

South Yorkshire Housing Association Limited

Jubilee Gardens

Inspection report

18 Jubilee Gardens
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Our inspection visit was unannounced and took place on 26 May 2015.

Jubilee Gardens provides supported accommodation and personal care for up to 16 people with enduring mental health needs aged 18 years and over. People access the service for a maximum of two years; within this period of time they receive support to develop their skills in order to live independently. Staff are based on site 24 hours a day and provide practical and emotional support to people.

Jubilee Gardens was last inspected by the Care Quality Commission (CQC) in January 2014 and was found to be meeting regulations relating to care and welfare of people who use services, management of medicines, safety, availability and suitability of equipment and requirements relating to workers.

A registered manager was in place and was responsible for the management of Jubilee Gardens and some of the provider's other services. The registered manager was on leave on the day of our inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

Our inspection identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that we found that some checks had not been undertaken in order to ensure that people were being supported in a safe, suitable environment. For example, we noted that the window restrictors in place were ineffective and did not meet published guidance; this was because the mechanism which limited the windows could be overridden by pressing a button situated next to it. Our conversations with staff and our review of records also demonstrated that there was a lack of knowledge, assessment and checks of the possible risks posed by the ineffective window restrictors. You can see what action we told the provider to take at the back of the full version of this report

People told us that they received their medicines on time. Our observation of one person being supported to take their medicines together with our review of records provided evidence that medicines were safely administered. However, we identified that medicines were not always stored at the required temperature, this meant that some medicines may not be safe to use. Medication audits had identified this as an issue. However, it had not been addressed in a timely way. This was an area which required improvement.

People told us they felt safe at Jubilee Gardens. Staff knew how to recognise and report signs of abuse. They understood the individual risks associated with people's care and protected them from harm. An effective recruitment procedure was in place to minimise the risk of abuse.

Staff were knowledgeable about the Mental Capacity Act 2005 and provided examples of when they had identified that people's mental health needs had impacted upon, or caused their capacity to make decisions to fluctuate.

There were enough staff with the right skills and competencies on duty to meet people's needs.

An induction in place for new staff. Existing staff received regular supervision and an annual appraisal. Staff were positive about the training courses they received.

Healthy eating was promoted and people were encouraged to make healthy food choices as well as develop their cooking skills. In addition to supported cooking sessions, we found that the service promoted and encouraged people to develop their independence skills in readiness for moving on from the project.

People's needs were assessed before they entered the service. People told us and our review of records confirmed that they were fully involved in their support plans and were provided with opportunities to express their views about the support they received at Jubilee Gardens. People's support plans were regularly reviewed and updated when needed in order to ensure that they accurately reflected people's needs.

Jubilee Gardens worked closely and effectively with health and social care professionals to ensure that people's needs were met. Staff supported people to attend and access health and medical appointments when needed. Visits to and from visiting health and social care professionals were recorded within people's support plans.

The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People were positive about the differing social, therapeutic and educational activities and opportunities provided within and outside of Jubilee Gardens. One person told us, "There's not enough time to do everything you can do here."

Our observations, together with our conversations with people provided evidence that the service was caring. The staff had a clear understanding of the differing needs of people staying at Jubilee Gardens and we saw them respond to people in a caring, sensitive, patient and understanding professional manner.

A range of checks were undertaken by the project lead and staff to monitor the quality of the service. The results of these checks were then fed into a monthly monitoring visit undertaken by the provider's quality assurance lead. This visit also focussed upon a particular area of practice each month. We noted that some of the shortfalls identified during our inspection had not been incorporated into or identified within the provider's quality assurance systems and processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some checks had not been undertaken in order to ensure that people were being supported in a safe, suitable environment. For example, there was a lack of knowledge and regular checks of the possible risks posed by the window restrictors. The ineffective window restrictors had been identified in November 2014 but action to reduce the risks these posed had not been undertaken in a timely manner.

People's medicines were safely dispensed and recorded. However, we identified that medicines were not always stored at the required temperature, this meant that some medicines may not be safe to use.

Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse.

An effective recruitment procedure was in place to minimise the risk of abuse and there were sufficient staff to meet people's needs and keep people safe.

Requires improvement



Is the service effective?

The service was effective.

Regular supervision and training were provided to support staff to fulfil their roles and responsibilities. Staff had received training and demonstrated a good understanding of the Mental Capacity Act (MCA) and how this applied in practice.

Support plans contained detailed information about people's healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate. Staff supported people to arrange and attend healthcare appointments and liaised with other healthcare professionals as required.

Good



Is the service caring?

The service was caring.

People told us and our observations confirmed that the staff were kind and caring. Observations and conversations with staff and the project lead demonstrated that the staff took time to explain things to people and had a good understanding of people's individual needs and preferences.

People were provided with information about advocacy and other relevant support services.

Good



Is the service responsive?

The service was responsive to people's needs.

Good



Summary of findings

People were actively involved in the planning and reviewing their care. Support plans reflected people's individual needs and preferences. People were positive about the range of social, therapeutic and educational activities and opportunities provided.

People's views were actively sought and acted upon. Weekly meetings were held to enable people to discuss their needs and the progress they were making to achieve the goals detailed within their support plans.

A link-worker was in place to ensure that people received consistent, co-ordinated care when they moved between services.

Is the service well-led?

The service was not always well-led.

A system was in place to monitor and assess the quality of care provided. This incorporated the various audits undertaken by the project lead and staff. We identified that audits relating to some key areas of practice did not take place. For example, the shortfalls identified during our inspection in relation to window restrictors had not been identified, or highlighted by an internal auditing system.

The project lead was visible and they, and the provider provided opportunities for people, relatives and staff to provide feedback and influence the service.

Staff felt supported by the project lead and registered manager. They enjoyed working at the service and said they received feedback about their practice. Jubilee Gardens had developed links with the local community and a range of other organisations. They worked in partnership with these bodies in order to meet the needs of the people they supported.

Requires improvement



Jubilee Gardens

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 checked 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.

We undertook an unannounced inspection of Jubilee Gardens on 26 May 2015. The inspection was undertaken by an adult social care inspector.

During our inspection we spoke with two of the eight people staying at Jubilee Gardens. We also undertook a number of informal observations in order to see how staff interacted with people and see how care was provided. We

spoke with the two members of staff who were on duty for the majority of our inspection and the project lead. The project lead oversaw the day to day running and management of the service.

We reviewed a range of records during our inspection visit, including three outcome plans, daily records of people's care and treatment and policies and procedures relating to the running of the service. These included quality assurance documents and staff training records.

Before the inspection, the provider 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. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern. We also contacted a social worker who had previous involvement with the service in order to obtain their views about the support provided by Jubilee Gardens.

Is the service safe?

Our findings

People spoken with during our inspection told us that they felt safe living at Jubilee Gardens. One person told us that they had a keyworker, who frequently explained specific areas of their tenancy agreement and other arrangements in place to ensure their safety.

On touring the premises we noted that the window restrictors in place were ineffective and did not meet published guidance; this was because the mechanism which limited the windows could be overridden by pressing a button situated next to it.

Our review of records and our conversation with the project lead and two members of staff identified a lack of awareness that the window restrictors in place were ineffective and did not meet the requirements of nationally published and recognised guidance. The project lead said that he had completed and returned a document about window restrictors to the provider's health and safety lead last year but had not received any further communication about this.

We reviewed copies of the health and safety checklist completed by staff each week together with a copy of the last health and safety audit undertaken by the providers quality assurance officer. We noted that these documents did not provide sufficient detail or guidance to support the quality assurance officer and staff at the service to identify and assess the hazards observed during our inspection. These shortfalls increased the risk of people being supported in an unsafe environment.

The provider's PIR document, information gained from the project lead and staff during our inspection and our review of records identified that there had been an increased incidences of people using substances which may result in a confused mental state. In light of this, and the needs of people who used the service we felt that appropriate measures should be in place to meet published guidance and manage the possible presentation of these risks and those observed during our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed a number of other documents relation to the safety and suitability of the premises and found these to be

appropriate. For example, we saw that fire checks and checks of water temperatures, carbon monoxide and checks of specific items, such as the lift within the main building were undertaken.

We spoke with staff and the project lead about accidents and incidents. Members of staff were clear about the incident reporting processes in place and told us that any accidents or incidents were communicated at staff handovers or during team meetings. The project lead said that they reviewed and, if necessary undertook investigations of any accidents or incidents in order to identify any recurring patterns and take action to reduce the likelihood of repeat events.

We spoke with one person about their medicines. They told us that they were being supported to self-manage their medicines and said that staff were available when they asked to access their medicines. We observed this person being supported to take their medicines. The medicines were stored in a locked cupboard within a small locked medication area. The member of staff checked the persons medication against their medication administration record (MAR) and then handed the medication to the person to self-administer. They then observed the person taking the medication before then signing the MAR chart to confirm that it had been taken. The remaining medication was then counted to confirm that it corresponded with the amount recorded on the MAR chart. We checked the stock of this and two other medicines and found that the MAR chart accurately recorded the remaining stocks of these medicines.

We saw that the temperature of the medication room was taken daily and identified that it was slightly over the required temperature, both on the day of the inspection and the previous day. This meant that medicines were not being kept at the right temperature and may therefore not be safe to use, particularly in summer time. The member of staff present told us that staff were encouraged to open the windows of the two sleep-in rooms which adjoined this area in order to ensure air flow to cool the room. We discussed our findings with the project lead. They confirmed that the temperature of the medication room was often higher than the recommended temperature and said that this was something they consistently identified within the monthly medication audit they undertook and

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shared with the provider. There was evidence that work had been undertaken to try to address this, but little progress had been made. This is an area which requires improvement.

People's support plans contained detailed information about their medication. Some people were prescribed 'as and when needed' (prn) medicines and we saw that clear plans were in place to support staff to identify when people may require these medicines. For example, one person's support plan contained detailed the signs and behaviours which may indicate a need for these medicines. One person was prescribed prn paracetamol for pain relief. Our review of the MAR chart identified that this had been administered on five separate occasions. The type of pain and reason this was administered was only recorded once. This lack of recording made it difficult to identify patterns and ensure this medication was being used as intended by the doctor.

Our conversations with staff together with our review of safeguarding records showed us that Jubilee Gardens appropriately identified concerns and followed local procedures in order to safeguard the people they supported. Each member of staff was aware of local authority safeguarding procedures as well as differing types of abuse and the actions they would take if they suspected that any form of abuse had taken place. Members of staff were confident that the project lead and registered manager would action any concerns they raised about people's safety. The social worker spoken with as part of our inspection told us that Jubilee Gardens were good at identifying and reporting safeguarding concerns to relevant agencies.

There was a locked draw within each bedroom to enable people to safely store their money and any other valuables. Most people managed their own finances; however, should people need support, the project lead informed us that secure storage and a financial log sheet was in place to safeguard people's finances.

We looked at the recruitment records for three members of staff. These, together with our conversations with staff evidenced that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at Jubilee Gardens.

Our observations and our conversations with staff showed us that there were sufficient, suitably experienced staff to meet people's needs. Staff said that they tried to cover any staffing shortfalls themselves to ensure continuity. For example, the project lead told us that staff from an external agency had only been used on three occasions within the past 18 months and stated, "I'd rather do the shift myself than use agency staff." Staff spoken with on the day of our inspection confirmed that they and the project lead undertook additional shifts in order to ensure that people were supported by a consistent staff team.

The project lead and staff told us that they were always provided with a 'decision tree' which listed which managers to contact for differing issues outside of office hours. They told us that any calls made to these numbers were always answered and that managers providing cover were supportive.

Is the service effective?

Our findings

One of the people spoken with during our example provided a clear example of the positive impact Jubilee Gardens had upon their mental health. They told us, “It’s been alright here. They’ve looked after me well. I’ve not been really ill since I’ve been here. They’ve helped me stay well.”

This person was also positive about the way in which Jubilee Gardens supported their health needs and commented, “Staff helped me to see the doctor when I was having problems with my meds. They also support me with meetings with my care team and helped me make an appointment with the dentist. They’re going to help me get an appointment to have my eyes tested and they help me with hospital appointments.”

Our review of support plans demonstrated that they included detailed information about people’s health needs. Jubilee Gardens worked closely with the mental health and social care professional involved in people’s care. People’s support plans clearly detailed any contact and advice provided by these professionals, as well as visit to other health professionals, for example, dental and optical visits.

We spoke with two people about the food at Jubilee Gardens. One person described the food at Jubilee Gardens as, “Alright.” The other person said, “There’s a menu and set courses. I can usually find something I like.” This person told us that they had made a request for certain foods and stated that staff were, “Looking into it for me.” They told us that Jubilee Gardens promoted healthy eating and they had seen information promoting, ‘fake-aways.’ These were healthier options which imitated popular take-away meals.

Members of staff spoken with on the day of our inspection told us people were consulted about the menu and that this always included fresh fruit and vegetables. They also told us that healthy eating was promoted by the supported cookery sessions, which took place throughout the week. These were sessions where people supported to buy, prepare and cook a meal of their choice either on an individual, or group basis.

We spoke with members of staff and the project lead about the Mental Capacity Act 2005, (MCA). This is an act which promotes and safeguards decision-making. The basic principle of the act is to make sure that, whenever possible,

people are assumed to have capacity and are enabled to make decisions. Where this is not possible or questionable, an assessment of capacity should be undertaken to ensure that any decisions are made in people’s best interests.

Each member of staff had a clear understanding of the MCA and gave examples of when they had identified that capacity assessments may be needed. The examples provided evidenced a broad knowledge of the MCA and the safeguards within it. For example, staff told us that they had requested capacity assessments after identifying the mental health needs of one person could, at time impact upon their capacity to make certain decisions. The project lead told us that they had arranged a specific training session from the mental health team that worked closely with the service in order to support staff to understand the way the MCA and Mental Health Act work together. Staff were knowledgeable about the different roles and safeguards within the MCA. For example, where powers of attorney were in place for people who did not have the capacity to make certain decisions about their care, the staff were aware of who these people were and the different types of decisions which needed to be discussed with them.

Our conversations with the project lead and members of staff also provided evidence that they were aware of the Deprivation of Liberty Safeguards (DoLS) and would seek further advice and guidance if necessary. The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom.

The staff spoken with on the day of our inspection told us that they enjoyed working at Jubilee Gardens and were appreciative of their colleagues. For example, one member of staff commented, “We’ve got a good staff team here; everyone pulls their weight.” Staff told us that wherever possible, the project lead tried to ensure that a male and female member of staff were always on shift. They told us that people’s preferences for staff of a particular gender to be on duty were always met should this be an identified need.

The project lead told us that an induction process and checklist was in place for new members of staff. The staff spoken with during our inspection told us that they underwent a period of induction when they first joined the service in order to get to know the tasks and

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responsibilities of their job role. They said this had included mandatory training as well as a period of shadowing established members of staff in order to meet and get to know the needs of people who accessed the service.

Staff told us and our review of records confirmed that they received regular supervision sessions as well as an annual appraisal. Supervisions ensure that staff receive regular support and guidance. Appraisals enable staff to discuss any personal and professional development needs. The staff we spoke with were positive about both processes and the way in which they supported their role. For example, one member of staff stated, “It’s good to get feedback from [the project lead] and know you’re on the right track.” The other member of staff was similarly positive about the appraisal process and the fact that this included feedback from colleagues and people they supported and said, “It’s nice to know what others think, their perspective and how you can improve. It helps you develop and also gives a confidence boost to know you’re doing things right.” This member of staff was also appreciative of the range of learning objectives they could set within the appraisal process and said, “They can cover things like learning about other projects or doing a specific training course.”

Both members of staff described the registered manager and project lead as, “approachable” and said they felt able to consult with either individual should they need any support or guidance in-between scheduled supervision sessions. One member of staff commented, “If I’ve got any concerns I’ll just pop into the office to talk to them.”

Members of staff said told us that requests for training to enable them to meet the specific needs of people they had supported had been provided. For example, they told us that they had received training about diabetes, eating disorders and epilepsy. We also noted that a wide range of mandatory and other training courses relevant to supporting people with mental health difficulties were provided. For example, our review of training records showed us that staff had received training about personality disorder and the Mental Health Act. A number of relevant mandatory training courses were provided such as, managing difficult situations, infection control, emergency first aid and safeguarding training.

Is the service caring?

Our findings

People spoken with during our inspection felt that the staff at Jubilee Gardens were caring. One person told us, “The staff have been fine. Really helpful actually. I’ve got a good keyworker; he cares and listens to me. The other staff listen too.” The social worker spoken with as part of our inspection described the staff at Jubilee Gardens as, “Genuinely interested in people.”

Our observations corresponded with the above views. The staff spoke in a fond and caring way about people and said that they worked well as a team in order to meet the needs of people they supported. One member of staff commented, “I like helping people and helping them face their challenges.” We saw that staff demonstrated warmth and a person centred approach to people. For example, throughout our inspection we saw staff greeting people, asking how they were and asking questions about subjects such as their interests, activities and families. The staff had a patient and caring approach which was illustrated by the way in which they took time to listen to people, answer any questions and provide reassurance when needed.

One person was appreciative of the fact that staff spent time listening to them and answering any questions they may have. For example, they told us that the staff were good at explaining a specific requirement in place about their care. They told us, “Staff explain it to me all the time. I understand that I can’t stay here if I don’t follow it.”

One person we spoke with told us, “I’m ready to move and the staff are helping me to get ready to move into one of the flats.” They said that being supported to self-manage their medicines was one of the ways they were being assisted to become more independent in readiness for this move. The social worker spoken with as part of our inspection was also positive about the way in which Jubilee Gardens supported people’s independence and stated that the service were, “Good at developing people’s independence; there’s a focus on supporting people to move on.”

The staff spoken with on the day of our inspection were proud of the way in which Jubilee Gardens supported people to develop their independence skills. One staff member told us, “I like working with different people, helping them develop a skills set and gain the skills they

need to move on.” Both members of staff provided examples the independence skills they had supported people to develop. These included supporting people with budgeting, cooking and learning to use public transport.

Our conversations with staff demonstrated that they were respectful of people’s privacy and dignity. Examples observed included, knocking on people’s bedroom doors before entering and ensuring the door to the medication room was closed when giving medicines in this room. A statement from one member of staff provided evidence of dignity and respect being a fundamental element of their practice; they told us, “its part and parcel of the job. It’s what you do all the time. It’s so important here because how you treat someone could have a positive or negative influence on their mental health.”

Staff and the project lead were respectful of, and knowledgeable about the different cultural and religious needs of people who may use the service. For example, staff told us that, in the past they had sourced and supported people to access the nearest Mosque as well as ensure halal meats were available. Staff told us and our review of records confirmed that most staff had received equality and diversity training.

We found that people’s views and involvement was sought in relation to making decisions about a number of areas of the service. The main way of doing this was by the monthly ‘tenants participation meeting.’ When talking about the tenant’s participation meeting, one person told us, “They ask you what you want. You can say what you want and they listen.” We reviewed the minutes of recent meetings and found that people had been involved in decisions about the colour scheme for the re-decoration for the service, activities, ideas for day trips and a forthcoming short holiday.

We saw that a range of information and leaflets about relevant services and issues was displayed in the reception area of the home. For example, there was information about benefits advice, housing, leisure and recreational facilities in the local area as well as a plan of weekly activities and social events taking place at Jubilee Gardens.

We saw that information about differing advocacy services was also displayed in the reception area of the home. These are services which support and enable people to express their views and promote their rights. Some people had advocates and we noted that their support plans

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included contact details for their advocates and the need for them to be included in discussions about their care. The

member of staff who arranged and chaired the monthly tenant participation meetings told us that they invited local advocacy services attended one of these meetings each year in order to ensure people were aware of them.

Is the service responsive?

Our findings

People spoken with during our inspection felt that Jubilee Gardens was responsive. For example, one person told us, “You can always find staff when you need them. They’re always around the building, if not you can usually find them in the office.”

We spoke with the project lead and with staff about how people’s needs were assessed, planned and reviewed. The project lead told us that referrals to the service generally came from social workers or community psychiatric nurses. If referrals met the services referral criteria then Jubilee Gardens then visited the person in order to carry out an initial assessment. The person and the referrer were then informed of the outcome of this assessment and, if suitable, the person was then invited to visit or stay for a night at Jubilee Gardens.

The social worker spoken with as part of our inspection told us that the referral and assessment process at Jubilee Gardens worked well. They were also positive about the fact that the service spent time, sometimes several months, getting to know people and their needs prior to them then moving to the service.

On arrival at Jubilee Gardens people were fully involved in the writing of their support plans and identifying the goals they wished to achieve whilst staying at the service. One member of staff commented that they supported people to do complete their support plans, “A bit at a time; it can be daunting to do all at once when you’re new.” One of the people we spoke with told us that they had found this approach helpful as, “It gave me time to get my head around it and think about what I wanted to put in it.” Staff told us that support plans were reviewed every six months or sooner if needed. They also told us that people could request a review of their support plan at any time.

Attendance at a weekly key-worker meeting was a requirement of people’s tenancy agreements. We reviewed the minutes of a number of these meetings and found that they documented the issues discussed and also reviewed the progress people were making towards the goals identified within their support plans.

One of the members of staff spoken with during our inspection acted as a link worker to ensure that people received coordinated care when they moved into and out of Jubilee Gardens. They told us that they met people,

undertook initial assessments of their needs and supported and arranged any introductory visits to the service. When ready to leave the service, they also assisted people to find suitable accommodation as well as furnish it and set up utilities. The member of staff was pleased about the positive feedback they had received from one of the mental health teams. This feedback had been submitted through the provider’s ‘praise and grumble’ system and was about the practical and emotional support they had provided to enable the person to move into their own accommodation.

Our review of the notes of key-worker meetings and the support plans of three people demonstrated a person centred approach. The support plans were holistic and covered a range of needs such as managing money, learning and realising potential and being healthy and living well. The support plans were not prescriptive and enabled people to define the support they needed to meet their individual needs. For example, beneath each need there was information about people’s situation on entering the service, how they wanted things to be, the goals they wished to achieve within the next six months and any support they required in relation to this area. Other information such as a section titled, “How best to work with me,” together with information about people’s preferences, skills, strengths, hobbies and those important to them provided key information to support them to deliver person centred care to people. Each person also had a ‘mini hospital care plan’ which contained clear, accessible information about people’s needs should they need to be admitted to hospital.

We were present when a member of staff was handing over information from their shift to the staff members undertaking the next shift. They provided a detailed account of people’s needs, any visits from healthcare professionals and any activities or outings which had taken place during the day. They also talked about the responses and approaches which had worked when responding to people’s individual needs and any issues which were causing them anxiety. This is good practice in order to ensure people are supported in a consistent way. We noted that a written record of the above information was also completed at the end of each shift.

People were positive about the differing social, therapeutic and educational activities and opportunities provided within and outside of Jubilee Gardens. One person told us,

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“There’s not enough time to do everything you can do here.” This person said that exercise was important to them and told us about the differing exercise opportunities their keyworker had supported them to access. These include gym and swimming sessions and joining a football team. They also said they had participated in a film making class run by Crisis Skylight, a charity which regularly visited Jubilee Gardens to provide short arts based courses. This person told us they had, “Really enjoyed,” making the film and were proud that it had been screened at one of the tenant participation meetings.

We saw posters and information within the reception area of the service about a weekly quiz and bingo nights and also noted that there was a range of information about

local community resources. The support plans reviewed also provided evidence that Jubilee Gardens had supported people to access educational courses and volunteering opportunities within the local community.

The project lead told us that there were no current complaints at the service. They told us that they welcomed complaints and provided an example of how they had used a previous complaint to inform and improve a specific area of practice. We noted that information about how to make a complaint as well as complaints leaflets was within the reception area of the service. A poster listing previous complaints and the actions taken in response to these was also displayed in this area and further illustrated the provider’s commitment to using information from complaints to improve the support they provided.

Is the service well-led?

Our findings

The people and staff we spoke with were positive about the registered manager and project lead and the way they led the service. The project lead was visible throughout our inspection and spent time interacting with people and members of staff. One of the people spoken with during our inspection described the project lead as being, “Out and about all the time” and both members of staff described him as, ‘hands-on.’ One member of staff commented that the project lead, “Knows everything that’s going on from being in the same office as us. He comes and asks about things and gets updates throughout the day.” Staff also told us that the registered manager acknowledged and praised good practice and also provided feedback about their roles and any practice they felt could be improved.

The project lead was positive about the registered manager and the way in which they supported them to lead the service. They said they had learnt a lot from the registered manager and stated, “I’ve become a better leader because of support from [the registered manager].”

We looked at a range of records and spoke with people, the project lead and members of staff in order to review how the quality of care provided by Jubilee Gardens was monitored and safely maintained. When asked about the quality of the service, one person stated, “Everything they do is to a pretty good standard.”

We saw that there was a system in place to monitor and assess the quality of care provided at Jubilee Gardens. A number of audits were undertaken by the project lead and staff at Jubilee Gardens. These included audits of care plans, medication and fire. The results of these audits and updates about other areas of the service, such as complaints and concerns, were then fed into the monthly monitoring visit undertaken by the providers quality assurance lead. This visit also focussed upon a particular area of practice each month; for example, the most recent visit had focussed upon infection control.

The findings of our inspection identified that the provider’s quality assurance process had failed to both recognise and/or take action about issues identified during our inspection. This resulted in some shortfalls which could present a risk to the health, welfare and safety of people being supported by the service. For example, people were potentially placed at risk by the failure of the provider to

take timely action to replace the ineffective window restrictors, as well as recognise and incorporate the need for specific window restrictor checks within weekly audits and the providers health and safety audit document.

Similarly, whilst our review of the provider’s monthly audit document had incorporated the information from the project lead about medicines being stored at temperatures higher than recommended; we noted that measures to resolve this had not been actioned in a timely way. This was illustrated by this issue being documented in a monitoring visit records dated June 2014. Our findings demonstrated that the provider did not have an effective comprehensive system in place to continually assess, monitor and improve all aspects of the service.

The registered manager and staff spoken with during our inspection told us that staff meetings took place and our check of records verified this. When talking about staff meetings one member of staff commented, “We get updates about the project and a briefing about what’s happening in the organisation. You get all the information you need.” I like them. There’s a lot of useful discussion that results in us addressing issues.” Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to. They also told us that they valued the way in which these meetings provided them with the opportunity receive updates and discuss and share best practice. One member of staff told us that best practice as well as ideas and information to improve the service was also obtained through, “Yammer”, the providers information network.

We found that the service encouraged feedback from people, their friends and family members and members of staff in order to review and improve the support provided. The results of the most recent survey undertaken by people staying at Jubilee Gardens were positive. For example, comments within it included, “All service by staff is good,” and, “My keyworker is always willing to go out of his way to help me. I appreciate this.” The project lead told us that a two yearly staff survey was in place and that the results of this had been shared with staff within a team meeting.

The project lead and the members of staff spoken with during our inspection told us that Jubilee Gardens had good connections with the local community and with other organisations. For example, the project lead said they had held an open day to inform the local community about the service and raise awareness about the needs of people

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with mental health difficulties. We also heard examples of how the service supported and linked with a range of other organisations relating to the needs of people who used the service. Examples included arranging drop-in sessions about specific issues for people staying at the service and others in the community and providing occupational therapy placements for students from a local university. These links demonstrated that Jubilee Gardens were open, inclusive and keen to work in partnership with local organisations.

Information reviewed prior to and during our inspection showed us that the registered manager and project lead submitted statutory notifications about safeguarding alerts and for incidents affecting the service. Records reviewed during our visit demonstrated that these concerns were appropriately reported to other agencies, such as the police and statutory safeguarding teams.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) (d) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe Care and Treatment.</p> <p>Suitable arrangements were not in place to ensure that care and treatment provided in a safe way for service users by:</p> <ul style="list-style-type: none">(a) assessing the risks to the health and safety of service users of receiving the care or treatment.(b) doing all that is reasonably practicable to mitigate any such risks.(c) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.

The enforcement action we took:

We have served a warning notice to be met by 20th August 2015.