

Jubilee Villa Care Home Ltd

# Jubilee Villa Care Home Ltd

## Inspection report

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Date of inspection visit:  
12 April 2021

Date of publication:  
28 April 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Jubilee Villa Care Home Ltd is a residential care home providing personal care to 17 people at the time of the inspection. The service can support up to 17 people over the age of 18 years who may have mental health needs or dementia.

The home has bedrooms over the ground and first floor. There is no passenger lift at the home. People have access to communal areas and the garden.

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

People were not always safe as the infection prevention and control procedures were not effectively implemented.

The provider did not have effective systems in place to identify environmental issues which could put people at the risk of harm.

The provider did not have effective systems in place to identify and drive good and safe care provision.

People received their medicines as prescribed. Staff understood how to protect people from the risk of abuse and knew what to do if they suspected something was wrong.

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 staff found the management team to be approachable and their opinions were valued and respected.

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

The last rating for this service was Good (published 5 February 2020).

At this inspection we found improvements were needed to keep people safe and to effectively monitor the quality of service provided.

### Why we inspected

The inspection was prompted in part due to concerns received about the environment and the providers infection prevention and control procedures. A decision was made for us to inspect and examine those risks.

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

You can see what action we have asked the provider to take at the end of this full report.

Following our inspection site visit the provider took action to mitigate the risks to people.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to keeping people safe and the providers monitoring of the provision of care at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Jubilee Villa Care Home Ltd

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Jubilee Villa Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. The registered manager is also the provider and owner of the home. This means that they, as the provider and registered manager, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 5 minutes notice of the inspection. This was because we had to gather information on the home's current covid 19 status and the providers procedures for visiting professionals.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided and we spent time in the communal area observing the support people received. We spoke with three staff members including two carers the deputy manager and the provider. We had sight of two peoples care and support plans, medication records of documents relating to checks completed by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

### Assessing risk, safety monitoring and management

- People were not always safe from the risks of avoidable harm as the providers risk management processes were ineffective. For example, the provider failed to ensure adequate measures were in place to ensure window restrictors were fitted on the first floor. This put people at the risk of injury as a result of a fall from height.
- The provider failed to ensure adequate fire safety and prevention measures were in place. For example, they failed to ensure cold smoke seals were fitted on some of the fire doors or that all escape routes were accessible and free from obstructions.
- The provider failed to ensure all substances hazardous to health were stored correctly. We saw people had open access to industrial cleaning products which were not stored safely.
- The provider failed to ensure all hot water pipes leading to radiators were adequately covered. This put people at the risk of harm of burns.

Following this inspection site visit we contacted the appropriate fire and rescue services and shared our concerns with them. They attended and gave advice to the provider on how to keep people safe whilst they worked to make the necessary changes for people's continued safety.

### Preventing and controlling infection

- The provider failed to follow safe procedures for preventing the spread of infectious and communicable illnesses. For example, we saw doors, stair rails, communal tables and chairs where the varnish was worn exposing bare wood which hindered adequate cleaning. In the communal bathroom the bath enamel was worn exposing metal and there was extensive rust on the hoist preventing adequate cleaning.
- We saw parts of the home where there was evidence of ingrained dirt and staining and unknown substances on communal pieces of equipment. We pointed these out to the provider who stated, "This shouldn't be like this."
- When we entered Jubilee Villa Care Home Ltd we identified what appeared to be a used glove on the floor in the entrance. After pointing this out to the deputy manager the glove was still on the floor when we left the building. We identified this to the provider who said, "I have stepped over it several times myself so I could have disposed of it." This indicated no one within the management team was taking responsibility for identifying or correcting potential issues with infection prevention and control.
- In one communal bathroom access to the hand washing sink was prevented by boxes and an unused folding chair. This hindered people's attempts to wash their hands after using the toilet facilities.
- We asked to see the providers Legionnaires' risk assessment and any subsequent action plan. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of

contaminated water containing Legionella. The provider had not made provision for such an assessment despite the presence of "dead leg pipes" where the potential contaminated water could be contained.

- Although the provider had systems in place for addressing unsafe staff practices the provider indicated they did not effectively follow them. For example, when we identified the unsafe storage of potentially hazardous substances the provider stated this was common practice for some of the staff. However, they failed to take any corrective action to retrain or correct the unsafe practice.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effective. This placed people at risk of harm. These issues constitute a breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed all the actions arising from our concerns had been completed including the commission of a legionella risk assessment and remedial fire safety work.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely support them. All those we spoke with told us they were supported when they wanted. We saw people were promptly supported when they needed assistance.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

#### Using medicines safely

- People's medicines continued to be managed safely. People told us they received their medicines when they needed them. We saw one staff member discussed with someone their pain and whether they wished for any additional medicine.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

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

- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- We saw information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority in order to keep people safe.

#### Learning lessons when things go wrong

- The registered manager looked at incidents which affected the safety of people. They looked for any deterioration in a person's health. This helped to identify if anything else could be done differently to minimise potential future risk of harm to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had processes in place to effectively assess people's needs and wishes before they moved into Jubilee Villa Care Home Ltd. This ensured the provider could meet their needs.
- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who had the skills and knowledge to support them effectively. One staff member told us they had been supported by the provider to complete several qualifications including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported in their roles. They told us they received regular support and meetings with a senior staff member. This gave them opportunities to discuss and review their practice and any areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to ensure they ate and drank enough to maintain good health. The provider had systems in place to respond to any changes in people's health needs.
- People told us they were happy with the food provided and had alternatives available if they disliked a menu item or preferred something different.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various healthcare services and professionals such as GP, district nurse and mental health teams, speech and language therapy and foot care. Regular health checks were completed on people where they had a medical condition which required this.
- People's care records contained information on how to meet people's healthcare needs, this included oral hygiene.

Adapting service, design, decoration to meet people's needs

- The cosmetic appearance of the home was poor and in need of refurbishment. The provider stated they were seeking to buy the premises so hadn't invested the money in making and changes to the decoration.
- There was signage which helped people living with dementia orientate themselves around the home, for

example signs to indicate where people could access toilets and bathrooms.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had ensured applications to lawfully deprive people were completed and authorised. They worked with the local authorities to ensure these were in people's best interests and capacity assessments were completed as needed.
- Staff understood their responsibilities to ensure they acted in people's best interests. People's care plans contained information about people's decision-making abilities and how staff could support them to make decisions.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had ineffective systems to monitor the quality of the service they provided. For example, their recent infection prevention and control audit failed to identify any issues, indicating no actions or improvements were needed. It failed to identify, amongst other things, the rusted bath hoist or exposed wood on doors and tables.
- The provider failed to identify the need for window restrictors on the first floor, potential breaches with fire regulations or the need for a legionella risk assessment.
- The provider failed to act when unsafe staff behaviour was identified. For example, when substances hazardous to health were routinely left unsecured, they failed to address this with the staff concerned.

Continuous learning and improving care

- The provider failed to evidence they had kept themselves up to date with requirements in health and safety, infection prevention and control or fire safety. However, they were knowledgeable about changes in health and social care and received updates from professional organisations including the CQC.

We found no evidence that people had been harmed however, managerial oversight and environmental assessments were either not in place or robust enough to demonstrate their quality monitoring was effective. These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did have other checks in place such as medication audits and care and support plan checks.
- The manager is also the provider and owner of Jubilee Villa Care Home Ltd. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Jubilee Villa Care Home Ltd and on their website.

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

- All those we spoke said the management team was approachable and they felt supported by them. The management team worked with people to identify what they wanted or needed. For example, one person

told us how their health had changed, and the staff responded immediately, and their care plan changed accordingly.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People told us they felt involved in decisions about where they lived including what to do and what to eat.
- We saw one person talking with a member of the management team about ideas for the garden. They went on to say they felt valued and their contributions were always welcomed.
- Staff members told us they found the management team supportive and approachable.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP practices and district nurses and social work teams.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The home had ineffective systems and processes in place to keep people safe from the risks of harm.

### The enforcement action we took:

We issued a warning notice and asked the provided to tell us how they were going to make the necessary improvements to comply with the law.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective governance systems in place to identify and drive good care.

### The enforcement action we took:

We issued a warning notice and asked the provided to tell us how they were going to make the necessary improvements to comply with the law.