

# Runwood Homes Limited

## Jubilee Court

### Inspection report

Nabbs Lane  
Hucknall  
Nottingham  
Nottinghamshire  
NG15 6HB

Tel: 01159834630

Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Jubilee Court is a residential care home providing regulated activities personal and nursing care to up to 75 people. The service provides support to adults of all ages some of whom were living with dementia. At the time of our inspection there were 63 people using the service.

Jubilee Court provides care and support to people across two floors in one large purpose-built building. The home is divided into four separate units. One residential unit and one nursing unit are on the ground floor and two nursing units are on the first floor. Each unit has separate adapted facilities and there is a shared enclosed garden.

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

The provider ensured enough suitably trained staff were always deployed to safely meet people's needs. Systems and processes in place protected people from the risk of abuse and neglect. People told us they felt safe living at the service. Risks were assessed, monitored and risk reduction measures were in place to keep people safe from harm. Medicines were managed safely. Infection outbreaks were effectively prevented and managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care and support tailored to their needs and preferences. People were fully supported to choose and engage in activities to ensure they lived fulfilled lives. Complaints and concerns were documented and investigated. End of life wishes had been sensitively discussed with people and their relatives.

Present, visible and embedded leadership was in place. Quality assurance systems and processes had been fully embedded, and improvements made since our last inspection. People were involved in developing the service. The registered manager worked in partnership with others to ensure people received high quality care. The provider and registered manager understood their responsibility to be open and honest with people and acted when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2022) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by information received by the local authority who identified the service as making significant improvements. As a result, we undertook an unannounced focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Jubilee Court

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Jubilee Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jubilee Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 staff members including the registered manager, deputy manager, clinical lead, registered nurses, support workers, kitchen staff, activity coordinator and the operations manager. We spoke with 6 people who used the service and 4 people's relatives. We received feedback from 1 professional who worked with the service. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident management, improvement plans, and maintenance records were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there was enough staff in order to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- The provider ensured enough suitably trained staff were always deployed to safely meet people's needs.
- The registered manager consistently completed the providers dependency tool considering people's physical and mental health. Staffing schedules reflected assessed staffing levels were maintained to ensure people's needs were met safely.
- People, their relatives and staff told us staffing levels had improved significantly since our last inspection. For example, staff told us, "Staffing has really improved since last year and now the management team listen to us, if we tell them we are struggling they review people and put more staff on."
- People and their relatives told us they were supported by kind and compassionate staff who knew them well. For example, a person told us, "The staff are lovely, I press my buzzer and straightway someone is here." The registered manager completed daily checks of call bells to ensure they were answered in a timely manner. Records demonstrated call bells were always answered quickly and people did not wait to have their needs met.
- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and neglect.
- People and their relatives told us they felt safe living at the service. For example, a person told us, "I feel quite safe here, there is always someone about, I would talk to any of the carers if I had any concerns."
- Staff we spoke with had no concerns around safety and told us any safeguarding concerns were acted upon immediately by the registered manager. The registered manager comprehensively investigated all safeguarding incidents and shared outcomes with staff. All safeguarding concerns were reported to the safeguarding authority without delay.
- Staff received training in safeguarding and had knowledge in how to protect people from the risk of abuse

and neglect.

#### Assessing risk, safety monitoring and management

- Risks were assessed, monitored and risk reduction measures were in place to keep people safe from harm.
- Risks associated with people's individual nursing needs had been fully assessed and were managed well. For example, a person who lived with a catheter had a detailed support plan in place instructing staff how to care for the person safely using best practice guidance.
- Risks associated with falls, pressure area care and nutrition were managed well. The registered manager completed a monthly review to highlight all people at risk of falls, pressure damage and malnutrition. Action was taken following analysis of reviews and care adapted as people's needs changed.
- Personal emergency evacuation plans (PEEPS) were in place for all people. PEEPS were updated monthly or when people moved in and out of the service. This meant staff had accurate information to safely evacuate people in an emergency.
- Safety checks were in place to ensure people were kept safe from risks associated from their environment. Regular checks of water temperatures and food safety were undertaken to ensure people were kept safe from harm.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- Medicines were managed safely.
- Medicine records detailed how people liked to take their medicines and all essential safety information such as allergies were clearly documented.
- People received their prescribed medicines on time by trained staff who had their competency assessed. Medicine audits were carried out monthly to highlight any shortfalls in medicines management.
- Medicines were stored, checked and disposed of in line with current best practice guidance.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider facilitated visiting in line with current guidance. There were no restrictions in place and people received visits from friends and relatives as and when they wanted.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager and provider's senior leadership team were proactive in implementing any learning from incidents.
- Learning was shared with the entire staff team through written briefings, daily flash meetings and monthly staff meetings.
- Staff told us they appreciated the open and honest way lessons were shared from the registered manager. For example, staff told us, "It's the first place I've ever worked where I've reported something and the manager has told me if changes have been made. If they can't change things, they tell us why, I like that."
- All incidents were recorded and investigated appropriately to reduce the risk of reoccurrence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support tailored to their needs and preferences.
- Care plans were detailed and directed staff in how to support people safely according to their needs. For example, a care plan we reviewed where a person experienced periods of anxiety or distress had clear instructions in how best to support the person.
- People and their relatives told us staff knew their likes and dislikes. A relative told us, "I had a meeting to discuss everything about my [relative]. They're just splendid, they know what my [relative] likes and what they don't."
- People were supported by staff who had a good understanding of each person's individual needs. For example, we observed staff support a person with kindness and compassion when encouraging them to eat. Staff knew what language and approach to use after the person initially refused their lunch, we observed the person to eat their full meal following this support from staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within care plans. For example, a care plan we reviewed where a person found it difficult to express their needs had instructions detailing how staff should communicate with the person.
- Information such as safeguarding information and complaints were available for people in alternative formats such as easy read. This ensured information was accessible to all people who lived at the service.
- Pictures and photos were used for people who found it difficult to express themselves. For example, we observed pictures displaying the activities which were on offer. Menus were displayed in both written and pictorial formats to ensure people understood what food was on offer.

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

- People were fully supported to choose and engage in activities to ensure they lived fulfilled lives.
- Activities on offer were developed with people living at the service. A dedicated activities co-ordinator worked with people to highlight their social needs and developed activities in line with these. We observed people undertaking a group sensory activity, people were fully engaged, laughing, and truly enjoying their

day. All people, their relatives and staff highly praised the activity co-ordinator and their commitment to ensure all people were happy with activities on offer.

- People were fully supported to maintain relationships with those important to them. Relatives were invited to events arranged by the home. For example, events such as 'Mother's Day afternoon tea' and 'Coffee Morning with Tots'. These events encouraged and supported people to maintain important relationships.
- Staff worked with people and their relatives to highlight any religious needs. For example, staff arranged for a gospel church service at the home every month.

Improving care quality in response to complaints or concerns

- Complaints and concerns were documented and investigated.
- The registered manager comprehensively investigated all complaints. We reviewed a complaint where an outcome was sent to the complainant detailing what action had been taken. We reviewed the response and subsequent communication from the complainant who was exceptionally happy with the outcome.
- People and their relatives told us they felt confident if they needed to raise a concern or a complaint they would know how to.

End of life care and support

- End of life wishes had been sensitively discussed with people and their relatives. Preferences and needs were documented within care plans to ensure people received high-quality end of life care.
- Staff had thorough knowledge in how to support people to remain pain free and comfortable. Specialist medicines were in place where needed. A relative told us, "My [relative] is nearing the end of their life and staff really support me too, the staff are wonderful, they do everything they can to make sure my [relative] is comfortable and pain free."
- All staff received training in end-of-life care and policies were in place to support staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to have robust systems and processes in place to ensure the safety and monitoring of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and they were no longer in breach of regulation 17.

- Present, visible and embedded leadership was in place. This included a registered manager, a deputy manager and a clinical lead. The registered manager was highly praised by staff, people and their relatives for their leadership skills and the positive changes they had made.
- Quality assurance systems and processes had been fully embedded, and improvements made since our last inspection. For example, a wide range of audits were in place and highlighted areas for improvements. Action was taken where needed and issues resolved in a timely manner.
- The registered manager and deputy manager monitored care records daily to ensure people were receiving their assessed level of support. For example, daily monitoring of fluid charts had decreased the risk of people becoming dehydrated. Any concerns were fed back in the daily flash meeting.
- The registered manager had devised an ongoing home improvement plan to drive service improvement. Monthly meetings with staff were continually completed to ensure the safety and quality of care was maintained. Agency staff were monitored and supported by senior staff to ensure they had the knowledge and skills to maintain the high level of care provided.
- Lessons were learnt, and action taken to prevent incidents reoccurring. For example, briefings were sent out to all staff following any incidents detailing any action or changes. Staff were required to sign and confirm they read and understood the contents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in shaping the service. Meetings were held monthly, and feedback acted upon. People told us the communication had improved significantly since our last inspection.
- People, their relatives and staff told us there was an open and honest culture at the home. For example, a

relative told us, "The manager is brilliant as are all the staff, they are open and honest, and I know my [relative] is well cared for."

- Systems and processes in place ensured all care plans were accurate and reflective of people's needs. Care plans were updated monthly which meant staff had accurate guidance to ensure they supported people safely.
- Staff told us they felt supported by the registered manager and felt the home had improved significantly since the registered manager had been in post. For example, staff told us, "It's really different since [name] has been manager, they really listen to us, they are very approachable and open to change."
- Staff received training in equality and diversity. Policies in place detailed all protected characteristics had been embedded into the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility to be open and honest with people and acted when things went wrong.
- Records we reviewed evidenced incidents were communicated to people and their relatives.

Working in partnership with others

- The registered manager worked in partnership with others to ensure people received high quality care. For example, the service had worked closely with the local authority to drive and embed improvements at the home.
- Feedback from a professional we spoke with was very positive, they spoke highly of the registered manager's determination to drive quality improvement.
- Staff referred to health and social care professionals and implemented their advice into care plans in order to improve outcomes for people.