

Jubilee Care Homes Nottm Limited

# Jubilee House

## Inspection report

18 Hound Road  
West Bridgford  
Nottingham  
Nottinghamshire  
NG2 6AH

Tel: 01159817938

Date of inspection visit:  
16 October 2017

Date of publication:  
23 November 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 October 2017. The inspection was unannounced. Jubilee House provides accommodation, care and support for up to six people with a learning disability. On the day of our inspection six people were living at the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to stay safe by staff who understood their responsibilities to protect people from the risk of abuse. People were supported to manage risks to their safety without unnecessary restrictions being placed on their independence and freedom. Medicines were managed safely and people were supported to take medicines they had been prescribed.

People were supported by a sufficient amount of staff who had received training and supervision to fulfil their roles effectively. People were supported to make decisions and had their choices respected by staff. People who lacked the capacity to make certain specific decisions had their rights respected. People were supported to eat and drink enough and to maintain good health.

People were supported by kind and caring staff who were knowledgeable about their needs and preferences. People had the opportunity to be involved in planning and reviewing their care and could be assured their privacy and dignity were respected by staff.

People had access to advocacy services if required and could be assured their independence would be promoted by staff. People had opportunities to pursue their interests and partake in activities of their choosing. People were provided with information about how to make a complaint and felt that concerns they raised were responded to.

People had a say in how the service was run and staff felt supported to make suggestions and received feedback on their performance. The provider maintained oversight of the service by ensuring that quality monitoring systems were in place and effective.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported to stay safe by staff who understood their responsibilities to protect people from the risk of abuse.

People were supported to manage risks to their safety without unnecessary restrictions being placed on their independence and freedom.

People were supported by a sufficient amount of staff.

Medicines were managed safely and people were supported to take the medicines they had been prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported staff who had received training and supervision.

People were supported to make decisions and had their choices respected by staff. People who lacked the capacity to make certain specific decisions had their rights respected.

People were supported to eat and drink enough and to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who were knowledgeable about their needs and preferences.

People had the opportunity to be involved in planning and reviewing their care.

People had access to advocacy services and could be assured their privacy and dignity was respected by staff.

### **Is the service responsive?**

The service was responsive.

People had opportunities to pursue their interests and partake in activities of their choosing.

People were encouraged to maintain their independence.

People were provided with information about how to make a complaint and felt that concerns they raised were responded to.

**Good** ●

### **Is the service well-led?**

The service was well led.

People had a say in how the service was run and staff felt supported to make suggestions and received feedback on their performance.

The service had a registered manager in place who was visible and approachable.

The provider maintained oversight of the service by ensuring that quality monitoring systems were in place and effective.

**Good** ●

# Jubilee House

## 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 16 October 2017. The inspection was unannounced and was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events, such as allegations of abuse or serious injuries, which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with four people who lived at the service. We spoke with two members of care staff, the registered manager, the deputy manager and the operations manager. We looked at the care records of two people who lived at the service and the medicines records of four people. We also looked at the recruitment records of three members of staff, as well as some records relating to the running of the service including staff training records and audits carried out by the management team.

## Is the service safe?

### Our findings

All of the people we spoke with felt safe at Jubilee House. They told us the actions of other people living in the house impacted on them on occasions but that staff were always available and responded to ensure they were safe. One person told us, "I feel safe when staff are around. People have arguments but staff are always here."

We saw that information about safeguarding adults was available in the service in a format which people could understand. The operations manager told us that regular 'speaking up' meetings were held at Jubilee House which gave people the opportunity to talk about abuse and what action they would take if concerned about their safety.

People were supported by staff who were knowledgeable about different types of abuse and told us they would report any allegations or incidents of abuse to the management team. Staff were confident the management team would take appropriate action in relation to concerns about people's safety and knew when a referral to outside agencies was required. One staff member commented, "I would report (any allegation of abuse) to [Deputy Manager] then higher if needed. I would report to the MASH team if needed." MASH is the acronym for the multi-agency safeguarding hub which is responsible for investigating abuse in Nottinghamshire. Records showed that appropriate information had been shared with the MASH team when required.

People were supported to manage risks to their safety without unnecessary restrictions being placed on their independence and freedom. People's support plans contained individual risk assessments in relation to different areas of risk such as the risk of scalding, finances and risks associated with accessing the community. These assessments had been regularly reviewed to ensure they were effective in keeping people safe. The staff we spoke with were aware of the individual risks that people may face and how to manage and reduce the risk to people. We observed that staff followed the information provided in risk assessments during the day of our visit, such as recording what people were wearing and what time they intended to return when they went out, just in case they did not return at the intended time.

People who sometimes communicated through their behaviour were supported by staff who knew how to respond in a positive way. People's support plans contained detailed information about how people communicated through their behaviour, what the potential triggers were for this and how staff should respond. The staff we spoke with told us they had received training in how to respond to people's behaviour and were confident to follow the guidance provided in people's support plans.

Records showed that regular safety checks were carried out at the home, for example, gas safety, emergency lighting and fire alarms. Staff told us they had received training such as fire training and first aid training and would use this knowledge in the event of an emergency. People also had individual fire evacuation plans which detailed the support they would need to evacuate the building in the case of a fire.

People told us they were supported by sufficient amounts of staff. One person said, "[Staff are] always here."

Another person told us they went out with staff support and there was always a member of staff available to support them to go out.

The operations manager told us that staffing levels were adjusted depending on the needs of people who lived at the service. Staff confirmed this to be the case and told us that there were plenty of staff to support people when they needed it. During our visit we observed there was a sufficient amount of staff to support people to go out if they required support to do so. We saw that staff had time to sit and talk to people and respond to any requests for support.

People could be assured the provider had carried out checks on staff prior to them commencing work. This included a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults and are used to assist employers in making safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained and were kept in staff files.

People told us they were supported to take their medicines when they needed them. Staff told us they had received training in the administration of medicines and had their competency to administer medicines assessed every year. Records we viewed confirmed this to be the case. The staff we spoke with described how they ensured the safe administration of medicines and described the action they would take in the event they made a medicines error.

Information was available to staff to aid the safe administration of medicines. This included a record of the person's doctor, a photo of the person and a record of any allergies. We found that staff had recorded when they had administered medicines and were following safe protocols to ensure medicines were given as prescribed. Medicines were stored safely and securely and regular checks were carried out by the management team to ensure the safety of medicines.

## Is the service effective?

### Our findings

People told us they felt supported by staff who knew them well and understood their needs. One person told us, "They (staff) know me well. They help me solve problems." Whilst another person said, "Staff know me well" and gave examples of how staff supported them to manage their diet and mood.

The staff we spoke with told us they received an induction when they commenced working at the service and ongoing training to enable them to perform and develop their roles. One staff member told us, "It's really good training. You can request training." They told us they were being supported to take on more responsibility at the service. Staff also confirmed they received regular supervision during which they could speak openly, received feedback on their performance and discuss any further training needs. Records we viewed confirmed that staff had received an induction when they commenced work and regular supervision.

The registered manager confirmed that all staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. In addition, records showed that staff had completed other areas of training which the provider had identified as mandatory such as first aid and fire training.

People told us they were supported to make decisions about how they spent their day. One person told us, "I am able to do what I want." Another person told us that staff supported them to make their own choices and gave examples of choosing what they wanted to eat and when they went to bed. They told us, "Staff help me choose."

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.

Staff were knowledgeable about the principles of the MCA. One member of staff described that people were supported to make their own decisions if they were able. They told us that if a person lacked capacity they would act in the person's best interests. We saw that people's support plans contained clearly documented capacity assessments and best interest decisions in relation to specific decisions such as the management of finances or the management of medicines. This meant that people's rights under the MCA were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

The operations manager told us they were aware of the need to apply for a DOL for five of the people who lived at the service. Records showed that these applications had been made as required. The management team were aware of their responsibility to ensure that support was provided to people in the least restrictive way possible and ensured that people were not deprived of their liberty unlawfully.

People were supported to eat and drink enough and encouraged to eat a healthy diet. One person said, "Staff help me choose healthier options." People told us about the food they liked and confirmed they got to eat this on a regular basis. We observed that people made choices about what they ate and drank throughout the day and were able to prepare food themselves.

People's support plans contained information about the support they required to eat and drink, including about how people should be supported to eat a healthy and balanced diet. Records showed that any risks in relation to people's eating and drinking had been assessed and support plans contained guidance for staff about how risks should be minimised. For example, one person who lived at the service had been diagnosed with a health condition which could be impacted upon by what the person ate. All of the staff we spoke with were aware of the person's health condition. The deputy manager told us they were supporting the person to understand more about their condition and had identified an information session the person could attend. This meant that staff were supporting to people to eat and drink to maintain good health.

People told us they were supported with their health and to attend healthcare appointments when these were required. One person told us, "I see the doctor often. The staff will get the doctor if needed. They (staff) will come to appointments with me."

People's support plans contained details of any health conditions the person had and how they should be supported with these. Staff showed an awareness of people's health conditions and described the support they provided people to manage these, such as encouraging them to eat a healthy diet. One person told us about an upcoming medical appointment they had and told us about the information staff had provided them with about this. A staff member we spoke with described the support they had given the person during a recent appointment and how they would support the person in the way that they wanted through subsequent appointments. Records showed that people had attended a variety of healthcare appointments when required, such as the dentist and optician.

# Is the service caring?

## Our findings

People told us they were supported by kind and caring staff. One person described staff as, "Very pleasant and fun." They told us they felt listened to by staff. Another person told us that they could talk to staff if they were upset or worried and that staff would provide reassurance. All of the people we spoke with told us that staff had time to sit and talk to them.

We observed that staff interacted with people in an encouraging and supportive way. For example, one staff member reassured a person who used the service about the purpose of our visit and checked they were happy to speak with us alone or whether they wanted support. This meant that the person was less anxious about speaking with us. Another staff member told a person living at the service how proud they were of the person's achievements. We witnessed the positive effect this statement had on the person, who smiled broadly.

Staff told us they got to know people who lived at the service by spending time with them and reading the information contained within support plans. The records we viewed contained information which was important and specific to the person. For example, people had been involved in compiling an 'essential lifestyle plan' This contained information about how the person wished to be supported. For example, one person had requested that staff do not go into their room. The person told us that staff respected their request.

People were involved in decisions about the support they received. All of the people we spoke with told us they were able to make their own decisions about how they spent their day. We asked people if they ever looked at their support plans or were asked about the support they needed and wanted. People told us they had the option to look at their support plans if they wanted to. Staff also confirmed that people were involved in making decisions and planning their own care. One staff member commented, "We go through (care plans) with them (people who live at the service) when there are evaluations."

During our visit we observed that people made their own decisions about when they got up and how they spent their day. People chose to spend time in their bedrooms, in communal areas of the service or in the community as they wished. Two of the people who lived at the service showed us their bedrooms and confirmed they had chosen how they wished these to be decorated. The rooms we saw were personalised to reflect the person's preferences. People were also supported to choose their preferred meal for the week ahead. A member of staff confirmed that each of the people living at the service chose a main meal they would like to eat each week.

Information was on display and available to people in formats that would help them understand. For example, information was on display in a communal area about abuse and dignity. An activity planner showing pictures of different activities was also on display and we observed that staff followed the activities recorded on the planner. We observed that staff communicated with people in a way they would understand throughout our visit, giving them information about upcoming appointments and healthy eating options at the time people needed this information.

People were also supported to access advocacy services if required. Advocates are trained professionals who support, enable and empower people to speak up. The operations manager told us that nobody was using an advocate at the time of our visit but that a person who lived at the service had previously used an advocate. The management team were aware of the circumstances that an advocate might be required. Although not all of the staff and people living at the service were aware of the role of an advocate, we saw that this had been discussed at meetings for people living at the service.

People's dignity and privacy was actively promoted at the service. All of the people we spoke with told us that staff talked to them respectfully and respected their privacy. People gave us various examples of this, such as being able to lock their room if they wanted, being able to speak with family and friends in private and staff always asking their permission before entering their bedrooms.

The staff we spoke with were very knowledgeable about the need to respect people's privacy and dignity. One staff member told us, "All (people who live at the service) have a sign saying 'knock before entering' which they can use. We always go and talk in the office (if information about people is of a personal or sensitive nature). We will explain to people if we need to share that information."

## Is the service responsive?

### Our findings

People told us the support they received met their needs. One person told confirmed they received the support they needed at the right time and that staff knew how they liked to be supported. Another person told us about the activities they liked to do and confirmed they got to do these often. They told us, "It's my choice what I do, it's always been like that."

The provider told us in their provider information return (PIR) that, 'Life history work is undertaken and a folder has been created with input from the individual which includes photographs, likes, dislikes, who is important to them and activities that they have done.' We found that people's support plans contained information about things which were important to people and how they liked to be supported. For example, people's support plans contained information about what the person liked to eat, what activities they enjoyed and their preferences of how staff should support them.

People were supported by staff who knew people well and responded to their individual needs. The staff we spoke with were knowledgeable about the people they supported and described to us people's individual needs and preferences. The staff member told us that they got to know people by spending time with them and reading their support plans. They told us that support plans were updated when any changes occurred and that staff read and signed these. The support plans we looked at during our visit detailed people's needs and we saw that one person's support plan had been updated following a recent diagnosis of a medical condition.

People were supported to maintain and develop their independence as much as possible. One person told us they wished to live more independently in the future. They told us about the daily tasks they did for themselves and confirmed that staff helped them to develop their skills. They told us about the activities they enjoyed and that staff supported their independence but also checked they were safe and asked them what time they will be returning to the service. People's support plans also contained detailed information about what people could do for themselves and what tasks they needed staff support with. During our visit we observed that some people who lived at the service accessed the community independently but that if support was required, this was available.

People were supported to maintain their interests and take part in social activities. All of the people we spoke with told us they were supported to engage in activities they enjoyed. These included voluntary work, playing pool, attending football games, shopping, watching television and attending concerts. The staff we spoke with also felt that people were supported to maintain their interests and lead active social lives. One staff member told us, "100% people are supported to maintain their interests. People's activities always take place." Another member of staff told us that although an activity planner was used in the service, staff were flexible and people could choose alternative activities if they wished. The staff member told us how people were supported to maintain their interests such as obtaining a football season ticket so that a person could regularly attend matches. The provider also had a number of other services and activities were arranged across the services on a regular basis such as a disco every month and a choir group every week.

People were supported to maintain relationships which were important to them. People's support plans contained information about relationships which were important to people and how people could be supported to maintain these. During our visit we observed that staff provided guidance and support to people on how to manage their relationships and any distress which may arise from sometimes complex situations.

People told us they felt comfortable to raise any concerns or complaints they had about the service. One person said, "I would speak to staff if I wanted to make a complaint" whilst another person stated, "I would speak to [Deputy Manager] if I wanted to make a complaint or the manager. They would do something."

Information about how people could make a complaint was on display and contained within support plans in a format that people using the service could understand. The staff we spoke with were aware of the procedure to follow in the event a person wanted to make a complaint. They told us that people did not often wish to make a formal complaint because concerns raised with them were dealt with by the management team. The operations manager confirmed that no formal complaints had been made at the service within the last year. They told us that people will raise any concerns they have during speaking up meetings or in private and these were responded to quickly.

## Is the service well-led?

### Our findings

People spoke positively of the support they received at Jubilee House. They told us they had a say in how the service was run and that staff asked them if they were happy with the support they received. One person told us, "We have meetings. We talk about what we are doing tomorrow, about your bedroom and privacy." The people we spoke with were aware of who the registered manager and deputy manager were. One person told us, "There is always someone you can talk to."

People were supported by a staff team who felt supported and listened to by the management team. One staff member told us that the staff team had regular meetings and that, "Everyone talks about anything. Everyone feels supported. We can make suggestions." The staff member told us that a suggestion had been made by the staff team and acted on by the provider. They confirmed that dinner trays had been purchased so that people could sit and eat their meals in different areas of the service if they chose. Staff told us they received feedback on their performance from the management team. A member of staff confirmed, "We get feedback during supervision. We will get praise and be supported if improvements are needed."

The provider told us in their PIR that, 'Weekly speaking up meetings are held where each individual can have their say and input into what they would like to do, such as meals out, holidays etc. Bi monthly service user meetings are held and anything raised is acted upon.' We saw records of these meetings which showed that people's views about the support they received were discussed, people could request activities they wished to be supported with and group discussions around topics such as safeguarding were facilitated. In addition, people's views regarding the service were sought via an annual satisfaction survey. We reviewed the results of the latest survey which showed a high level of satisfaction.

The service had a registered manager in post at the time of our visit. The registered manager also had responsibility for managing other services operated by the provider and told us how they divided their time between the services. All of the people and staff we spoke with told us that the registered manager maintained a visible presence. The registered manager was also supported by a deputy manager and the operations manager. The management team worked together to ensure that management support was available to staff at all times. Throughout our visit we observed that people who lived at the service had a good relationship with the registered manager, deputy manager and operations manager.

The registered manager told us they felt supported by the provider and had the resources and information they needed to fulfil their responsibilities. They told us that a member of the management team would review any incidents or accidents which had occurred at the service and would take the appropriate action to respond to these and ensure people's safety, for example by ensuring that a referral had been made to the safeguarding team if required. We checked our records which showed the registered manager had notified us of certain events which had occurred in the service. A notification is information about important events which the provider is required to send us by law.

The service sought to promote people's rights and offer people person centred support which recognised their differences and promoted equality. All of the staff we spoke with described how they supported this

vision by offering people choices and support to make decisions, pursue their interests and achieve their goals.

People could be assured that the quality of the service was monitored by the provider. The deputy manager carried out weekly audits of different areas of service provision such as the environment, medicines, fire safety and infection control. The registered manager checked audits to ensure these were effective in identifying and responding to any areas of improvement. The operations manager also carried out regular audits to ensure the registered manager was responding to any issues in relation to service provision.

The provider had signed up to the Social Care commitment. The Social Care commitment is a promise made by people who work in social care to give the best care and support they can. The staff we spoke with told us they felt the staff worked well as a team to deliver the best support they could to people and were positive about the feedback they received from the management team to do so.