Jubilee Villa Limited

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Inspection report

48 Mill Street
Barwell
Leicester
Leicestershire
LE9 8DW

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13 July 2016

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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

Summary of findings

Overall summary

This inspection took place on 13 July 2016 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 long 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.

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. This included training about how to communicate effectively with people using signs, gestures and objects. 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.

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 had limited involvement in decisions about the planning and delivery of their care, but their representatives were 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. Relatives and representatives had access to a complaints procedure.

The provider had aims and objectives that were displayed to staff and relatives of people using the service. They had effective procedures for monitoring and assessing the quality of service.

When we arrived for our inspection that the rating from our last inspection was not displayed. After we discussed this a poster with the ratings was placed on display beside the visitor's signing-in book.

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.

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 were supported to have their medicines at the right times. The provider's arrangements for the storage and disposal of medicines were safe.

Is the service effective?

Good

The service was effective.

Staff had received relevant training and support 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 with their nutritional needs and to access health services when they needed them.

Is the service caring?

Good

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 their relatives or representatives were involved in the planning and delivery of their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

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.

Is the service well-led?

Good

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.

Jubilee Villa Limited

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 13 July 2016. The inspection was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of service. Our expert had experience of caring for people living with a learning disability including those on the autistic spectrum.

We were unable to hold conversations with people using the service. We relied on observations of a person; their facial expressions, gestures and interaction with staff. We spoke with the registered manager and the services administration manager. We spoke with relatives of three people who used the service. We looked at the care records of two people who used the service, information about training that staff received two staff recruitment files and documentation from the provider's quality monitoring processes.

We spoke with the local authority that funded some of the care of people using the service. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had concerns about the service.

Good

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 and spent several hours in their company in a communal lounge. They communicated their views to us using gestures to tell us that they felt safe.

Relatives of people using the service told us they were confident people were safe. One told us, "[Person using service] is definitely safe". They added a reason for that was that "The staff team is really good". Another relative told us, "[Person] is safe. They are really happy, and they would make it plain to me if they were made to feel vulnerable or scared." A third relative said of their child, "They are definitely safe. Staff always do risk assessment for new things. The staff know [person]really well."

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. This included protecting people from harming themselves. We saw that a person was, with their consent, supported to wear special gloves to stop them scratching or injuring themselves. We saw the registered manager interact positively and with kindness to support a person using the service. They had a very good understanding of the person's needs. The person using the service behaved in a way that demonstrated they had confidence in the staff supporting them.

An important factor in helping people to feel safe was that staff communicated with people in ways they could understand. For example, the registered manager communicated through touch and sign to explain to a person that we were present. The person was calm throughout our visit and at times laughed and expressed happiness which was testament to the registered manager's communication skills.

Staff had an understanding and awareness of abuse. The provider's safeguarding policy was easily accessible to them. We saw that staff acted in line with the policy by recording incidents where people harmed themselves or posed a risk to others. 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. This was through supervision meetings and observation of care worker's practice. A relative we spoke with told us they were confident about raising any concerns. They said, "I would know what to do if I saw anything untoward. Not just for my daughter but for everyone. I'd speak to manager or owner first. Yes if there was a problem and I still wasn't happy I would go to social services."

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. Records of incidents 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. The risk assessments had been reviewed and improved upon since our last inspection. Risk assessments now included more detailed information for care workers about how to protect people from harm when they supported them with personal care and other activities.

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. No serious incidents had occurred at Jubilee Villa since our last inspection.

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. This showed that staff were effectively deployed.

We looked at a staff recruitment file to see whether the provider operated effective and robust recruitment procedures. 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). DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

Only staff who were trained in medicines management gave people 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 and separately stored. 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. Any medicines no longer required were returned to the pharmacist that had supplied them.

The premises were well maintained, clean and free of hazards and obstacles. A relative had commented in feedback they'd made that Jubilee Villa was a homely environment and that people's bedrooms were personalised. Because we had to go into people's rooms to check how medicines were stored, we noted that rooms were highly personalised. This was another factor for people using the service feeling safe, because their rooms were comfortable places for them to go to. A relative who told us they had absolutely no concerns about the quality of care provided told us, "The building could do with maintenance." We saw

that the provider had a maintenance schedule to ensure the premises were safe. The registered manager told us that they'd been informed by the provider that a refurbishment of the premises was planned.

Good

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, every relative we spoke with told us they felt staff were very good. The first told us, "The staff look after people on a personal level. They really get to know people." The second said, "The staff are definitely well trained. They do understand him and know how to read his body language and vocalization, and meet his needs." The third relative told us, "The staff have excellent personal skills and a real understanding of [person's name]. The quality of care is outstanding."

A crucial part of the training staff had was on how to communicate with people. A relative told us, "[Person's name] key worker communicates extremely effectively." Staff communicated using a sign language called Makaton. This involved using sounds, gestures, pictures and objects. This was important because the day centres, school and college that people using the service attended each day used the same communication techniques. This meant that people were communicated with in ways and styles that were consistent for them. Symbols and pictures were used to convey information about the service which was displayed in the communal dining area. Staff received training about medical conditions people lived with. They were supported through regular supervision meetings and guidance from the registered manager.

Staff encouraged people to increase their range of `words' by teaching them new signs and symbols. One person had been supported to develop words unique to them. We saw the registered manager support a person using words, signs and gestures when they supported them to choose clothing to wear later and again when they supported the person to have lunch. The registered manager explained things in small incremental stages that the person responded to before the `conversation' progressed.

We saw lots of sensory and tactile objects people could use in the lounge. There was a sensory room with special lights and sounds for people to relax in. Since our last inspection the garden at Jubilee Villa had been developed into a large sensory area for people to use. It had raised flower beds, tactile objects and a covered area where people could draw on a large blackboard. This, and the personalisation of people's rooms, showed that the provider had adapted the home to meet people's needs and promote their independence. A relative told us, "[Person's name] has her own area and she makes it clear when she needs her space."

The Mental Capacity Act (MCA) 2005 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. People who lack mental capacity 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. 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.

The registered manager understood their responsibilities under the MCA. This was demonstrated by the fact that they had made applications for DoLS that had been authorised by the local authority. Staff had completing training about the MCA.

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. A relative told us, "[Person's name] has his meals separately, they are nutritious and what he likes. They meet his needs". 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 dieticians involved in people's care and support. A person who was significantly underweight when they first came to live at Jubilee Villa had been supported to increase their weight to what was expected of a person of their age and stature. People who required support with eating their meals received it. We saw a person being supported to eat their meal at a pace that was comfortable for them and which made the mealtime experience an enjoyable one.

People were supported with their health needs. 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.

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. The service engaged with a variety of health care specialists such as physiotherapists, psychiatrists, nurses and community mental health services. We saw a record a dietician had made in a person's care plan which said, `I am pleased to see that the trend of gaining weight has been reversed'. This showed that staff acted on advice and recommendations from those specialists.

Good

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, we spent several hours in the company of a person using the service and it was clear from what we saw and heard that they were supported with care and compassion. A relative of another person told us that staff were very caring. They told us, "The staff support meets [person's name] needs and goes well beyond." We reviewed comments relatives had made about the service in a recent satisfaction survey. These showed that relatives felt that staff were caring. One wrote, "I know they [staff] have [person's name] well-being central to everything they do'. We saw the registered manager show concern for a person's well-being through the way they communicated with the person and offered them choices. For example, they communicated calmly and explained what they were doing to support the person to be comfortable. A relative of another person told us, "[Person's name] is cared for with much love and affection."

People's care plans included information about how they wanted to be supported. This meant staff had access to information about what mattered to people. For example, staff supported people to choose what clothes they wanted to wear or what food and drink they liked. They supported people to be involved in how their rooms were decorated and furnished. We saw that people's rooms were personalised and reflected what was important to them, for example pictures of family members and things they were interested in.

People using the service were unable to be involved in decisions about their care but only in a limited way, for example responding to choices offered and how they spent their time. We saw, for example, a person being offered a choice of clothes to wear later in the day. People's relatives and representatives were more actively involved. They were invited to meetings to discuss and plan people's care. People had access to advocacy services as part of the authorisations that had been made under DoLS. Information about the service was available in formats suitable for people using the service.

The provider promoted people's dignity, respect and privacy through policies and staff training. Staff meetings were used to reinforce and promote what dignity in care meant in practice. The registered manager manager carried out observations to monitor how staff supported people in order to assure themselves that staff supported people with dignity and respect. We saw from care records that people's privacy was respected. For example, staff would not enter people's rooms without being invited to do so unless it was for their safety and well-being. Some people were supported to have their meals alone with only a care worker present.

People were supported to be as independent as they wanted to be. Every person had their own personally tailored schedule of activities which meant they could follow their personal interests if they wanted. A relative we spoke with told us that staff supported their son "on a journey" they wanted to take. If people chose not to participate in a scheduled activity staff respected their choice.

Relatives and friends of people using the service were able to visit Jubilee Villa without undue restriction. We saw from the service's `signing-in' book that relatives visited at a wide range of times.

Good

Is the service responsive?

Our findings

We were unable to ask people using the service whether they felt they received care and support that was responsive to their needs. That was because they were unable to communicate verbally through conversation. However, relatives of three people we spoke with told us the care and support delivered by the service was person centred and focused on people's individual needs. One relative told us, "The quality of the care is outstanding. [Person's name] is looked after at a personal level and supported with all his needs."

The care plans we looked at were comprehensive. They included information about people's assessed needs and information for staff about how to support people with their needs. This meant that people received personal care in line with their care plan. A relative told us, "Yes [person] always looks clean and tidy and looked after. They [staff] are very careful what products they use, as he is sensitive to some." Another relative said, "[Person's name] personal care is definitely taken care of. They are always immaculately dressed".

The plans included information about people's life history, their likes and dislikes and interests. Our observations of how a person was supported were that they were supported in line with their care plan. A critically important part of the care plans was about how people communicated and how they wanted to be communicated with. We saw that put into practice with the consequence that a person who could otherwise have shown anxiety and distress was calm and relaxed throughout our inspection visit.

Care plans were reviewed monthly by care workers. A relative told us they were invited to reviews of a care plan. People's relatives and health and social care professionals with direct involvement in the care and support of people met annually to carry out a detailed review of peoples care plans. A relative told us, "I am invited to her annual review by the owner or manager". People's care and support was modified as a result of both types of review. For example, people's diets were changed to help them either reduce or increase weight. This made differences to the quality of people's lives. We saw from one person's records how the quality of support they received significantly reduced the risk of the person harming themselves. They had also been supported to increase their weight to a level that was recommended by dieticians.

People received support to increase the confidence and quality of their social life. The registered manager told us of one person, "You would not recognise this resident from when they first came to us". They described how the person had been supported to overcome challenges and improve the quality of their life. The person regularly went out with care workers to parks and restaurants which was something they had no confidence to do until they had lived at Jubilee Villa. Another person was supported to increase their range of `vocabulary' and consequently was able to make more choices about their care and support, activities they went to and activities at Jubilee Villa than they had been able to before.

People attended educational and recreational activities at a day centre, a school and a college. They were taken to and collected from those venues by staff in the service's mini-bus or by taxi. They were supported to follow their interests and hobbies. For example, a care worker supported a person to attend football

matches at the King Power stadium, home of Leicester City. Evidence of the person's interest was on display at Jubilee Villa. Another person was supported to go to a local cinema and another enjoyed long walks. People were supported to practice what they learnt at the day, school and college. For example practical skills such as helping with cooking. A reason people were able to enjoy those activities was that staff themselves took an interest in them. A relative told us, "I would definitely like to mention [care worker's name]. He takes our son to football for all Leicester matches, even in his own time. He has a natural instinct with all the residents." Staff also supported people to visit places of worship and to practice their faith at Jubilee Villa.

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. A relative told us about a care worker. The said, "He comes to our family events with our son and is just so natural at stepping away and then stepping in to take him for a walk if need be. He comes on holiday with us all which means we get to have a holiday with our son but also the support so we can all enjoy it".

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 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. We saw that the garden at Jubilee Villa had been transformed into a sensory area.

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 Representatives and relatives of people using the service were made aware of the provider's complaints procedure.

Good

Is the service well-led?

Our findings

We did not ask people what they thought about the leadership and running of the service because we were sensitive to their limited communication skills. However, relatives of people using the service told us they felt the service was well led. One told us, "The service is definitely well led." Another told us, "It's very well-led. I'm so glad [person's name] has a home here". Relatives explained that a sign the service was well-led was the quality of care that people experienced. A relative told us, "Staff have been led to provide person centred care and develop excellent personal understanding relationships with people [who use the service]. Another relative told us, "Yes it is well led. I've known the manager for years. She has a good balance of her being in charge and being with the residents."

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 listened to at the time of our last inspection. At this inspection we saw that the garden area had been transformed. We saw plenty of signs that the garden was used as a recreational area by people using the service.

Staff were involved in decisions about the running of the service. They proposed ideas and suggestions based on their knowledge of people who used the service and their increasing knowledge of those people. The registered manager told us, "Us older ones are here to teach the younger staff but they in turn give us fresh ideas. They are more in touch for instance in current trends and suggest how the clients more of their age are dressing and about hair styles for example".

The provider had a 'quality statement' that was displayed on a staff notice board. This set out the provider's values, commitments and expectations. 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 registered manager carried out monthly checks that included checks of the quality of care plans and record keeping, health and safety checks of the premises. They monitored people's health and emotional well-being, whether the care and support they had received had improved their quality of life. They observed how care workers provided care to ensure that it was delivered in line with people's care plans and the standards expected by the provider.

The provider sought the views of relatives by means of an annual survey. The survey asked relatives to rate aspects of the service such as the quality of support people using the service experienced, the quality of staff and how staff communicated with people and the home environment. Relatives rated the service as either good or excellent. We discussed the questions included in the survey with the registered manager and administration manager. They told us they would review the questions included in the survey and consider including more specific questions in a future survey. For example, questions related to the personal care people received, how they were supported with their medicines, nutrition and activities. This would make it

easier for the provider to assure themselves about the quality of the care and support people experienced.

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. The registered manager understood which incidents had to be reported to the Care Quality Commission (CQC).

It is a regulatory requirement that a provider displays the rating from a CQC inspection on its website (if it has one) and at the premises where a regulated activity is carried out. When we arrived at Jubilee Villa the rating from a previous inspection was not displayed. We discussed this with the registered manager and administration manager who told us the rating had been displayed but appeared to have gone missing. After our discussion a poster with the rating was placed beside the visitor's signing-in book which meant it was displayed in a conspicuous place. The rating was displayed on the provider's website.