

# Heroic Care Ltd

# Jubilee Villa

## Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Jubilee Villa is a residential care home providing personal care for up to five people with a learning disability or autistic spectrum disorder. At the time of inspection five people were using the service.

### People's experience of using this service

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The feedback we received about the care provided at Jubilee Villa was extremely positive. Without exception, relatives and health and social care professionals consistently told us how caring and compassionate the staff team were, treating people with the upmost respect and kindness. There were several examples of where staff had gone 'above and beyond' to ensure people received high quality care and support. Relatives told us they felt the service was outstanding. They described numerous outcomes and achievements for people, largely due to staff establishing effective communication methods and positive relationships with people.

People were kept safe. Staff were confident in protecting people from abuse. Risks were well managed. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs. Arrangements were in place for the safe administration of medicines. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

People received the support they needed to eat and drink and maintain their health and well-being. Staff told us they were happy with the level of training, support and supervision available to assist them in their roles. 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 were supported to pursue meaningful goals and outcomes and engage in activities, hobbies and interests of their choice. Staff enabled people to maintain relationships with people who were important to them. The provider had a complaints procedure in place that was available in suitable formats for people.

There was a very positive culture in the service. Staff consistently told us how much they liked working at Jubilee Villa, whilst feeling supported and very motivated to carry out their roles effectively. The feedback we received about management and leadership was very positive and it was clear the whole staff team were

truly committed to ensuring people experienced person-centred care and achieved the best possible outcomes.

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 19 June 2019)

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was 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 caring?

Outstanding ☆

The service was extremely caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Jubilee Villa

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Jubilee Villa is a 'care home'. People in care homes receive accommodation and 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure people would be in during the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with two of the providers and five staff including the registered manager. We observed interactions, care and support between people and staff in communal areas. We gathered views from three relatives through telephone calls, a social care professional and commissioners.

We reviewed a range of records including three people's care plans and records, a sampling of medicine records, three staff recruitment records and documents relating to the safety, day to day management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and check people were safe. We looked at staff training information and key policies and procedures.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's relatives and health and social care professionals told us they felt the service was safe and systems and processes were in place to support this. One relative told us, " Staff make sure [Name] is safe whilst still having the run of the place and freedom."
- Staff had a good understanding about safeguarding and how to report concerns. Staff were also aware of whistleblowing procedures should they need to report any bad practice.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns.
- Incidents, accidents and safeguarding concerns were recorded and analysed. Any identified lessons learned were clearly recorded and communicated to staff. For example, revised support plans or changes in staff approaches.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were well managed. Assessments were regularly reviewed, and strategies were in place to help minimise harm. For example, positive behaviour support was regularly reviewed and assessed to ensure this was effective in reducing people's distress.
- Preventative strategies and de-escalation measures were also recorded for instance when people's anxiety and behaviours may become more heightened. Staff demonstrated a good understanding around people's emotions and what action to take when they were feeling anxious. Relatives and social care professionals described how people were more communicative and less anxious as a result of effective strategies and staff positive responses.
- Whilst regular standard checks of the building were carried out to ensure it was safe for people to live in, such as fire and gas, we found radiators had not been fully assessed. Some radiators in people's rooms and corridors did not have a cover to protect people from potential risks of surface burns. The decision not to fit radiator covers in these areas was not supported by any risk assessments. The provider took immediate action to review risks and install radiator covers where it was felt the risk of potential surface burns was not sufficiently mitigated.

Staffing and recruitment

- There were enough staff to care for people safely. Staffing was based around people's individual need and routines.
- Each person had a minimum of one-to-one support in place, with certain people requiring more staff depending on the level of assistance they required. We observed staff were always present with people during the day, helping them with any tasks they needed support with, or going out into the community.

- Staff confirmed safe staffing levels were maintained and people were supported by a consistent team of staff who knew them very well.
- Staff were recruited safely and all relevant checks had been carried out prior to them commencing their employment. This included a check with the Disclosure and Barring Service (DBS) to ensure potential staff were safe to work with people who needed care and support.

#### Using medicines safely

- Medicines were managed in a safe way.
- Staff administering medicines received regular training and had their competencies checked to ensure they were fit and able to do so.
- Regular medicine checks and audits were carried out to identify errors.
- The provider ensured people's medicines were regularly reviewed in line with STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). This helped people to stay well and have a good quality of life.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place for the prevention and control of infection. Staff had received training in how to use PPE (personal protective equipment) which was readily available throughout the home.
- Staff followed robust cleaning schedules which included frequent cleaning of high touch points and the use of appropriate products to reduce infection risks.
- We were assured that the provider was accessing regular testing for people and staff in line with current government COVID-19 guidance.
- We were assured people were supported to have visitors and go out on visits with friends and relatives safely.
- The provider had assurances those they employ and deploy within the service met vaccination requirements as a condition of deployment.



# 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

- People's needs were assessed before moving into the home. The registered manager used the information to decide if staff could effectively support the person and fully meet their needs. They also considered the needs and personalities of people already living in the home.
- People's choices were reflected in their assessments and associated support plans. These were regularly reviewed and updated by staff in partnership with each person and their relatives or representatives.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they had the correct skills and knowledge to meet people's needs and support them safely.
- Staff described a comprehensive induction into the service which included training and information around each person's specific needs, such as autism and distressed behaviours. New staff were given time to observe and get to know people over a period of time through working alongside more experienced staff.
- Staff felt they had enough training and support to support their roles and responsibilities. Comments included, "There is a lot of support available to me. If I felt I needed help I could go to any of the staff team," and "I have regular assessments and supervisions which help me be clear on what I need to do and how I am doing. The support here is really good."

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

- People received the support they needed to eat and drink. People had nutritional support plans in place. These were personalised to each individual and included their favourite foods and drinks and any specific cultural requirements.
- Care plans provided details about people's nutritional needs and the support they needed to eat and drink well. People's weight was monitored and action taken if staff felt people required further assessment or support to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine healthcare appointments and screening in addition to specialist appointments.
- People's care and support plans included health passports which provided a summary of the person's communication and needs in the event they needed to go to hospital.
- Health and social care professionals described collaborative working between staff and themselves which supported positive outcomes for people. They described collaborative working where, due largely to staff

input and guidance, had meant people had thrived and achieved a high standard of well-being.

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

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

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

- Staff supported people in line with MCA and best practice guidance. People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity. Appropriate DoLS authorisations had been submitted.
- Care plans detailed least restrictive practices for staff to use in the first instance of people presenting distressed behaviours.
- Staff received regular MCA training and were able to describe how they sought consent from people prior to providing support. This included supporting people who used specific, non verbal communication methods.

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

- The service was appropriately designed and adapted for people living there. People's rooms were individually decorated to reflect people's preferences and interests.
- People were able to access a choice of communal areas, such as the lounge, kitchen and a sensory room. We saw people were able to choose where they spent their time.
- One person's room showed signs of damp on external walls. The provider was aware of this and had engaged a maintenance contractor to identify and remedy the source of the damp as a priority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The feedback we received about the care provided was unanimously positive. Without exception, relatives and health and social care professionals consistently told us how caring and compassionate the staff team were, treating people with respect and kindness.
- Comments from relatives included, "The home is outstanding, absolutely fantastic. I cannot praise staff enough. They know and can accommodate [Name's] specific, complex needs so well and support [Name's] distress really well. I always feel the people living in the home are very special to the staff. There is a lot of love from staff to people," and "Staff have achieved so much with [Name] in a very short time. [Name] is now trying to vocalise more and is much less distressed because communication is so good. This home is 100%"
- Health and social care professionals also provided very positive feedback about the care and support provided. One social care professional told us, "Staff were incredible in gaining the knowledge and information [Name] needed to ensure a safe and smooth transition into independence. Staff were pivotal in making sure [Name] had the right support and environment to make the transition a huge success. [Name] is now thriving as a result of the care and support staff provided. It was so rewarding to work with a service like this." Local authority officers had commended the service for the unanimous positive feedback it also received from staff, relatives and other health and social care professionals.
- There were several examples of where the staff had gone 'above and beyond' to ensure people received high quality care. One person, with very complex needs, had recently been admitted to hospital. This was a source of concern as the person found any changes to their environment extremely distressing. Staff took turns to stay with the person throughout their hospital stay and worked with nursing staff to help them understand the person, how they communicated and understand their responses. This ensured the person was able to receive appropriate medical care and treatment and also supported an early discharge back to their home for rehabilitation. Nursing staff from the hospital had praised staff for their dedication and support for the person. The person's relative described staff as, "Outstanding because they are always going the extra mile for people. They look after [Name] extremely well and we never had to worry about [Name] in hospital."
- Staff treated everyone as individuals and respected their diversity. They went the extra mile which supported people's right to have equal opportunities and pursue lifestyles of their choice. For example, staff took time to really get to know people and established effective communication methods with people, Staff worked with other agencies including the local community to ensure people had the right support and response to their needs. This ensured people could participate in community activities and use local facilities without risk of discrimination or experiencing adverse barriers.
- The rapport and friendships between staff and people were clearly evident. Staff were patient, calm,

respectful and demonstrated they knew people extremely well. We observed staff responded quickly when people became anxious, using natural distraction techniques that people responded to positively. Staff perceived people's distress as behaviours that needed a response rather than behaviours that were challenging. This approach was fundamental in enabling people to communicate their frustrations, emotions, wants and wishes knowing staff could understand and support them effectively.

Supporting people to express their views and be involved in making decisions about their care

- People were at the centre of every aspect of their care and support. Their relatives were significantly involved in decisions about their care and staff knew the importance of ensuring this took place. This ensured people's preferences and important information was fully documented and discussed. Relatives highly valued their views being sought and felt listened to. One relative said, "Staff always ask my opinion and consult with me. I am very involved in the care plan. Staff always seek my input and will ask about trying new things or doing things in a different way to help [Name]." A second relative described how they spent time with staff completing information on their family member's likes and dislikes and life history. This information was used to develop the person's communication methods and record choices, preferences and cultural background as a foundation for their care plan.
- Staff were skilled in establishing effective communication methods with people to support them to make choices and decisions. Communication methods included signs and symbols, forms of Makaton, pictures and objectives of reference. Staff supported people to use their preferred communication methods to make everyday choices about their life and how and where they wanted to spend their time. Additionally, over time, communication methods were used to support more complex decisions, such as preference for care staff, what was important to them in their home, choice of décor for their rooms and relationships in their lives. This had resulted in people matched with care staff who had similar interests and the home being decorated in line with people's needs and wishes. For example, one person was allocated a member of the care staff team who was interested in the same football team. They supported the person to follow their team, decorate their room in their favourite style and attend football matches.
- Staff had spent time getting to know a person really well; supporting them to communicate and helping them make choices and decisions about where they wanted to live. The information staff were able to present to funding authorities meant the person's voice was heard throughout the assessment process. The person was able to have the home environment and level of support they needed to live as independently as possible. The outcome for the person, who had previously been labelled as 'challenging' was they were achieving fantastic outcomes, living a meaningful life and were thriving in their independence. Their level of distress had significantly reduced and their ability to communicate their needs and wishes had continued to develop thanks to the foundation work undertaken by staff. This was just one of many examples we heard about during the inspection.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff always treated people with dignity and respect. One relative said, "[Name] dignity is maintained at all times. I never see [Name] looking unkempt, [Name's] appearance is maintained at all times and they protect [Name's] privacy in terms of personal care." We observed staff addressed people with respect and were discreet in providing care and support.
- Staff were aware of how to promote people's independence. We saw people's care plans took into account things people were able to do for themselves without staff support to ensure they developed their independence.
- Staff were skilled in supporting people to transition (move to more independent living) and were able to provide several examples where this had been successful for people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care and support plans included detailed information about people's communication needs such sight, hearing and people's abilities to understand and process information. These included how information should be presented in the person's preferred format, e.g. through symbols and signs and gestures, Makaton or pictures.
- Staff understood how people communicated. They knew how people expressed themselves, so understood when people indicated their choices, were in pain or were becoming distressed.
- The service could provide information in different formats if required such as large print. Various easy read documents were used and contained pictures and symbols people could relate to and understand easier.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Each person had their own support plan in place, as well as a life story book. This was a photographic record of things they had been supported to do with staff, such as days out, activities, achievements or chilling out time. Support plans contained lots of person-centred information about people and things of importance staff may need to know.
- People were in control of their lives and what they did on a day to day basis. Staff supported people to enjoy their hobbies and interests; activity plans detailed things people liked to do and suggestions on choices to offer. Activities included in house sessions, such as sensory time, using local leisure facilities and shops and going out on day trips.
- One relative described the activities their family member participated in. They said, "[Name's] mood is a lot more consistent and is trying new things. [Name] goes out more often than I do!"
- A social care professional described how staff supported people to achieve meaningful goals and positive outcomes. They confirmed that records around activities and achievements were reflective of what was actually happening.
- People were supported to maintain relationships important to them. People regularly enjoyed quality time with their relatives including visiting and staying overnight or for a weekend.

### Improving care quality in response to complaints or concerns

- Complaints were handled appropriately. A complaints policy and procedure was available, explaining the process that would be followed.

- People's relatives knew how to provide feedback about the care they received, although relatives told us they had never had reason to make a formal complaint.
- A number of compliments had also been received, where people had expressed their satisfaction with the service provided.

#### End of life care and support

- Nobody was in receipt of end of life care at the time of the inspection. Some people had end of life wishes and preferences in place which had been developed with people and their relatives.
- Care plans would be created and the relevant professionals contacted should people's care and support needs change.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The atmosphere in the home was warm, positive and calm. Staff told us how much they liked working at Jubilee Villa. Comments included, "I love working here; it is such a rewarding job. People are looked after the way I would want to be," and "We are like a family; we all have a real bond."
- People received high quality, person centred care which was based on their likes, personal preferences and routines. The service strived to make sure this was at the heart of how the service was run.
- We saw people were comfortable around staff and the registered manager. They had freedom and exercised their choices throughout our inspection visit.

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

- The feedback we received about management and leadership from staff was very positive and it was clear the whole staff team were truly committed to ensuring people experienced high quality care. Staff comments included, "I have so much support here and I know if I needed help I could go anywhere and receive it. We are supervised to help us in our roles. I would, and have, recommended this service as a great place to work," and "I think this service is well led. [Registered manager] is fully involved and we can make suggestions which are listened to and acted on."
- The feedback from relatives was equally positive about the leadership of the service. Comments included, "The [registered] manager is fantastic; communication is 100%. They are flexible in contacting me to make sure I am consulted and involved in [Name's] care," and "I am really happy with the place; I can see [Name] is doing so well and is happy. I would 100% recommend this service."
- The registered manager monitored the quality of the service to make sure people received a high standard of care and support. This included the completion of regular checks and audits and daily discussions with staff so actions could be taken in the event of any shortfalls.

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

- Staff meetings took place in the service which gave them an opportunity to discuss work and improve the service people received. Staff said these took place regularly and they felt able to discuss any areas of concern and improvements.
- The views and opinions of people were gathered through regular meetings with their keyworkers and through observations of responses and reactions.

- Relatives and health and social care professionals confirmed they were fully consulted and involved in people's care.

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 registered manager operated in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.
- The provider ensured current ratings were displayed.

Working in partnership with others; Continuous learning and improving care

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people. This included supporting people to move into more independent living and developing communication and response strategies to support people's positive well-being and development.
- The provider ensured the care and support was based on best practice, including BILD (British Institute for Learning Disabilities) which provides information, guidance and training to improve the lives of people living with a learning disability.
- The provider was in the process of developing new training for staff to support people when they became distressed. This was centred around staff perception of behaviours that required a response rather than 'challenging' behaviours. This positive approach enabled staff to identify very person-centred approaches to support each person.