

Jubilee Villa Limited

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Inspection report

48 Mill Street
Barwell
Leicestershire
LE9 8DW
Tel: 01455 843510
Website:

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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 

Overall summary

This inspection took place on 17 March 2015 and was unannounced.

Jubilee Villa Limited provides accommodation, care and support for up to five people with a learning disability. It is situated in Barwell near Hinckley in Leicestershire. On the day of our inspection one person was at the home and four were out participating in day lone activities in the community.

The service had a registered manager. 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. 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.

Summary of findings

At the time of our inspection the registered manager had been absent from the service since the end of January 2015 and was expected to return on 23 March 2015. Interim management arrangements were in place during the registered manager's absence.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. They advised people using the service about how to keep safe in the home and when they were out enjoying activities. The provider had enough suitably skilled staff to be able to meet the needs of people using the service. The provider had effective arrangements for the safe management of medicines. People received their medicines at the right times.

People using the service were supported by staff who had received relevant and appropriate training and support from the management team. Staff understood the needs of people they supported. Senior staff understood the relevance to their work of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Care workers had an awareness of the legislation.

Staff supported people with their nutritional needs by providing information about balanced diets and healthy

eating. People were supported to access health services, including specialist health services, when they needed to. Staff acted on instructions and advice from health professionals to ensure the healthcare needs of people using the service were met.

Staff were considerate and caring. People were able to enjoy a variety of meaningful activities that reflected their hobbies and interests. People were supported by staff who understood their needs. People were involved as far as they were able to be in the assessments of their needs and in reviews of their plan of care. People's representative's and family relatives were more involved. Staff respected people's privacy and dignity.

People's plans of care were centred on their specific needs. Those plans included detailed information for staff about how they should support people.

The provider had aims and objectives that were understood by staff and people using the service. They had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

Summary of findings

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.

Staff understood safeguarding procedures and how to protect people from abuse and avoidable harm. They encouraged people to be as independent as possible. The provider deployed enough suitably skilled staff to ensure that people's needs were met. People received their medicines at the right times.

Good



Is the service effective?

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service. The Mental Capacity Act and Deprivation of Liberty Safeguards were adhered to. People were supported to maintain their health, nutrition and access health services when they needed to.

Good



Is the service caring?

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people. People were encouraged to express their views and be involved in the planning and delivery of their care.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their individual needs. Staff supported people to lead active lives based around their hobbies and interests. The provider sought people's views and acted upon their views.

Good



Is the service well-led?

The service was well led.

People's views and experience were used to improve the service and staff were involved in developing the service. The provider had effective procedures for monitoring and assessing the quality of the service.

Good



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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.

The inspection took place on 17 March 2015. The inspection was unannounced.

The inspection team consisted of one inspector.

We were unable to speak with people using the service. We relied on observations of people; their facial expressions, gestures and interaction with staff. We spoke with the interim managers, a senior care worker and a care worker. We looked at the care records of two people who used the service, information about training that staff had attended, two staff recruitment files and documentation from the provider's quality monitoring processes. We spoke with health professionals who visited the service and a representative of a person who used the service.

Is the service safe?

Our findings

At the time of the inspection four of the five people using the service were out participating in day long activities so we were unable to talk with them. We met the person who had not gone out. They communicated their views to us using gestures to tell us that they felt safe. The person liked to walk around the home and staff ensured that the environment was free of hazards which made it safe for the person.

An important contributing factor to ensuring the safety of people was that staff received training that helped them understand people's needs and behaviours. Staff were guided by information in people's care plans about their personalities, including information about factors that altered people's behaviour. This made it possible for staff to anticipate behaviour that challenged other people and to take appropriate action to keep people safe. We saw from how staff interacted with a person that they had a good understanding of the person's individual needs. The person using the service behaved in a way that demonstrated they had confidence in the staff supporting them.

Staff we spoke with had an understanding and awareness of abuse. They were able to describe what signs they looked for to identify abuse. For example, they were alert to changes in a person's mood and behaviour and if they identified any bruising or injury they reported it using the provider's safeguarding procedures. Staff we spoke with told us they were confident that any concerns they raised would be taken seriously and acted upon. Staff knew how they could report concerns through the provider's whistleblowing procedures or to external agencies including the local authority and Care Quality Commission. Staff had received relevant and appropriate training about safeguarding people and protecting them from harm. The provider regularly assessed staff understanding of safeguarding to ensure their knowledge and practice was up to date.

Staff had received training about how to respond safely on occasions that people displayed behaviour that challenged. The training emphasised that no form of physical restraint could be used on those occasions. Staff we spoke with understood that and incident record we looked at

showed that only non-physical intervention techniques had been used.

People's care plans included assessments of risks associated with their care routines, lifestyle, activities and use of equipment such as wheelchairs and shower chairs. Those risk assessments included guidance for staff about how to support people when equipment was used. Some risk assessments included general guidance, for example, 'staff to be careful when assisting [person using service] to use shower chair'. Those risk assessments were in the process of being improved by the addition of more detailed instructions about how the person could be safely supported. Staff we spoke with referred to people's risk assessments and care plans to keep their knowledge about them up to date.

Staff kept daily records of how they had supported people. Records we looked at provided assurance that staff had taken note of risk assessments and supported people safely. Staff also used the provider's procedures for reporting incidents involving people who used the service. Those reports were investigated by the manager and actions were taken to reduce the risk of similar incidents occurring again. The number of incidents had reduced because investigations of reported incidents had identified a broader range of triggers that influenced people's behaviour. Staff were made aware of these and they were able to identify more early signs of behaviour that challenged and make earlier interventions to reduce a person's anxieties.

The provider had ensured that people were supported by staff that had the skills, experience, interests and knowledge that matched people's needs. Each person using the service had a key worker that was their main supporter. People using the service were able to choose which staff supported them with personal care.

The provider ensured that enough suitably skilled and experienced staff were available to support people. Enough staff were on duty to ensure that people could enjoy activities outside the home which required staff support. For example, this included taking people to football matches, going shopping, and going for walks or to places of worship. Enough staff were available to support people with one to one activities that were scheduled or which people decided they wanted to enjoy.

Is the service safe?

We looked at staff recruitment files to see whether the provider operated effective recruitment procedures so that people using the service and their relatives could be confident that staff employed were suitable to work in the service. We saw that the recruitment process consisted of an interview and pre-employment checks to assess a person's suitability to work at Jubilee Villa. All required pre-employment checks were carried out before staff began work. These included two written references, confirmation of qualifications and a check with the Disclosures and Barring Service (DBS). This is a check to assess the suitability of the applicant to work with vulnerable people in receipt of care and treatment. The provider had arrangements in place to periodically check the suitability of staff with the Disclosures and Barring Service.

Only staff who were trained in medicines management gave people their medicines. Staff knew why people were prescribed their medicines. Records we looked at confirmed that people received the right medicines at the

right times. The provider had effective arrangements for ensuring that people had their medicines when they went home or on holiday. Medicines included 'as required' medicines (called PRN medications) which are prescribed to be given when a person needs them, for example for pain relief or to reduce anxiety. When staff gave people PRN medicine the reasons for doing so were recorded. Records we looked at showed that PRN medicines were given as prescribed and in line with advice from health professionals.

The provider had effective arrangements for the safe storage of medicines. Each person's medicines were securely stored in medication cabinets in their rooms. This reduced the risk of people being given someone else's medicines. The provider had safe arrangements for the disposal of medicines that were no longer required. These medicines were securely stored and accounted for. Any medicines no longer required were periodically returned to the pharmacist that had supplied them.

Is the service effective?

Our findings

We were unable to ask people using the service whether they thought staff who supported them had the appropriate skills and knowledge to be able to meet their needs. However, we saw recent feedback from relatives and health professionals who were involved in supporting people who used the service, which was positive. A relative had reported that staff understood the needs of people using the service. Health professionals reported that staff were knowledgeable and that they provided excellent care. A professional described Jubilee Villa as 'a service that offered comfort, understanding and excellent care'. A health professional we spoke with told us that they were confident that staff provided good care. An advocate and representative of a person who used the service told us that staff were very skilled in their support of a person.

Staff we spoke with felt that they had received good training. We saw staff had training about medical conditions people lived with and training on how to communicate with people using a sign language. The latter was particularly important because the people using the service had limited vocabulary and communicated mainly by gesture and signs. We saw staff communicated effectively with a person when they explained it was mealtime. The person understood because they made their own way to the dining table. After lunch the person expressed they wanted to go for a walk in a local park and they were supported to do that because staff understood what the person wanted to do. Training records we looked at showed that staff had received training that was relevant to helping them understand the needs of people they supported.

People using the service had lots of sensory and tactile objects they could use. We saw that a person found comfort in those. At the time of our inspection the home's garden was being redeveloped into a large sensory area for people to use from spring-time.

Staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. A person should only be deprived of their liberty when it is in their best

interests and there is no other way to look after them, and it should be done in a safe and correct way. Senior staff we spoke with had an understanding of MCA and DoLS. They were aware of the latest Supreme Court ruling that defined how DoLS applied to care homes and had worked with the local authority DoLS team to ensure the ruling had been applied to a person using the service. Staff we spoke with understood that no form of restraint could be used unless it was authorised after being judged to be in a person's best interests. A person using the service was under a DoLS authorisation. They were being supported and advised by an independent advocate who told us that the provider was complying with the conditions of the authorisation.

We saw staff read care plans and staff told us they understood people's needs because they were familiar with these and were able to look at people's care plans regularly. They updated their knowledge about people's needs through conversations with them and reading people's care plans. People's care plans were updated to include the latest information about people's needs.

People's care plans included details of their dietary and nutritional needs and their food preferences. Staff advised people using the service about healthy eating and provided choices of well balanced and nutritional meals. We saw staff prepare a meal from fresh ingredients including vegetables and fruit. Staff respected people's choices about food preferences even where their choices were not healthy choices. However, we saw from records that people using the service were supported to increase the proportion of healthier food. That support was in line with recommendations made by dietitians involved in people's care and support.

Staff supported people to access health services they needed. This included support to attend appointments with dentists, opticians and other health services. The service had arranged for some of those appointments to take place at Jubilee Villa. Records we looked at showed that staff were alert to changes in people's health and when necessary they arranged for the relevant health services to be involved in people's care. These included specialists such as physiotherapists, psychiatrists, nurses and community mental health services. Staff acted on advice and recommendations from those specialists. We saw, for example, that recommendations from a physiotherapist had been incorporated into a person's care plan and the

Is the service effective?

person had a routine of physical activities to improve their fitness and mobility. A health professional we spoke with told us that the provider worked closely with them to ensure a person's complex needs were met.

People's care plans included information for staff about how to support people with dental hygiene and personal care. Staff monitored people's health by regularly measuring people's blood pressure and weight in line with recommendations made by healthcare professionals.

Is the service caring?

Our findings

We were unable to discuss with people using the service whether they thought staff were caring because they were not able to communicate with us verbally. However, a person did respond by using gestures that conveyed that they felt staff were kind. We saw from the comments relatives had made in a recent satisfaction survey that they felt staff were kind and caring. A relative commented that staff always put people's needs above anything else. An advocate and representative of a person using the service told us that staff were very caring.

Staff engaged with a person in a friendly and caring manner and the person responded with expressions of contentment. Staff were attentive to the person's needs and provided companionship and stimulating activity. Staff communicated in a way the person understood, for example when staff communicated it was lunch time the person responded by going to the dining room. Staff were alert to signs that a person appeared anxious by offering reassurance. Staff explained to a person why we were there and the person appeared comfortable about our presence.

Staff knew about people's life history and hobbies and interests. People were supported to do things that mattered to them, for example going to places of worship and being provided with magazines and music they liked. In addition, we saw from records that people were

supported to do things that mattered to them, for example going to places of worship and being provided with magazines and music they liked. This showed that staff demonstrated to people that they mattered to them.

People using the service were unable to be involved directly in decisions about their care. However, the provider had arranged independent advocacy services to support and represent a person's views. The provider involved people's relatives in decisions about their care and support. Information about the service was available in formats suitable for people using the service. Symbols and pictures were used to convey information about the service which was displayed in the communal dining area.

The provider promoted people's dignity, respect and privacy through staff training. Staff meetings were used to reinforce and promote what dignity in care meant in practice. During our inspection the interim manager added an item about dignity in care to the agenda of a staff meeting planned for the following day. The interim manager carried out observations of how staff supported people in order to satisfy themselves that staff supported people with dignity and respect. We saw that staff supported people in a kind, friendly and caring manner. They respected people's privacy and dignity. They did not disturb people's privacy or interrupt people when they chose to spend time alone. The provider also ensured that people had their meals in private. It was necessary they did this to ensure that people had positive mealtime experiences.

Is the service responsive?

Our findings

Speaking with the person who used the service, staff and looking at records it was evident that people received care and support that was centred on them. Although people using the service were unable to actively participate in the planning of their care and support, the provider involved people's representatives, advocates and social workers in meetings that considered people's care and best interests. This meant that care plans were developed that identified people's needs and how their needs should be met. An advocate and representative of a person who used the service told us that staff were very good at providing care that met people's specific individual needs. They told us staff were very skilled at communicating with people and were able to make themselves understood and also understood what people communicated to them.

Care plans we looked at were individualised and took account of people's life history, preferences and likes and dislikes. The care plans included information about how people wanted to be cared for and supported. Staff had signed the care plans to say they had read and understood them. Our observations of how staff supported a person were that they were supported in line with their care plan. Care plans were regularly reviewed with direct involvement of people who represented people using the service. Care and support had been modified in line with people's changing needs.

People were supported to participate in activities at Jubilee Villa and in the local community. Indoor activities reflected people's interests, for example music, DVDs and television programmes. People had games they played. Some activities involved people in doing things for themselves and others, for example helping with cooking. The provider had arranged for people to attend a local day centre where people met others and participated in a wide

range of activities. Two people attended a local college that specialised in supporting people with similar needs. Staff supported people to visit places of worship and also supported people to practice their faith at Jubilee Villa.

When people required support of specialist health services the provider ensured the support was provided. Some activities were more closely connected to people's physical health needs and were aimed to help people improve their mobility. A health professional we spoke with told us that staff at the service were good at meeting people's individual needs and that a person with complex needs had been supported to improve their mobility. A health professional we spoke with told us that staff were very good at keeping them involved and informed.

The provider encouraged people's relatives to be involved in activities and encouraged people to maintain contact with family and friends which protected people from social isolation. Relatives could visit Jubilee Villa without undue restrictions.

Relatives and representative's views were sought in a variety of ways. These included those people's involvement in reviews of care plans and regular dialogue. Relative's had made suggestions about outings and holidays. A relative's suggestion about redeveloping the garden to include a sensory area was acted upon by the provider and we saw that extensive work was in progress.

The complaints procedure was in formats designed with the intention of making it easier for people using the service to understand how they could make a complaint. Staff used pictures, signs and symbols to help people understand how they could complain or raise a concern. Staff we spoke with told us that people expressed they had a concern through sounds and body language that staff understood and were able to interpret. Representatives and relatives of people using the service were made aware of the provider's complaints procedure. The interim manager told us that no complaints had been received since our last inspection.

Is the service well-led?

Our findings

We did not ask people about what they thought about the leadership and running of the service because we were sensitive to their limited communication skills.

People using the service were involved in decisions about the running of the service through their interactions with staff. For example, people made choices about how they spent their time and staff respected and responded to their choices. The provider involved people's representatives, families, social workers and health professionals in decisions about developing the service. The provider had responded to people's suggestions. For example, a relative's suggestion about providing a sensory area in home's garden had been acted upon.

The provider had a 'quality statement' that was displayed on a staff notice board. This set out the provider's values, commitments and expectations. Staff we spoke with had seen and were familiar with the content of the statement. Much of the statement referred to a commitment to monitor the quality of service. The provider had effective procedures for doing that. Those procedures took account of people having limited ability to provide feedback about all aspects of the service. Those checks involved seeking the views of health professionals involved in people's care. The provider's quality assurance procedures incorporated

the five questions we ask when we carry out inspections. The provider carried out regular scrutiny of the care and support people received. For example, they carried out checks on a person's health and emotional well-being, whether the care and support they had received had improved their quality of life.

The provider had procedures for reporting all accidents and incidents which occurred at the service or when people using the service were away participating in activities. Reports were investigated and analysed. We saw that people's risk assessments were reviewed and updated when necessary. Staff were informed of the outcome of investigations. Key lessons learnt concerned the early identification of signs that people were anxious and required reassurance. This showed that outcomes from investigations had been used to improve the service.

Managers and staff had a shared understanding of the aims of the service, what it achieved and the challenges it faced. Staff were kept informed of the reasons for developments and improvements such as the work to provide a sensory area in the garden.

The provider had ensured that a five week absence of the registered manager was covered by an interim manager and themselves. During that time standards were maintained and people continued to be supported to have their needs met.