

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

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	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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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 9 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Some people were not able to tell us about their experiences. Therefore we used a number of different methods to help us to understand the experiences of people, including looking at records and observing care being delivered. However, people who were able to tell us they were happy with the care they received.

We looked at the care records and found that assessments and care plans were in place. We saw that they were regularly reviewed to make sure that people's needs were met.

We looked at the care people received and found that they were well cared for and consistently supported with their needs. We observed that people were well supported to make their own choices and participated in varied and interesting activities.

We also looked at staffing levels at the service and saw that staffing was based on the individual needs of people staying at the service. However when we looked at the night staffing arrangements we had some concerns that the staffing levels may not always safely meet people's needs. The provider told us that they would review the staffing levels with immediate effect to make sure people were safe at all times.

We confirmed that there was consistent leadership and effective systems in place to regularly monitor the care, treatment and support people received.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed staff offered people choice and involved them in making decisions throughout the afternoon and evening. We saw that staff prompted and encouraged people to participate in household tasks and individuals were clearly comfortable and at ease with staff. Staff showed a good understanding and knowledge about each person they cared for.

We looked at four care records and saw where people had complex communication needs these were identified in their assessment. The assessments identified each individual's preferred type of communication. This was important to make sure staff were able to communicate with them in the way they understood and include them in all decisions affecting their lives.

The care records also showed us people were involved in their assessments and were asked what care and support they needed. We looked at the care plans to see how people were involved and included the decision making. For those people who lacked capacity to make decisions about their care, we saw that systems were in place to protect them and ensure their best interests were met.

We talked to the staff who told us they had a good understanding of people's individual wishes and their likes and dislikes. They told us they always supported people in the way they prefer and used different types of communication to ensure consent.

We saw the different ways staff supported people's communication included the use of photographs, pictorial images and Makaton. We also saw that staff responded to people's body language and used that to determine their understanding and how comfortable people were with the choices they made.

Training records showed that staff who worked with people who used the service received Mental Capacity Act and Deprivation of Liberty safeguards training. Staff said they had received training that helped them understand how to provide good care which included

key areas such as choice, respect, dignity and human rights.

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

Some people were not able to tell us about their experiences. Therefore we used different methods to help us to understand the experiences of people, including looking at records and observing care being delivered. However some people were able to tell us about their experiences. They said that they enjoyed staying at the Jubilee Lodge. They made positive comments such as, "I get on well with all the staff here they spend time with me. I like to go into Skipton and go to the shops, get lunch out." And "I like to meet different people here and make friends" And also "This is like a second home to me, I really enjoy coming here."

We also spoke with a relative who told us, "It is always good here and (person's name) enjoys coming here. The new building has made a big difference there is a lot more space." They also told us that they felt well informed and that staff were approachable and always made time for them.

We saw that staff supported people, prompting and enabling them whilst supporting them to maintain their independence. We also observed staff interacted with people appropriately. Staff were calm and reassuring when people were anxious or agitated. It was clear they knew how to manage different behaviours and how to make people feel at ease and reassured.

We talked to staff and found that they have a good understanding of people's communication needs and were able to help people make day-to-day decisions in their lives.

Staff confirmed they had received regular training updates to understand how to meet people's specialist needs, such as learning disabilities and dementia.

We saw that the care plans clearly explained how people wanted to be supported with their independence. We also saw that the plans were person centred which mean that all decision making involved the individual and included their choices and wishes. We saw the care needs were reviewed and discussed with individuals and reviews regularly undertaken. This is important to make sure people's changing needs were consistently met.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We toured the home in the afternoon and observed people were comfortable and relaxed with staff. We saw positive interactions between staff and individuals staying at the respite service. People had a good rapport with staff and we saw that individuals moved freely around the environment.

When we talked with the registered manager and staff they confirmed they had received training in how to protect vulnerable people. Staff said they would report any concerns or allegations of abuse to the team leaders and manager and were confident any issues would be dealt with appropriately.

We then looked at the training records of two members of staff and saw that they had completed safeguarding training as part of their induction programme and ongoing development training. We also saw safeguarding and whistle blowing policies were easily accessible to staff. This was important to make sure staff were aware of their role in keeping people safe from harm.

The Local Authority and Care Quality Commission had not received any safeguarding referrals about this service. The manager told us they were clear about their responsibilities in sharing any information and making safeguarding referrals. This is important in making sure people are protected from the risk of abuse.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Staff we spoke with told us that training was in place for them to develop their skills which helped them to support people. One member of staff said "Training is always being updated." We saw individual training records were in place for all the staff working at the home. This recorded the training staff had received and the dates that training needed to be updated. This helped to ensure that the staff skills were kept up to date.

We looked at staffing rotas and spoke to the registered manager and found that the staffing levels in the home were at times reduced. We found that on occasions there was one member of staff on duty throughout the day and that at night one member of staff would 'sleep in'. This meant that there weren't any staff 'awake' working through the night. The registered manager told us that the staffing levels had been based on the individual needs and risks of people using the service. The provider therefore had assessed that these staffing levels would be able to meet people's needs and keep them safe for example in the event of a fire in the home.

We saw at other times the staffing rota increased and that two members of staff were on duty throughout the day and that staffing levels were flexible and changed to meet people's day to day needs. We also saw that staff were given extra time on the rota to complete other administrative tasks. We were also assured by the provider that the night time staffing levels were not because of financial constraints on the service.

We looked at the fire records to see which staff and which people using the service had undertaken a fire drill. We confirmed that staff had completed fire training whilst working for the provider. However since moving to this new respite unit 'Jubilee Lodge' the majority of staff had not participated in a fire drill. The registered manager also confirmed that they had not undertaken a drill with any of the people who used the service. The manager explained that there was a robust fire detection system in place which is subject to a strict maintenance regime. The manager also said that a fire drill may not be appropriate for some individuals who use the service.

The provider felt that the staffing levels had been assessed as safe for people staying at the service. They confirmed that risk assessments had been carried out to ensure appropriate cover was in place for every individual who accessed the service. However

due to our concerns they agreed to provide a waking member of staff through the night and liaise with the fire department for further advice.

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

We confirmed that people's care and support needs were continually reviewed and that risk assessments were in place.

We also confirmed that incidents and accidents were reviewed and appropriate changes were implemented.

We found that the provider took account of complaints and comments to improve the service. The registered manager told us that information about how to make a complaint was available.

During our visit we saw that surveys had been completed by people who used the service and their relatives. The registered manager explained that they dealt with comments and concerns as they were raised. This helped to make sure that people remained happy with the service that they received.

We saw evidence that staff had regular supervision and support from the manager. We also saw that team meetings were regularly being held. The staff we spoke with said they liked to give their input about how the service could be further developed. They also said the manager was approachable and listened to their views. This helped the staff to feel valued.

We also saw that the quality of the service was regularly monitored by the area manager on behalf of the provider. The area manager visited regularly and met with the registered manager. We saw that a report was produced which clearly audited areas of the service and detailed any action needed to be taken to improve the delivery of the service.

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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