerned" another said "Overall, X is very happy going there."

When speaking with staff it was clear that they genuinely cared for the people they supported. One member of staff said "It is brilliant working here."

Is the service responsive?

There were sufficient staff available to meet people's needs; staffing was arranged flexibly in order that people could be supported in activities of their choice. Staff completed specialist training to enhance their skills and knowledge and met individual's needs.

The service carried out an annual satisfaction survey. Results were collated and analysed and action plans in response were agreed and actioned.

People we spoke with knew how to make a complaint if they were unhappy. People told us they were confident that any issues they raised would be looked into and action taken.

Is the service well-led?

Effective management systems were in place to promote and safeguard people's safety and welfare.

Relatives we spoke with told us they thought that overall the service ran well. One relative we spoke with made it very clear that if they were unhappy with anything they would not leave their relative at the service.

The quality assurance system included audits and checks carried out by staff at the service and by other people from within the organisation. Records showed that issues were identified and responded to in a timely way. As a result the quality of the service was continuously improving.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were always asked for their consent for the provider to act in accordance with their wishes.

Reasons for our judgement

People we spoke with told us about their views and shared their experiences with us. People told us staff always treated them with respect and discussed everything with them when supporting them. One person said "All the staff here are really nice. I enjoy coming here."

One relative told us that their relative had difficulty with speech. The relative went on to describe to us how their relative's consent is obtained and how staff determined what their relative would like to do. They told us "They (staff) are really good. They really understand X needs and they treat them as an individual. They show photos and pictures to gain X agreement" another relative said "They (staff) watch for X's responses as X is able to make their feelings known."

We looked at two care plans. These were called 'My provider support plan' and they provided sufficient information to explain how each person needed to be safely supported by staff. We saw that people's wishes and preferences were clearly recorded, so they could be cared for in the way they had chosen. Care plans were created with input from people who used the service or their relatives. We saw care plans had been updated when a person's needs had changed. We saw that people's consent to care had been obtained wherever possible or had been obtained from their relatives. This showed us that people were involved in all aspects of their support and care.

Information in the care plans showed the service had assessed people in relation to their capacity to make their own choices and decisions about their care needs. People and their families were involved in discussions about their care needs and the risk factors associated with this. Individual choices and decisions were documented in the care plans. This showed that care and treatment was being planned in accordance with people's individual needs and abilities.

For one person we saw a documented best interest meeting which had determined the

need for Jubilee Lodge to ensure that the person's safety was protected. This decision had included representation from other professionals in order to ensure an independent view; this further protected the individual's human rights.

Senior staff we spoke with had an awareness of the Mental Capacity Act and deprivation of liberty safeguards. They understood their obligations in respect of people's rights and choices when they began to lack the capacity to make informed and appropriate decisions. They informed us that 'best interests' meetings were held with the appropriate people. Staff had all the necessary training relating to the Mental Capacity Act.

During our inspection we spent time in communal areas and observed staff speaking with people about their care. We observed staff interacting with people at a pace which was comfortable for them, and gave them time to consider and make choices. On a number of occasions we saw staff explaining to people what was about to happen and checking that people were in agreement with this. This demonstrated a commitment to consulting with people about the care and support they received.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We met with one person during our visit to the service and we also spoke with relatives. People we spoke with told us that they were happy and satisfied with the overall care and support provided. One person who received a service told us "I get on well with all the people that stay here." They went on to tell us about the activities they intended to go out to that evening and how they were looking forward to it.

Relatives we spoke with talked positively about the service. One told us "They (staff) communicate with me properly. Staff contact me immediately if they are concerned. They write detailed information in X's diary and handover to me about how X spent their time with them" another relative said "Jubilee Lodge have all the necessary equipment. There is always enough staff and they liaise with the physiotherapists and occupational therapists for advice."

We reviewed care files for two people and saw they were written from the perspective of people using the service. They detailed the support needed in relation to their personal, health and social care. Areas of risk and challenges were also identified and there was information on the actions that were needed to address these risks. We saw that both care plans had been written in the first person such as 'My health action plan' and 'I like to choose my room when I get here.' We saw that the care plans had been reviewed regularly.

The manager told us that no one was currently subject to Deprivation of Liberty Safeguards. However, we found that they understood when an application should be made and how to submit one. This meant that people were safeguarded as required.

We had the opportunity to speak with one member of staff on the day we visited. We also spoke with staff by telephone. Staff we spoke with confirmed that they received all the necessary information prior to people coming to stay at the respite unit. One staff said "We always get good information before people come in for respite care. I really enjoy working

at Jubilee Lodge" another member of staff said "It is brilliant working here."

Emergency plans in place included a personal emergency evacuation plan. In this way people's specific needs were provided for.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs.

The manager told us that no one was assessed as being nutritionally at risk. People however were assisted to plan and eat a balanced diet and to maintain their diet and weight.

We did not have the opportunity to observe a mealtime. However we looked at records that the service kept regarding the provision of meals to people during their stay at the service. People we spoke with told us that the food at Jubilee Lodge was good and they were able to chose the food they wanted to eat during their stay. One person said "The food here is pretty good"

Some of the records we looked at contained symbols and pictures to help people who had literacy difficulties to be included more fully in the planning of their meals.

No one staying at the service currently required their intake of food or fluids to be monitored to ensure that they were getting sufficient food and drinks. There were no people who stayed at the service that required special diets such as a 'peg feed' (this is where people require to be fed through a tube).

Records we looked at showed that cleaning schedules were in place for the kitchen and all the necessary checks were being completed. This ensured that the risks of infection were minimised for people staying at the service.

We looked at two staff records which showed staff at the service had received the necessary training to ensure that they were able to meet people's care needs and promote their health and wellbeing.

Staff we spoke with confirmed they had received the necessary training including specialist training when required.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Relatives we spoke with told us that overall that they were 'very happy with the service and the staff were caring and helpful.' One relative told us "My relative is always really please to go there." Another relative told us "X always wants to go to Jubilee Lodge and is always please to go."

We looked at the recruitment records of two newly appointed staff. The organisation had completed checks on their future employees prior to offering employment. Staff we spoke with confirmed this. These checks included at least two references and up to date police checks. This helped to ensure people who used the service were cared for by suitable staff.

We spoke with the manager who confirmed that training was on going for the staff team. The manager told us that various training was available such as infection control, safeguarding adults, medication and moving and handling. Records we looked at confirmed this.

Staff told us about training and development opportunities, in addition to mandatory training, additional training was given a high priority, particularly where it would benefit positively for people using the service. For example, staff had completed a course about autism awareness. Staff we spoke with made comments such as "I like working for the organisation because they like keeping you up with a variety of training. Not just the mandatory training." Another said "Induction training was very in depth." Staff we spoke with confirmed that they felt well supported by their managers. One staff told us "We have a really good team working here." Another said "I really enjoy working at Jubilee Lodge. The team is so professional, it is really great."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The respite unit had systems in place to monitor and audit the quality of the service provided.

There were a range of corporate quality assurance systems to help determine the quality of service being offered and these were monitored by senior managers when they visited the service. An action plan was produced after each of these visits for the manager to address, following any issues that may have arisen. Records we saw confirmed this.

People who used the service and their representatives were asked for their views about their care and treatment. We saw that the last survey from the service had been carried out in April 2013. We saw several letters and cards of commendation from people who had received a service or from their relatives. We saw comments had been made such as 'Thank you for making X's stay with you such a happy and positive experience' and 'Thank you to you all for your care and support for X.'

Staff meetings were held three weekly, we saw that the last one had been held on 4 June 2014. All staff we spoke with confirmed this. Staff also told us that the staff did a handover to staff coming on duty and this was done twice daily.

Audit checks were carried out on the environment and services provided; the frequency of which varied according to area. For example fire detection equipment testing was completed weekly and hot water temperatures checked monthly. Prompts to complete these checks were included on the daily/weekly checklist and signed off as completed. During our visit we checked a sample of the quality monitoring systems in place. The manager showed us the weekly checklist that covered maintenance issues and health and safety issues. We saw that these audits were up to date. This helped to monitor and manage risks to people who used, worked in or visited the service.

Records showed that accidents and incidents were recorded with any necessary action that would need to be taken.

The provider had procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as safeguarding, police, deprivation of liberty, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

We saw that a complaints procedure was in place which outlined the action that people could take should they have a concern or complaint. The home had received one complaint since the previous inspection; the records indicated the service's complaints procedure had been followed and the complainant was satisfied with the outcome. People we spoke with knew how to make a complaint if they were unhappy. One relative told us "If I had a complaint I would have no hesitation in going to the manager, who would sort any problem out."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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