

Jubilee Care Homes Nottm Limited

# Victoria House

## Inspection report

19 Victoria Embankment  
Nottingham  
Nottinghamshire  
NG2 2JY

Tel: 01159981026

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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

We inspected Victoria House on 6 November 2017 and it was an announced inspection. The home provides accommodation and support for six people with learning difficulties. This was their first inspection under a new registration.

The home had a registered manager in place. 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.

People were kept safe by staff who understood their responsibilities to protect them. People understood how to raise a concern or make a complaint and had regular meetings which supported them to do so. They were also supported to make choices about their care and what they wanted to achieve. They had care plans in place to support this and they were involved in developing these.

We saw that there were enough staff working at the home and that those staff had been recruited following procedures to check that they were safe to work with people. They received training and support to ensure that they could support people well. We saw that staff had positive relationships with people and that they adapted their communication styles to assist people to make choices about their lives. People were supported to make their own decisions and if they were not able to do so then decisions were made in their best interest with people who mattered to them.

Risks to people's health and wellbeing were assessed and actions were put in place to reduce them so that people could lead as independent lives as possible. Medicines were given to people safely and their records were maintained and managed. People were supported to maintain their health. Individual preferences were included in menus and people were given choice about their food and drink.

The registered manager was approachable and listened to people. There were systems in place to monitor and improve the quality of the service. This included responding to complaints and feedback and implementing actions from them.

## 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 kept safe by staff who knew how to identify abuse and report it. Risks to their health and wellbeing were assessed and action was taken to reduce the risk. Medicines were managed and administered safely by staff who have been checked to ensure they were safe to work with people.

### Is the service effective?

Good ●

The service was effective

Staff knew how to support people and ensured that their health and wellbeing was maintained. People were supported to make decisions for themselves. If they were not able to do this then decisions were made in their best interest with people who were important to them. People were involved in ensuring that they had their nutritional needs met.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

### Is the service responsive?

Good ●

The service was responsive.

People led active lives and were involved in planning and reviewing their care. There was a complaint procedure in place and any concerns were responded to and action was taken.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to assess and monitor the service to improve the quality of care and support for people. There was an inclusive culture and people and people contributed to the development of the service.

# Victoria House

## **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.

One inspector completed this announced inspection on 6 October 2017. We gave the provider 24 hours' notice in order to prepare the people who lived there and to ensure that we visited at a time when they would be available to speak with us.

The provider had 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. However, the PIR had been completed four months previously and so we gave the provider the opportunity to update us on the day of the inspection. We used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with four people and also observed the interaction between people and the staff who supported them throughout the inspection visit.

We spoke with the registered manager, the operations manager, the deputy manager, the assistant manager, one senior care staff and two further care staff. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People were kept safe in their home and protected from abuse. When we asked one person if they felt safe they nodded and said yes. Staff we spoke with understood their responsibilities to keep people safe. One member of staff said, "We know what is normal interaction between people and they do sometimes fall out. However, if it became more aggressive or I thought it was bullying I would report it straight away. I would raise any concerns with the manager or the operations. If I was still concerned I would report it to the safeguarding authority". We saw that people attended 'Speak out' meetings each week in their home. In one record we reviewed we saw that people had discussed abuse and protecting each other and agreed that they thought abuse could be 'hitting someone'. This showed us that the provider ensured that staff and people understood abuse and knew what signs to look for. The manager described the relationship that they had with the safeguarding team. They said, "We often speak with them about events that have happened to get their advice. They are usually happy with the actions that we have in place to protect people". When concerns were reported formally we saw that the provider worked with the investigating authority closely and that actions were taken as a consequence to avoid repetition.

People were supported to manage risks to their wellbeing while living as independent a life as possible. One member of staff we spoke with said, "The people who live here are busy. Some people do things independently and others need more assistance; for example, because of their understanding around traffic." We saw that when people went out independently they told staff who made a record of the time that they went, what they were wearing and what time they were due back. A member of staff told us, "We make sure that we always do this in case we don't hear from them and they don't come back when they said they would. It means we have the information we need to report them as missing".

Staff talked to us about how they supported people if they behaved in a way which could harm themselves or others. They described that they would try to do things that people liked; for example, having a bath. One member of staff talked about the circumstances when someone may be given medicine to assist them to calm down. We saw that this medicine was prescribed to be taken 'when needed'. There was clear guidance in place to assist staff to know what other actions should be tried first. The manager told us, "We ask staff to complete an incident form every time they administer this. We want to be able to check that our approach is consistent and medicines are only used as the last resort". This demonstrated to us that the provider had devised plans which were effective in protecting people from harm.

Staff were knowledgeable about people's medicines and the procedures in place to ensure that they were administered safely. One staff member we spoke with said, "I had training in medicines when I first started and then I have been observing. I have had my competency checked by the manager to check my understanding. They will observe me once I start doing it myself". Other staff we spoke with told us that they had their competency in medicine administration checked regularly.

Medicines were managed safely to reduce the risks associated with them. There were effective systems in place to store, administer and record medicines. We saw that there were arrangements in place for people to take their medicines with them when they were out for the day or staying away from home overnight.

There were enough staff to ensure that people's needs were met safely. We saw that staff were available to assist people with all of their support needs; for example, getting up in the morning. They were also available to assist people to go out and do activities that they chose. Staff were clear about the arrangements that were in place to support them when they were working alone. One member of staff said, "The managers are on call and there is a rota in the office so that we know who it is. I feel that I can ring them anytime; it is well organised". This showed us that the provider planned staffing levels carefully to meet people's needs safely.

Safe recruitment procedures were followed to ensure that staff were safe to work with people. One member of staff told us, "I completed an application form before I started and they took two references. It took a while for my police check to come back so I did some of my induction while I was waiting. I didn't work with people until it was returned though". Records that we looked at confirmed this.

## Is the service effective?

### Our findings

People were supported by staff who were skilled and knowledgeable. One person said, "The staff are good". Staff we spoke with told us that they were equipped to do their job through training and line management support. One member of staff said, "We have all of our training planned and it is all face to face. We can also ask for anything we are interested in". One member of staff described their induction. They said, "I have had an induction in the home as well as some training sessions; for example, first aid. I also spent time shadowing more experienced staff; I was given a lot of support".

Staff who were in a senior role told us how they were mentored into it. One member of staff said, "A lot of us are doing management qualifications but we also get the opportunity to shadow the manager and each other which is really helpful". Staff told us how they worked closely with other professionals to ensure they understood people's conditions. One member of staff said, "A health professional recently gave us advice and guidance about diabetes which has been really helpful". The manager told us about training that they provided each year which supported staff to help people to manage behaviours which could be challenging. They said, "We have a lot of input into the content of the training and focus it on understanding how to keep people calm and happy. The training gives them an understanding of triggers and signs so that they can diffuse the situation before it develops".

Staff also told us about support they received through supervision. One member of staff said, "We have supervision one month and a team meeting the next. We don't have to wait though; if there was anything I wanted to discuss I could do it anytime". The manager told us that they had a topic for each supervision. They said, "This month it was care planning. We use it as an opportunity to make sure that staff understand what we expect of them and can ask any questions as well. It is supportive and not about telling them where they have gone wrong". This demonstrated to us that the provider ensured that staff had the support they required to do their job effectively and that it was reviewed regularly.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw that staff encouraged people to make as many decisions about their support as they could. Symbols and pictures were used to assist some people to be involved in this. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests; for example, taking medicines. Staff understood how to support people in the least restrictive way possible and recognised where restrictions were in place. DoLS had been applied for in these situations and any conditions were understood and complied with. .

People had their nutritional needs met and were encouraged to be involved in choosing and preparing their food. We saw that people chose and prepared their own food, prepared with staff if they required support. One member of staff we spoke with said, "At the beginning of the week we do menu planning with people. When people have specific health needs we encourage them to choose healthy foods to help them to manage that".

People had their healthcare needs met. Staff told us how they monitored people's health to ensure that they remained well. One member of staff said, "One person we support is less able to communicate when they feel unwell. We now monitor their sleep because we have noticed that when it becomes more disturbed this can mean that they are feeling unwell and may need to see a doctor". Another person had a health condition which also needed to be monitored. Another member of staff said, "When we tested their blood this morning the reading was a little high. We will test again later and if we are still not happy will get in touch with the health professional. [Name] has regular appointments for check-ups and they have the same staff to support them to go to the appointments". People had a health plan which detailed any appointments that were arranged, the outcomes of them and any changes to their health.



## Is the service caring?

### Our findings

Positive, caring relationships were in place between people who lived at the home and the staff who supported them. We observed that staff treated people with respect at all times and were kind and friendly. They knew people well and could describe their preferences as well as things that could cause them distress. We saw that they shared jokes and spoke to people about their favourite subjects which demonstrated a friendly atmosphere.

People were supported to make choices about their care and support. Some people were using symbols and pictures to communicate their wishes with staff. We saw that staff consulted with people to check what support they wanted and what they wanted to do. They took time explaining options to them and responded to their decisions. For example, one person decided that they wanted to go out shopping with support from staff and another person chose to go out and complete an errand without assistance.

Independence was encouraged and promoted. We saw that people were supported to be involved in looking after their home and one person said, "I try to keep my bedroom tidy". Some people went out with friends, to work or social occasions independently. Staff told us that they were supporting one person to learn to go out on their own. They said, "At the moment we are looking at small trips such as the local shop. We are gradually reducing support and helping the person to gain confidence". Some people had their own telephones and computers so that they could stay in touch with friends and family independently.

People had their dignity and privacy respected and upheld. When we spoke with one person they said, "I have a key to my room. Staff encourage me to keep it locked when I am not there". We saw that staff knocked on people's doors before entering or asked their permission to go to their room. People had their personal belongings in their rooms and in the rest of the house. They had chosen decorations and furniture and there were photos on walls. One member of staff we spoke with said, "I love working here; it's like a family and we all respect that it is people's home"

Consideration was given to people's preferences in relation to their diverse cultural and human rights. One member of staff told us, "Everyone respects each other for who they are and accepts people's lifestyles and preferences. We support people to access the communities they choose and give them guidance on keeping safe when needed".

People told us that their families visited and about arrangements for them to go away for a few days to visit them. For example, one person told us about arrangements they were making for Christmas so that they could spend time with their families and with their friends. People also told us about important friendships and relationships and we saw that they were supported to see those people.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and understood their preferences. For example, one person spent some time out shopping and when they returned home staff supported them to spend some time pursuing their interests. One member of staff told us, "They do like to go out and particularly like to shop for certain items. When they are at home they have specific interests and will spend time looking at pictures, television or computer games about these things. They also enjoy talking to us about them". We saw staff talking to the person about their interests.

People had plans in place which detailed how they liked to be supported. One member of staff told us, "When I started I read people's care plans straight away and it gave me a good understanding before I really got to know them". People's plans covered all aspects of their lives; including cultural, spiritual and sexuality in line with the provider's equality policy. Staff knew about the plans and told us how they supported people in line with them.

When we spoke with people they told us that they had a keyworker. Staff described keyworker responsibilities and what they were supporting people with; for example, planning a holiday or booking healthcare appointments. In the PIR the provider told us, 'Individuals are involved in devising their care plans. Life history work is undertaken and a folder has been created with input from the individual which includes photographs, likes, dislikes, who is important to them, activities that they have done'. We saw that these were kept and people and staff told us about people's achievements and took pride in their successes. This showed us that people received personalised care which met their needs and thought was taken to consider how they developed their goals and aspirations.

People were supported to pursue their interests and take part in social activities. We saw people being supported to go out to do activities, such as shopping or to play sport. There were activities available for them within the home too; for example, computer games and craft activities. One person we spoke with said, "Today I have been to the leisure centre and it was good. I enjoy sport and have taken part in the midland games and won a medal". Other people attended college and some people did voluntary work on a part time basis. The manager said, "There are always enough staff for people to do whatever activities they want. Some things are planned for the week such as day services and then on other days and weekends people choose what they feel like". The home was one of a group owned by the provider and the manager told us how people chose to socialise with people in other homes as well as organising meals out and parties with them.

People were supported to understand how to complain if they were unhappy. There was a guide on the wall in communal areas. The service had not received any complaints but the manager was proactive in encouraging feedback. They said, "We encourage people to tell us through weekly meetings if they are concerned about anything. They also have regular meetings with their keyworkers". This demonstrated that the provider welcomed and reviewed any feedback and had an accessible complaints procedure.

## Is the service well-led?

### Our findings

There was a registered manager and people knew them well. We saw that people were comfortable around them and from conversations it was evident that the manager understood what was important to them. In the PIR the provider told us, 'We have weekly speaking up meetings are where each individual has their say and input into what they would like to do, such as meals out, holidays etc. We also have larger service user meetings across the other homes managed by the provider and anything raised is acted upon. The operation manager completes regular audits to ensure that the manager is responding to any concerns or needs'. We saw records which showed that those meetings took place and that the suggestions were used to plan the service.

There was an open inclusive culture in the home. Staff told us that the management team were approachable and supportive. One member of staff said, "The management team are really good. If I need to ask anything I call them and they can answer because they know people so well". When we spoke with staff they were clear about their roles and responsibilities and they explained the structure of the staff team. For example, one member of staff in a senior role said, "I have a set day when I visit each home I am responsible for and I complete medicines and finance audits. These will then be reviewed by the manager and the operations manager to ensure that any action points have been completed". The provider had several homes and some of the management team oversaw standards across them. We saw that audits were regularly completed and were effective in identifying errors and driving improvements. For example, the manager demonstrated how reviews of incidents had identified that there was a particular time of day when one person was more likely to become distressed or agitated. They had arranged an activity with the person at this time to assist them to remain calm. This demonstrated to us that the provider developed systems which enabled them to improve the care and support that people received.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.