

Jubilee Villa Care Home Ltd

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jubilee Villa Care Home Ltd is a residential care home providing personal care to 16 people at the time of the inspection. The service can support up to 17 people over the age of 18 years who may have mental health needs or dementia.

The home has bedrooms over the ground and first floor. There is no passenger lift at the home. People have access to communal areas and the garden.

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

People were supported by enough staff to help keep them safe. Staff were aware of the risks to people and supported them in a way which minimised those risks. Staff understood how to report concerns they may have about people's safety.

People's medicines were managed safely and people got them when they needed them. The home was clean and staff wore gloves and aprons to help stop the spread of infection. The registered manager monitored and reported safety incidents.

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's needs were assessed in line with best practice guidance and staff received training to meet those needs. People were supported to eat and drink and manage a well-balanced diet. Staff ensured people had access to the healthcare they needed and saw healthcare professionals as they needed to.

People were supported by staff who they had built good relationships with. Staff engaged with and interacted with people to help them make their own decisions. People were afforded respect, dignity and privacy.

People's care was focused on them as an individual. Staff gave support to people to help prevent social isolation and involved them in activities, where they wanted to. People were confident to raise complaints but had not needed to. If people wished to receive end of life care at the home, protocols were in place to enable this to happen.

The provider and staff had created a homely, friendly and inclusive environment for people to live in. People benefitted from a stable staff team who worked well together to achieve the best outcomes for people. The quality of the care provided was monitored and improved as necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 9 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Good ●

The service was 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 Care Home Ltd

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.

Inspection team

This inspection was completed by one inspector.

Service and service type

Jubilee Villa Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or 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. The registered manager is also the provider and owner of the home. This means that they, as the provider and registered manager, are 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 the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. 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.

During the inspection-

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service about their experience of the care provided and one visiting professional from the local district nursing team. We spoke with six members of staff including care staff, the cook, housekeeper, the registered manager and deputy manager.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safeguarded against the risk of abuse. Everyone we spoke with told us they felt safe living at the home.
- Staff told us they would be confident to report poor practices. Staff had received training in safeguarding adults at risk of abuse and knew how to raise a safeguarding alert. This helped to ensure people were safe.

Assessing risk, safety monitoring and management

- The provider had assessments in place to identify risks to people. Some people needed support with their mobility and had been assessed as being at risk of falls. Staff followed guidance in care plans when supporting people to move around the home safely.
- The provider ensured risks associated with the environment were managed. Arrangements were in place for servicing equipment and systems were in place to help people stay safe in the event of a fire.

Staffing and recruitment

- People continued to be supported safely by sufficient numbers of staff. People told us staff came quickly when they needed assistance or used their call bells.
- Staff were present in the communal areas of the home throughout our visit. This helped to ensure people stayed safe.

Using medicines safely

- People's medicines continued to be managed safely. People told us they received their medicines when they needed them. One person told us they always had their medicines on time.
- Some people took medicines only when they needed them, such as pain relief. Staff discussed people's pain level with them to see if they required these medicines.

Preventing and controlling infection

- The home's environment was clean. Staff told us they received training in infection prevention and control. Staff wore protective equipment, such as gloves, to help prevent any spread of infection.
- The kitchen was clean and since our last inspection had been awarded, by the local authority, the highest rating of five for food hygiene.

Learning lessons when things go wrong

- The registered manager looked at incidents which affected the safety of people. They looked for any deterioration in a person's health or poor staff practice. This helped to identify if anything else could be

done differently to minimise potential future risk of harm to people.

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

- The registered manager visited people prior to being admitted to the home. This was so they could complete an assessment of people's needs. The registered manager told us it also ensured the home would be a suitable environment for them.
- Since our previous inspection, more people with mental health needs have moved into the home. The registered manager and staff had received training and worked with the local mental health team to ensure they could meet people's needs.
- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who had the skills and knowledge to support them effectively. The registered manager monitored staff training to ensure staff had the skills and knowledge to support people and any specific health needs.
- Staff were supported in their roles. They told us they received regular support and meetings with the registered manager. This gave them opportunities to discuss and review their practice and any areas for development.

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

- People received the support they needed to ensure they ate and drank enough to maintain good health. The registered manager told us they checked records daily to ensure people maintained their fluid balance.
- People's weight was monitored and action was taken by staff where people lost or gained significant amounts of weight. Some people told us they were being supported by staff to try to lose weight. They told us staff gave advice to them, but they did not always listen to it.

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

- People were supported to access various healthcare services and professionals such as GP, district nurse and mental health teams, speech and language therapy and foot care. Regular health checks were completed on people where they had a medical condition which required this.
- People's care records contained information on how to meet people's healthcare needs, this included oral hygiene.

- One health professional praised their working relationship with staff at the home. They told us staff contacted the district nurse team in a timely way, followed instruction and managed people's health well. They described the home as, "homely, friendly and it feels like a family".

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

- We saw the decoration of the home was looking tired and dated in some areas. The registered manager told us they had a continuous programme of improvement in place to improve the cosmetic appearance of the home.
- There was signage which would help people living with dementia orientate themselves around the home, for example signs to indicate where people could access toilets and bathrooms.
- Due to the restrictions on the building there was no passenger lift to the first floor. However, only people who could safely use the stairs were accommodated on this floor. Fire doors and evacuation equipment were in place should the need arise.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured applications to lawfully deprive people were completed and authorised. They worked with the local authorities to ensure these were in people's best interests and capacity assessments were completed as needed.
- Staff understood their responsibilities to ensure they acted in people's best interests. People's care plans contained information about people's decision-making abilities and how staff could support them to make decisions.

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 remained the same. 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

- People told us they were treated with respect and staff were always kind to them. People appeared comfortable in the company of staff and there was a friendly, relaxed atmosphere in the home. People's body language indicated they were at ease with staff and managers.
- Staff had positive relationships with people and showed they knew them well, knew how to support them safely and how to best interact with different people. One staff member said, "Each individual is different and it's up to us to get to know them. We give the same choices to everyone."

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

- People were involved in making decisions about their care. Staff made opportunities to spend time with people, they spoke and listened to people and observed their actions. One staff member said, "We make sure we build a rapport with the residents, if they know you, they build up trust, which in turn makes them more comfortable."
- Some people were not able to express their views or be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was treated with importance and they were spoken to with respect. People told us staff were respectful of their privacy.
- People were supported to be as independent as they could be. One person told us they helped staff around the home when they felt able to.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was focused on them and responded to their current and changing needs. Staff knew people well, they knew about their life history, their preferences, hobbies and interests. One person said, "Staff relate to me, they have a humanistic approach. They treat me like a human, very interactive, very attentive."
- People's care was reviewed regularly and their care plans updated. Staff understood the importance of sharing information and concerns to ensure they were responding to people's changing needs. One staff member said, "We work well as a team to make life better for people. It's all about person centred care."

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 maintain social and cultural links. Some people went out with family and support workers to the local community. We saw photographs around the home of various events which people had clearly enjoyed.
- People were able to continue with their chosen faiths and links with local churches enabled people to attend if they chose to. Staff chatted with people and suggested activities for people to do. On the day of our inspection people were encouraged to join in with celebrating one person's birthday and in seated activities.
- The home had a resident cat. People engaged with and petted the cat and it provided a talking point for people to interact with each other.

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.

- People's information and communication needs were identified and recorded in their care records. Staff had found out about people's communication needs so they could ensure they understood information given to them.

Improving care quality in response to complaints or concerns

- We have received no complaints about the home since our previous inspection. People told us they would speak with staff or the registered manager if ever they had any complaints.

End of life care and support

- People were supported to identify their wishes for their end-of-life care. This included wishes they had for receiving future treatment or for being resuscitated. The registered manager told us they worked with the local district nurse team to support people to receive end of life care if they chose to stay at the home.

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 has 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

- People were supported in an environment which was homely, friendly and welcoming. People told us they were happy with living at the home and with the care they received.
- People were supported by a stable staff team, with most staff having worked at the home for a number of years. Staff knew people well, care was person-centred and focused on people's health and well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was also the provider and owner of the service. Staff and the registered manager understood their roles and responsibilities in keeping people safe and providing care which was centred on the person.
- Staff continued to work well as a team and said they felt well supported by the registered manager and their colleagues. All staff told us there was good teamwork and this was confirmed by one visiting professional who told us the same. We saw staff supported each other to ensure the shift ran smoothly and people received support when they needed it.
- The provider had effective quality monitoring arrangements in place. These included audits of medicines and care records, environmental checks and observations of staff practice.
- The provider had notified us of significant events which had occurred at the home, in line with their legal obligations. The provider had displayed the rating from the previous inspection in the home and on their website, in line with our requirements.

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

- Staff worked with other healthcare professionals to help ensure good outcomes for people. The deputy manager told us staff acted as advocates for people when they could not speak up for themselves, such as arranging home visits from the GP.
- The registered manager played an active part in the home and people were very familiar with who they were. People and staff had opportunities to give their opinions of the care provided. Staff told us they saw and spoke with the registered manager regularly.

Continuous learning and improving care

- The registered manager accessed information and advice from other organisations to ensure they provided a service based on current best practices. The deputy manager said, "We strive to give the best and keep improving. Everything revolves around doing our best for the residents. This is their home."