

Jubilee Villa Care Home Ltd

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## Inspection report

Upper Astley  
Shrewsbury  
Shropshire  
SY4 4BU

Tel: 09139210461

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

Date of inspection visit:  
20 June 2017

Date of publication:  
09 August 2017

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 20 June 2017 and was unannounced.

Jubilee Villa Care Home Ltd is registered to provide accommodation with personal care to a maximum of 17 older people. There were 16 people living at the home on the day of our inspection. Some of the people using the service were living with dementia.

A registered manager was in post and was present during our inspection. 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.

The provider had systems in place to monitor the standard of care provided. Whilst most of these systems were effective, the provider recognised improvement was needed to make sure they were fully effective.

People were supported safely by staff within the home. Staff had received training in how to recognise when people may be at risk of harm or abuse. They knew how to protect people and how to report any concerns they may have about a person's safety. Where risks to people's safety were identified, action was taken by staff to make sure those risks were reduced as far as possible.

People were supported safely by sufficient numbers of staff. People experienced consistent care because they were supported by the same care staff. The provider completed employment and character checks on staff before they started work at the home. This helped to make sure they were suitable to work with people.

People were supported to take their medicines safely and when they needed them. People only received their medicines from staff that were trained to support them.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received training that was relevant to the people they supported and their needs. Staff were supported in their roles to enable them to provide effective care.

People were only supported with their consent. Staff involved people and helped them to make choices and decisions about their care. Staff understood how to protect people's rights if they could not make their own decisions. They worked with relatives and other healthcare professionals to make sure all decisions were made in a person's best interest.

People had enough to eat and drink. People's health needs were met and they were supported to access healthcare services when needed.

People received support from staff who had a caring approach. Staff were polite and friendly and listened to

and respected people's wishes. People's dignity and privacy was respected by staff at all times.

People received care and support that responded to their changing needs. People enjoyed the atmosphere of the home and were involved in what happened there.

Staff worked for the benefit of the people they supported. They showed a commitment and enthusiasm in making sure people had good quality care in a safe and friendly environment.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified plans were in place and followed to help reduce these risks.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build positive relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. Staff supported people to decide how they wanted to spend their time and asked for their opinions on the support they received. People were provided with opportunities to make comments or raise complaints about the care they received.

### Is the service well-led?

Good ●

The service was well led.

The provider recognised that quality assurance systems needed to be monitored more effectively. Staff worked for the benefit of the people they cared for. People gave positive comments about the care and support they received from all staff at the service. Staff understood what was expected of them and were supported in their roles.

# Jubilee Villa Care Home Ltd

## 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 checked 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.

This inspection took place on 20 June 2017 and was unannounced.

The inspection team consisted of one inspector, one inspection manager, who was present for part of the visit, and one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection.

During the inspection we spoke with nine people who lived at the home and three relatives. We spoke with five staff which included care staff, the cook and the registered manager. We viewed care records for two people, three people's medicine records and records relating to how the service was managed.

We observed people's care and support in the communal areas of the home and how staff interacted with people. 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.

## Is the service safe?

### Our findings

People were protected from avoidable harm and abuse. They told us they felt safe living in the home and with the staff that supported them. People and relatives were happy with the safety and security of the home. One person said, "I am comfortable and happy here. I have no worries about anything at all. I know I am safe and secure at all times and I know I can do what I want when I want." One relative told us, "[Person] is very happy here and I am pleased to tell you how glad we are they are here and settled. They don't want for anything and we have peace of mind knowing they are cared for, happy, safe and secure." Staff had received training in protecting people from harm and abuse. They were able to tell us their role in how they kept people safe within the home. Where they had concerns about a person's safety they knew to report this straight away to their line manager. The registered manager confirmed they would liaise with the local authority should any concerns about people's safety arise to help safeguard them from any potential or actual harm.

Risks to people's safety and wellbeing was monitored by staff. One person told us, "They (staff) help me with my walking, which hasn't been so good. But they worked with me to get it right. This is good for me as I like to try and keep mobile and get out and about for a walk." Risks which could affect people's safety included their mobility, their medical conditions and the environment. We saw one person was at risk of skin breakdown due to reduced mobility. To reduce the risk of this occurring they had been assessed as requiring pressure relieving equipment. We saw this equipment was in place. Staff also monitored the condition of this person's skin. We saw that where risk had been identified there were plans in place which staff followed. These plans helped to reduce risks to people and keep them as safe as possible from avoidable harm.

People were supported safely and their needs met by sufficient numbers of staff. People were able to access support from staff when they needed it. We saw there were always staff around to help people when they needed it. Some people required assistance with moving around the home safely and we saw staff were available to support where needed. Staff made sure people had walking aids with them and encouraged them to use them.

People were supported by staff who had received appropriate employment checks prior to starting work with them. The registered manager confirmed that new staff would not start work at the home until their identity, background and past employment history had been checked. The registered manager sought references from potential staff's last employers and carried out a criminal check called a disclosure and barring service check. This helped to ensure potential new staff were suitable to work with people living at the home. People were asked if they wanted to join in with staff interviews but the registered manager told us they always declined.

People were happy with the support they had to take their medicines. We saw staff understood how each person preferred to take their medicines. People told us they received their medicine when they needed them. One person said, "The staff here keep their eye on everything at all times. I take a lot of tablets, but I cannot remember what they are all for, although they [staff] are always telling me." We saw staff checked each person's medicines with their individual records before administering them and records were

completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

## Is the service effective?

### Our findings

People felt that the staff who cared for them knew how to look after them well and in the right way. When we spoke with staff we found they knew people's individual needs well and understood the care and support they needed. Staff received a range of training to ensure they were equipped with the skills and knowledge to deliver care effectively. One staff member told us that their training helped them to do their job better and was for the benefit of the people they supported. They went on to tell us how their training in dementia awareness had given them greater understanding of dementia and the effect it had on people. This improved understanding had helped them to support people better. Staff were supported in their roles. They received regular one to one time with the registered manager where they discussed and received feedback on their practice. It was also an opportunity to discuss training and development within their roles. However, because the registered manager was at the home every day, staff were able to speak with them at any time.

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 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. Staff understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We saw staff involved people in making decisions about how to spend their time, what they would like to eat and confirm with them the decisions made. People's capacity to make their own decisions had been considered when agreeing how their care was to be delivered. We saw assessments had taken place to establish people's ability to make their own decisions about their care. The registered manager told us they worked closely with other professionals to help ensure people's capacity to make decisions was under continuous assessment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Where required, the provider had ensured Deprivation of Liberty applications had been made to the local authority. Not all of these had been authorised at the time of our visit. One staff member spoke about one person whose application was waiting to be authorised. They said, "We know [person's name] would not be safe outside, by themselves. They would be a danger to themselves, so we would go with them if they wanted to go outside."

People were supported to have enough to eat and drink throughout the day. The weather on the day of our visit was warm and we saw drinks were available for people, which staff encouraged people to have. We saw that the mealtime was relaxed and informal with plenty of chatter amongst people and staff. People told us they had a choice of what to eat and all meals were freshly prepared by the home's cook. Alternatives were offered if people did not want the choices available.

People's nutritional needs were identified and also any risks which could be associated with eating or drinking. Where risk or potential risk was identified we saw plans were in place to support people to ensure they had enough to eat and drink. Where needed, referrals to other healthcare professionals, such as dieticians and speech and language therapists, were made to enable people to have the support they needed to eat and drink.

People were supported by staff to access healthcare services and receive the on-going support they needed to maintain good health. One person told us, "I haven't had to see the doctor for a long time, but if I needed to see them I know it would be sorted quickly." Relatives confirmed they were always contacted if their family member was poorly or if there is a concern. People told us they saw the chiropodist and the optician regularly. Arrangements were in place for people to receive visits from the district nurses and appointments with people's doctors were arranged when needed.

## Is the service caring?

### Our findings

People spoke positively about the staff that supported them and told us they were very well cared for. One person said, "The staff are all very good and they all care about us." Relatives also told us they found staff to be kind and caring. One relative said, "It is just marvellous here. We wouldn't change a thing. As a family we are extremely happy and satisfied with all aspects of (family member's) care." Another relative said, "The care is so good here and I know [person's name] is treated with dignity and respect. If they were unhappy they would tell me. You can easily tell how respectful they are by the way they talk to and address the residents. They never rush, get irritable or anything, everything is done with kindness."

People expressed their wishes and opinions about the care and support they wanted and needed. They told us they felt they were listened to by staff and they felt involved in their own care. One person told us they made the decisions about when they got up and dressed. They liked to get up at their leisure, have their breakfast and then their bath. We saw staff respected these decisions and discussed what the person wanted to wear and what shampoo and soap they wanted to take to the bathroom. After their bath, one staff member put rollers in the person's hair. The person told us they "loved that they enjoyed being fussed over and having their hair done".

We saw people appeared comfortable and relaxed with staff and there was a friendly, relaxed atmosphere in the home. One person told us, "We are very well looked after. This is home." Staff chatted with people with ease, asked how they were and regularly checked if people required any assistance from them. We observed positive interactions between staff and people and staff knew people's preferences and personalities. People were given the time they needed to make choices and decisions about what they wanted and staff acted on their choices. We saw staff support one person who became restless. Staff were calm, patient and gentle as they supported this person to decide what they wanted to do.

Staff all spoke with pride about the people they supported and the importance of providing kind and compassionate care. One staff member said, "Because the care home is small we get to know them (people) personally and get to know their personalities. They know us too and about us. This helps them to feel cared for and comfortable with us."

People and their relatives confirmed that staff were always caring and respectful towards them. People told us they were always at ease when having their personal care attended to. One person said, "When they bath me I always feel safe and they are very good with my dignity. I am never embarrassed. I was when I first came here but that soon went and I felt completely at ease."

People were supported by staff to maintain as much independence as they were able to. One staff member said, "We have to let them do things for themselves. It's about us getting to know them and them getting to know us. We then know what they can do and we will encourage them."

## Is the service responsive?

### Our findings

People had been encouraged to identify their preferences and what was important to them. One relative said, "They (staff) are very good with my family member. They have organised for the priest to come in regularly for communion. This has helped them to settle in themselves." The registered manager told us that they discussed people's preferences and what was important to them when they first came to live at the home. This included people's religious and cultural preferences and helped to ensure people's diverse needs would be met.

Staff understood the importance of people receiving care that was individual to them. They knew people's preferences, their life histories and their families. One staff member said, "We know them (people) and what they like and I think that is the key to good care. Respecting individual preference is really important for us as staff."

The registered manager and staff sought advice from other professionals to ensure the care they could provide was appropriate for each person and responded to their changing needs. Where people's needs changed the input of other professionals such as the memory team, speech and language therapists as well as physiotherapist was sought to ensure the care provided continued to meet people's needs.

People we spoke with were happy with how they spent their time and told us they had enough to do. We saw people kept busy with their own preferred hobbies such as going into the garden, helping around the home, knitting, looking after the cat and chatting with one another and staff. During an afternoon game, staff made sure that each person was invited to participate so that no one was excluded. If people chose not to take part, this was respected. We saw that people enjoyed this game, which encouraged them to think about past television programmes and celebrities.

People were encouraged to give their opinions about the care they received. People and their relatives were given questionnaires to complete as one way of gaining their feedback. We saw that responses from people and their relatives were mostly positive, with an issue only raised about the cosmetic appearance of the home. The registered manager told us that they were aware some areas of the home needed updating and bathrooms had already been updated.

People and relatives had the information they needed to raise complaints and concerns. No one we spoke with had raised any concerns or complaints but told us they would talk with staff or the registered manager. They all told us they would have no problem with approaching staff or managers with their concerns.

## Is the service well-led?

### Our findings

We looked at systems in place that monitored the quality of the service provided to people. We found that systems were in place however, not all of these were effective in identifying where improvement was needed. People's medicines were audited weekly but we found a discrepancy between the amount of medicine recorded and what was actually present for two people. We also found that records relating to the administration of pain relief patches were not completed for two people. These records inform staff where previous patches have been applied on people's skin so staff are aware and do not apply new patches on the same site. We also found that one person, who had been admitted one week prior to our visit, did not have a care plan in place. Staff used this person's pre-admission assessment documentation and worked with the community mental health team, but no on-going assessment had been completed since their admission. However, we found staff understood and could tell us how they needed to support this person and risk associated with their care. Care plans give staff valuable information about people's needs, preferences and any risk associated with their care. Care plans must be up to date and complete, with no undue delay in adding information. The registered manager was not aware this person's care plan had not been completed. This was because they had not completed their monthly care record checks. In response to our feedback this person's care plan was completed by the end of the day. In both of these instances we were assured that these were errors to do with records rather than people's care. The registered manager acknowledged and told us they needed to review the quality assurance systems they had in place and how they monitored them.

People and relatives knew the registered manager and staff well. Relatives expressed the view that they had nothing but praise for the service and if they were worried they would just mention it and it would be sorted. We saw that people, relatives and staff knew each other well which created a relaxed and positive culture for people. One staff member said, "We try to make it as much their own home as possible. They can bring their own furniture and most have their own chairs in the lounge."

Staff told us they felt supported in their roles by the registered manager. One staff member told us they thought the registered manager listened to what they said and this encouraged them to speak about any concerns or issues they may have. Staff felt involved in what happened at the home. One staff member said, "We're kept up to date with everything that happens in the home. This is a small home with a small staff team so everyone knows each other and we talk constantly."

The registered manager was also the owner and provider of the home. They had owned and managed the home for the last seven years and were aware of their regulatory responsibilities. Statutory notifications were submitted as required to keep us informed of specific incidents which occurred at the home. Staff confirmed the registered manager was present at the home and was responsible for the day to day management of the home.