

# Elysium Healthcare No. 4 Limited

## Jubilee House

### Inspection report

18 Jubilee Gardens  
Royston  
Barnsley  
South Yorkshire  
S71 4FL

Tel: 01226337680  
Website: [www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)

Date of inspection visit:  
03 January 2020

Date of publication:  
31 January 2020

### 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

About the service:

Jubilee House is registered to provide accommodation and personal care for up to six people living with learning disabilities, autism and sensory and communication impairments. The service is intended for those individuals who require a high level of support to live within a community setting. The service is made up of six individual studio apartments, with access to community facilities such as a dining area, lounge, fitted kitchen and two gardens. At the time of the inspection there were six people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People at risk were supervised during the day and night on a one to one basis or two to one basis by staff. There were enough staff to keep people safe and meet their needs. People did not express any concerns about their safety. People were encouraged and supported to engage in activities within the community. Two people had gone out shopping on the day of the inspection. Another person was supported to go to the local shops to buy a newspaper. One person was celebrating their birthday with people and staff.

There were systems in place to safeguard people from abuse. Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. Risk assessments and support plans showed how people might behave when they were well, or when they were potentially becoming unwell. Support plans gave guidance to staff in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.

Staff respected people's privacy and dignity. Staff communicated with people in a friendly and warm manner that reflected their communication needs. The service had received positive feedback from one person's relatives about the quality of care provided. One person told us they were happy living at the service and shared their plans to go out shopping with staff.

A relative had complimented the service on the quality of care provided to their family member. People were supported to keep in touch with their relatives and people important to them.

Systems were in place to make sure managers and staff learned from events such as incidents, concerns and investigations. The provider completed pre-employment checks for new staff, to make sure they were suitable to work at the service.

Medicines were managed safely at the service. The service was clean and had a welcoming atmosphere.

Staff had undertaken mandatory and specialist training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a range of easy read documentation available for people to look at. There was an easy read complaints procedure displayed in the dining area. People were encouraged to raise any concerns or worries they had.

Staff spoken with made positive comments about the staff team and new manager. Staff felt respected, listened to and influential. The service had an open culture. The new manager was committed to providing person-centred care and learning from any incidents.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

Rating at last inspection:

The service was registered with us on 7 February 2019 and this is the first inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

Good ●

The service was good

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 House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and a specialist advisor. The specialist was a registered nurse.

#### Service and service type:

Jubilee House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Jubilee House provides personal care for people with a learning disability or autistic spectrum disorder. The service provides accommodation and care for up to six people.

The service did not have a manager registered with the Care Quality Commission. The manager told us they had applied to register with the CQC. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. The provider was not asked to complete a provider information return prior

to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people living at Jubilee House. We also contacted Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We spent time observing the daily life in the service and observed how staff interacted with people. One person chose to share their experience of living at the service. We spoke with 11 members of staff including the manager, the regional operational director, the regional nursing director, a nurse, a senior support worker, three support workers, an administrator and a maintenance worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked around the building to check the service was safe and clean

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People did not express any concerns about their safety. Systems were in place to safeguard people from abuse.
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. Staff told us they would always report any concerns to the manager.
- The manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People's risk assessments and support plans showed how people might behave when they were well or when they were potentially becoming unwell. Risk assessments showed how harm may come to the individual or where the actions of a person may be a risk to others. Support plans gave guidance to staff in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.
- The service worked with other agencies to help people to reduce risks to safety and wellbeing. People risk assessments were regularly reviewed and in response to a change in needs. Staff spoken with were knowledgeable about risks and could explain how they kept people safe.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. The lift was out of order on the day of the inspection. The manager told us the lift engineer was waiting for a part to be delivered.

Staffing and recruitment

- People at risk were supervised during the day and night on a one-to-one basis or two to one basis by staff. There were enough staff deployed to keep people safe and meet their needs.
- At the time of the inspection, the service was using some agency staff to cover staff vacancies and annual leave. Agency staff were provided with an induction prior to supporting people and worked alongside permanent staff. The provider was actively recruiting staff and reducing the amount of agency staff being used at the service to promote continuity of care.
- Most of staff spoken with told us there were sufficient staff working at the service. One staff member told us it had been challenging over Christmas to maintain staffing levels due to staff sickness.
- The provider completed pre-employment checks for new staff, to make sure they were suitable to work at the service.

### Using medicines safely

- Medicines were managed safely at the service. People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- Nurses administered medication at the service and their competency to administer medicines safely had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. We saw PRN protocols were in place for medicines that had been prescribed to be taken when required. We noted that one person's PRN protocol did not contain enough guidance for staff to follow. We shared this feedback with the nurse and manager. They assured us this protocol would be reviewed.
- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.

### Preventing and controlling infection

- Jubilee House was clean and the service had a daily cleaning schedule.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

### Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. These occurrences were monitored to identify any trends and prevent recurrences where possible.
- Staff handovers and team meetings were used to discuss learning points from incidents and changes to people's support plans, so that people were supported safely.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered.
- Support staff spoken with were knowledgeable about people's needs and knew people well.
- The service had received positive feedback from one person's relatives. On our arrival at the service one person called out to us to tell us that it was okay here. They told us they were happy living at the service and told us about their plans to go out for the day.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Support staff had received specialised training to meet the needs of the people who used the service, such as supporting people who had behaviour that could challenge others. For example, Therapeutic Management of Violence and Aggression (TMVA) and positive behavioural support.
- Staff told us they were well-supported by the new manager; they received regular one-to-ones.

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

- People were supported with their health and dietary needs, where this was part of their plan of care. We noted one person's "food and drink" section in their "My Plan" needed updating to reflect advice relating to them eating at a slower pace. We shared this feedback with the nurse.
- People participated in the planning of menus for the service during resident meetings. Some people were supported to go food shopping.
- People were offered a varied diet and were provided food from different cultures.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs. For example, psychiatrists.

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

- In people's records we found evidence of involvement from other professionals such as dentists and doctors.
- People had a "health passport", but they did not have a completion date. Three people's passports needed updating and/or required further information. For example, one person's medication needed updating and

two people's risks and/or support needs needed including, such as epilepsy. We did not find any evidence this had negatively impacted on the individuals. We shared this information with the manager and a nurse. They told us people's passports would be reviewed and dated.

- People were supported to attend medical appointments by their key worker. The provider's "Physical Health Lead" completed a monthly physical health review for each person living at the service.

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

- The service was made up of six individual studio apartments. The studio apartments did not contain any facilities for cooking, but one person had their own washing machine. Each apartment had two doors. The doors had observation windows which can be commonly found in hospital-based provision. The service had community facilities such as a dining area, lounge, fitted kitchen and two gardens. This allowed people to live in their own apartment and participate as a community within the service.
- The domestic sized kitchen had not been designed to cater for both staff and people's meals. People had limited access to the kitchen whilst meals were being prepared. Staff also did not have their own designated dining room. We saw the service would benefit from increasing the dining and kitchen facilities. We shared this feedback with the regional operational director.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was working within the principles of the MCA. Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.
- Staff had received training in the MCA and DoLS.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff were sensitive to times when people needed support. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. People appeared comfortable in the presence of staff. One person described how they liked living at the service and told us they were going out shopping with staff.
- A relative had complimented the service on the care and support provided to their family member in November 2019. Their comments included, "I am writing to thank you for the amazing support you give to my [family member]. The support given to [family member] helps him to make plans for things he wants to do and achieve." They also described how much happier their family member was since they had moved to Jubilee House.
- Support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- It was clear from our discussions with staff that they enjoyed caring for people living at Jubilee House. On the day of the inspection people and staff were celebrating one person's birthday. A buffet had been provided. We observed staff greeting the person warmly and wishing them a happy birthday.

Respecting and promoting people's privacy, dignity and independence

- Staff had undertaken equality and diversity training. Staff gave positive feedback about the caring nature of the service and the quality of care and support provided. Staff gave consideration to promoting inclusivity.
- People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people.
- People were encouraged to maintain their independence. People's support plans explained what they could do for themselves and what they needed staff to support them with.
- We saw risk assessments had been developed where people displayed behaviour that challenged. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights.

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

- Support plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care. For example, one person used certain phrases to communicate their likes and dislikes.
- Staff supported and encouraged people to make decisions about their care.

- We found the service welcomed the involvement of advocates. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well; this enabled staff to anticipate people's needs and recognise distress and discomfort at the earliest stage.
- Support plans gave guidance to staff in how they should respond if people were becoming unwell and how to promote wellbeing. One person's "My plan" had not been dated; we shared this information with the manager.
- Support plans included details of the person's life story. Life Story work can help encourage better communication and an understanding of the person's needs and wishes. This can inform their care and ensure that it is provided in a positive and person-centred way. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.
- Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively. The service provided an on-call service for staff to contact if they needed assistance and advice.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy and procedure in place. The service had not received any complaints since they had been registered.
- The complaints process was available in an easy read format and displayed in the dining area.

The provision of accessible information

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.

- People's communication needs were identified, recorded and highlighted in support plans.
- There was a range of easy read and pictorial documentation available at the service for people to look at. For example, an easy read Mental Capacity Act 2005 was available for people to look at.

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

- People were supported to follow their interests and take part in activities, including activities in the community. People had an activity plan. Two people had gone out shopping on the day of the inspection. One person was supported to go the local shop each day to buy a newspaper. Another person was storing their bikes at the service so they could go out riding with staff.

- People were encouraged and supported to develop and maintain relationships with people that matter to them. For example, one person was supported to contact their relatives each week and this was recorded in their support plan.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes were explored as part of their support planning.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- We observed a positive, welcoming culture within the service. We saw people responded positively to the manager and knew who they were.
- The manager told us they had started working at the service in October 2019. They told us they had applied to register with the CQC. The manager was committed to providing person-centred care and learning from any incidents or mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- During the inspection we noticed some people's care records needed further information or updating. We shared this information with the manager. The manager told us they were putting systems in place to ensure people records were fully completed. This reflected the feedback received from staff.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of audits were completed on a regular basis, to monitor the quality and safety of the service provided. Staff meetings took place to review the quality of the service provided and to identify where improvements could be made
- The provider was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Senior staff regularly visited the service to provide support to the new manager and have good oversight of the service.
- Staff were clear about their roles and knew when to raise things with their manager. They made positive comments about the new manager. They told us they were approachable, friendly and proactive at dealing with any issues that arose.
- Staff told us there was a good team of people working at the service and they worked effectively as a team. One staff member said, "I am proud of the morale and team spirit, togetherness and we all work well together."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager told us the service held regularly resident meetings to obtain people's views about different topics. For example, community activities and menu choices or to inform people about changes at the service.
- One of the people living at the service attended the provider's service user forum. So, they had the

opportunity to share their service's views and implement change.

- The regional operational director regularly visited the service; this was an opportunity for them to speak with people, staff and visitors.