

The Orders Of St. John Care Trust

Jubilee Lodge

Inspection report

Meadow Way
Bourton-on-the-Water
Cheltenham
Gloucestershire
GL54 2GN

Tel: 01451823100

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Jubilee Lodge is a residential nursing home providing accommodation, personal and nursing care to up to 74 people across four separate wings. The service provides support to people with nursing needs and people who live with dementia. At the time of our inspection there were 55 people using the service.

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

We saw improvements had been made since our last inspection as quality assurance systems to monitor the safety of the home through audits and staff management had been strengthened. Records had now been maintained to show how staff related concerns had been safely and effectively managed. However, we identified some concerns in relation to medicines specific care plans. We have therefore made a recommendation about the governance and oversight of the management of medicines.

People were protected from the risk of abuse, and the provider had systems and processes in place to safeguard people. People and relatives told us they felt safe and were positive about the staff who supported them.

The service worked in partnership with health and social care professionals to ensure people had the best outcomes.

The provider was working towards greater consistency for people and had increased permanent care staff to reduce the reliance upon agency staff. The provider was now looking to achieve the same consistency amongst the nursing team. The improvements already made in staffing had positively impacted upon personalised care for people.

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 and relatives spoke positively of the care that was provided. One person said, "I have no criticism at all. I have no dependents and I am very grateful to be here...It is the answer to my prayers. This is my home."

Quality assurance processes included a variety of audits. Despite the concerns we raised in relation to medicines, it was evident that the manager had a clear oversight of the service and how to sustain and develop ongoing improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 April 2022).

At our last inspection we recommended that the provider review their systems to respond, investigate and monitor concerns relating to staff conduct. At this inspection we found the provider had acted on the recommendation and made improvements in this area.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to safe care and treatment relating to medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Jubilee Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. 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 Lodge 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 Lodge 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 the registered manager had recently left the service and so there was not a registered manager in post. Another manager had been appointed and planned to submit an application to register. This manager supported the inspection.

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. 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 12 members of staff including the manager, area operations manager, quality improvement lead, agency nurse, head of dementia care, activities co-ordinator, chef, 3 care staff and 2 care leaders. We spoke with 11 people, 1 professional and 9 relatives to gather their experiences of the care provided.

We reviewed 3 people's care records, a sample of records relating to management of the service including health and safety checks, accident and incident records and policies and procedures.

We checked policies and records for managing medicines and reviewed 10 people's medicines administration records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from a further 3 professionals to gather their experiences of the care provided.

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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. Care plans were not always in place and did not always provide sufficient detail relating to time-specific medicines and high-risk medicines. For example, records for a person who was prescribed an anticoagulant [a blood thinning medicine] did not have guidance for staff on how to monitor and manage its side effects.
- For one person who experienced seizures, there was no specific care plan about how to monitor or manage if they had a seizure. Not having care plans in place meant people were at risk of not receiving the correct care and treatment and that national guidance issued by National Institute for Health and Care Excellence (NICE) was not being followed. During the inspection the provider took responsive action to ensure people's records were updated.

Systems had not been operated effectively to assess the risks to the health and safety of people in relation to medicine. Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed medicines for pain and constipation to be given on a when-required basis. Protocols were now in place to give these medicines consistently as prescribed.
- There was a medicines management policy in place and systems to report and investigate medicine errors.
- A local GP carried out regular medicine reviews to ensure that medicines were appropriately prescribed and in accordance with people's needs.
- Medicines including controlled drugs (CDs) were stored securely. The staff checked and recorded the temperatures of medicines storage rooms and refrigerators. The temperatures were within the required range.
- There was adequate stock of prescribed medicines. The staff annotated the opening date on liquid medicines and eye drops.
- We observed staff give medicines to people. The staff were polite, gained consent, and signed for each medicine after giving it on the medicine administration record (MAR).
- Medicines related allergies were now recorded on MAR.

Staffing and recruitment

- During our inspection we identified 1 staff file where a risk assessment had not been undertaken when the provider had been unable to gather reference checks from previous social care employers to gather assurances about the staff members conduct. The provider responded immediately during and after the

inspection and told us that recruitment practices were being reviewed in line with the provider's recruitment policy.

- Disclosure and Barring Service (DBS) checks had been completed prior to new staff starting work at the service. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were documented interview notes, alongside a record of training and support to ensure staff were appropriate for the role they had been recruited for.
- The provider had recently recruited and inducted a large number of permanent care staff. This meant the provider had less reliance on agency staff and a greater consistency for people at the home. One person said, "I think that there are enough staff and it's nice to see the same faces." The manager was now working towards achieving the same consistency with nursing staff.
- People were supported by a staff team who were familiar with their support requirements. The provider told us staffing levels were determined by the needs of people and their requirement for support. The staffing levels were under constant scrutiny using the provider's staffing tool to ensure staffing remained appropriate.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had attended safeguarding training and understood their responsibilities around reporting concerns. One staff member said, "The safeguarding culture here is good."
- People and staff were confident the staff would take action to keep people safe if they raised any concerns. One person said, "I feel very safe here. I have thought about it because I don't have any relatives. If I had any problems, I know I would be able to ask for help."
- Staff were knowledgeable about people's needs and knew how to keep them safe. One relative said, "[My relative] is not at all unsafe. The staff are very attentive and very aware." Another relative told us, "On one occasion there was [a safeguarding concern]. They let me know and it was all sorted out by the manager."

Assessing risk, safety monitoring and management

- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.
- The staff understood their responsibilities around nutritional care and followed clear systems to ensure that risks to people were monitored and managed. The chef told us, "I always look at weight alongside our nutritional lead. We do action plans where we review everything around GP input and medication." They had used the Malnutrition Universal Screening Tool 'MUST' to identify adults, who were malnourished, at risk of malnutrition or obese. We saw that care plans had been developed in response to people's 'MUST' scores and subsequent improvements had been made to support people's nutritional needs.

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.

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. The provider was part of a pilot scheme with the local authority to raise standards in relation to preventing and controlling infection. We spoke to a healthcare professional from the pilot scheme who told us, "They are engaging well with us and take on board all our advice."
- 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.
- The provider was following current government guidance in relation to visiting. Relatives were able to visit their family members safely and at times of their choosing.

Learning lessons when things go wrong

- Staff were aware of the incident reporting process. We saw that incidents were reported and reviewed by the manager. This included ensuring appropriate action was taken to maintain the safety of the person involved as well as updating any risk assessments or care plans and generating any learning to prevent reoccurrence.
- The registered manager was open to feedback from people, relatives, staff and professionals. We saw evidence of a strong learning culture to maximise the quality of care that people received.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent in relation to medicines. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care in this area.

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

At our last inspection we recommended that the provider review their systems to respond, investigate and monitor concerns relating to staff conduct. At this inspection we found the provider had acted on the recommendation and made improvements in this area.

- The provider now had a system for recording and investigating information of concern. At the last inspection we found concerns relating to staff conduct that could potentially pose a risk to people's safety. Records now contained a clear audit trail of how staff conduct had been investigated and what management decisions had been made to address concerns and mitigate risks to people.
- The provider had systems and processes in place to monitor the safety and quality of the service. However, the systems that were in place to monitor medicines were not always effective in identifying where action was needed. During the inspection the provider took immediate action to rectify this and shared a recently implemented medication working group tool to ensure medication was administered in line with GP prescribing guidelines. Further time was needed to embed the new tool and demonstrate the improvements to their medicines management systems.

We recommend the provider reviews their monitoring processes and governance to ensure the National Institute for Health and Care Excellence (NICE) guidance on managing medicines in care homes is fully embedded into practice.

- The home had been through a period of change since our last inspection and the registered manager had recently left the service. The provider recognised the need for consistency and had appointed a peripatetic manager into the manager's role as they had ongoing involvement with people and staff at the service. The peripatetic manager planned to submit an application to register with the Care Quality Commission whilst the provider looked to recruit a long-term registered manager.
- People, relatives and staff spoke positively about the manager and deputy manager. One person said, "The place is very well managed. It runs like clockwork here, and they do everything excellently. I know if I had a problem, I could talk to [management]." A relative told us, "It is well managed and there is good communication."

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

- The atmosphere in the home was warm and welcoming. People and relatives were happy to talk to us and were consistently positive in their feedback about the home. One person said, "I would describe the atmosphere as quiet and content, everything goes on without you noticing."
- People told us that staff had taken time to get to know them and what was important to them. A relative said, "From the minute I walked through the door the manager popped questions to me about [my relatives] history and likes. On the first night he was here they rang me to let me know how he was doing, marvellous."
- Staff were able to describe the importance of promoting person-centred care. The chef told us, "It's their home and this is their kitchen. We empower [people]...I don't come to work. I'm invited every single day into people's home." A relative said, "Care is person centred and [my relative] receives exactly what she needs."

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

- People told us their views and experiences were gathered and acted upon to improve the service. One person said, "Staff ask me if I am happy with things, and I tell them all about it." Another person said, "I have been along to the residents' meetings where we talk about things."
- Activities co-ordinators were in post and supporting people to engage in activities that were meaningful to them. A visiting professional told us, "There is a varied activity programme and where possible activities coordinators ensure [people] join in with activities in the wider community."
- People and their relatives spoke positively about the spiritual and religious support available to them at the home. A curate visited from the local C of E church on a weekly basis and there was a monthly communion service once a month. The activities co-ordinator told us that a priest was available to support people of a catholic faith and other faiths would be supported in accordance with peoples religious and spiritual beliefs.

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 understood their legal responsibilities to report to the CQC.
- The provider was aware of their responsibilities under the duty of candour, to be open and honest about any accident or incident that had caused or placed a person at risk of harm.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people had the best outcomes. One healthcare professional said, "On the whole I feel Jubilee Lodge provide an excellent service to [people]. They have some very longstanding and committed carers who work very hard to ensure their residents receive the best possible care. ...Jubilee Lodge care team communicate concerns well and know how to access our [support]"
- The manager recognised the improvements from recruiting and inducting a consistent and permanent care team. They were now working to recruit more permanent nurses to reduce reliance on agency nurses and achieve the same consistency amongst the nursing team. The provider had block booked agency nurses as an interim measure whilst they completed the recruitment drive.
- Quality assurance processes included a variety of audits. Despite the concerns we raised in relation to medicines it was evident that the manager had a clear oversight of the service and how to sustain and develop ongoing improvement.
- Records relating to the management of the service were available to demonstrate an audit trail for the actions taken and decision making processes. The service improvement plan was a working document used effectively to identify and track areas of development.

- The provider worked closely with local authority staff in response to safeguarding alerts to ensure effective support and learning for people, staff and themselves.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been operated effectively to assess the risks to the health and safety of people in relation to medicine. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (1)(2)(a)(b)(g)