

Prince Bishop Support Services Limited

Jubilee House

Inspection report

2 Kent Road
Consett
County Durham
DH8 8HN

Tel: 01207580311

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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 House is a residential care home providing personal care to seven people with learning disabilities or autistic spectrum disorders. The service can support up to eight people. Jubilee House accommodates people in one adapted building.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

We have made a recommendation about medicines management. Risks to people were assessed and addressed. Staffing levels were sufficient to keep people safe.

Staff were supported with regular training, supervision and appraisal. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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.

Staff provided caring and kind support. People were happy at the service and treated with dignity and respect. Staff supported people to live as independent a life as possible.

People received personalised support. Staff supported people to access activities they enjoyed. The provider had an effective complaints process.

The provider had effective quality assurance processes in place. Feedback was sought and acted on. The service had a number of positive community links.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

At the last inspection we found the provider had failed to notify us of significant events by submitting required notifications. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

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 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. 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

One inspector and one medicines inspector carried out this inspection.

Service and service type

Jubilee House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and one relative on the telephone. We spoke with eight members of staff, including the provider, registered manager and six support staff. 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 reviewed a range of records. This included eight people's care records and 13 medicines records. We looked at two 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage disposal and administration of medicines: however, some improvements were needed in the guidance for medicines to be given when required.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.

We recommend that the service consider reviewing the guidance for when required medicines to ensure they are accurate, and person-centred.

Assessing risk, safety monitoring and management

At our last inspection the provider did not have effective risk assessments, premises safety checks or fire drills in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and plans put in place to reduce the chances of them occurring.
- Regular checks of the premises and equipment were carried out to ensure these were safe to use. Required test and maintenance certificates were in place.
- Fire safety plans and equipment were monitored to ensure they were effective. These included regular fire drills to ensure people and staff knew how to respond in emergency situations.

Systems and processes to safeguard people from the risk of abuse

At our last inspection staff were not always aware of the procedures to follow to report any concerns they had. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were safeguarded from abuse and staff were able to describe the steps they would take to report concerns.
- Records showed that where issues had been raised they were appropriately reported to safeguarding authorities and investigated.

Staffing and recruitment

- The provider and registered manager monitored staffing levels to ensure people received support.
- Staff spoke positively about staffing levels and said they had time to provide safe and caring support.
- The provider's recruitment processes minimised the risk of unsuitable being employed. These included obtaining references, interviews and Disclosure and Barring Service checks.

Preventing and controlling infection

- Staff received infection control training and had access to gloves and aprons.
- The premises were clean and tidy and we saw staff applying infection control principles, such as encouraging hand washing, during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned to help keep people safe.
- Relatives said staff were honest and open in notifying them about accidents and incidents.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We 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.

At our last inspection we recommended the provider consider refresher training around MCA and DoLS to increase staff understanding of it. The provider had made improvements.

- DoLS applications were appropriately made and monitored.
- We saw staff applying the principles of the MCA when supporting people, including supporting them to make as many decisions as possible for themselves.

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

At our last inspection we recommended the provider assess the building to ensure it was suitably adapted for the people living there. The provider had made improvements.

- Easy read signage and colour schemes had been improved to help people safely and effectively move around the building.
- The garden was well-maintained, and people were involved in looking after this. We saw people gardening during our inspection.
- People's rooms were personalised to their own tastes, and people enjoyed showing us their bedrooms and telling us about the changes they had made.

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

- People received effective support with eating and drinking. People's dietary needs and preferences were clearly recorded and followed.
- Staff involved people in planning and preparing meals to help maintain and develop their independence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A detailed assessment of people's support needs was carried out before they moved into the service. People, relatives and external professionals were involved in this to ensure appropriate support was available.
- Staff followed guidance and advice from external professionals to ensure people received appropriate support.

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

- Most people using the service accessed a day service. Staff had worked with staff at the day service to ensure they had all the information needed to support people.
- Staff worked effectively with external professionals to monitor and promote people's health and well-being. A relative said, "They're great at making professional and specialist appointments."

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to provide effective support, and spoke positively about this.
- Newly recruited staff completed an induction. This included observing experienced staff and completing Care Certificate training if they were new to the profession.
- Staff were supported with regular supervisions and annual appraisals. These monitored staff welfare, knowledge and skills. One member of staff told us, "They're definitely useful meetings. We can talk about anything."

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection, although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring overall. The provider had made improvements.

- People told us they liked living at Jubilee House. Comments included, "I like it here" and "It's good here." A relative told us, "[Named person] gets superb care."
- People received kind and caring support. Staff actively worked to improve people's well-being and happiness.
- People were supported to live as full and free a life as possible. This included helping them achieve life and relationship goals, such as carrying out volunteering roles and practising their faith.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. They were in control of their daily routine and staff worked around their choices and preferences.
- Staff treated people with dignity and respect. This included respecting their choices and safeguarding their privacy.
- People were treated as individuals. Staff were knowledgeable about their backgrounds and interests and used this information to provide person-centred care

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

- Feedback was sought from people, relatives, staff and external professionals. This was done through an annual survey and regularly through informal chats. The service had received positive feedback in their most recent surveys.
- People were regularly asked how things were going and if there was anything they would like support with. A relative told us, "I can always give input."
- People were supported to access advocacy services where needed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the review of the range of activities on offer to people. The provider had made improvements.

- People were supported to engaged in a wide range of activities that they enjoyed. These reflected people's interests and took place at the service and in the wider community.
- Staff had involved people in planning activities. Recent activities included craft sessions, baking cakes for fundraising and going on holiday.
- People enjoyed telling us about their plans for the day, which included shopping and gardening. A relative said, "They're always doing activities."

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

- People received personalised support based on their assessed needs and preferences. One person told us, "The staff are good and help."
- People and relatives were involved in planning and reviewing support plans. This ensured people had choice and control. A relative said, "They always invite us to meetings."
- Effective systems were in place so staff had the latest information on people's support needs, including daily handovers and regular support plan reviews.

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.

- Staff provided effective support to help people express themselves. Throughout the inspection we saw staff interacting with people in ways that people could understand and engage with.
- People had detailed communication plans to help staff understand how to support them.

End-of-life care and support

- At the time of our inspection nobody was receiving end-of-life care, but policies and procedures were in place to arrange this where needed.
- People were encouraged to discuss their end-of- life care wishes where they wanted to, including details of any religious or cultural preferences they had.

Improving care quality in response to complaints or concerns

- The provider had effective systems in place to investigate and respond to complaints. This policy was available in easy read formats that people at the service could use.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to notify us of significant events by submitting required notifications. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We issued a fixed penalty notice in relation to the breach and the provider paid this. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider and registered manager had submitted required notifications in a timely manner.

At our last inspection the provider had failed to ensure the service had good governance systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Remedial action was taken when issues were identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and registered manager were a visible presence at the service and knew people living there well.
- Staff were positive about the leadership of the service and its culture and values. One member of staff told us, "It's a lovely place to work. It's nice and homely."
- People and relatives said staff helped people to achieve good outcomes and provided effective support. A relative said, "I can't fault it."
- Staff and relatives told us there was open communication from the leadership of the service and they were encouraged to raise any issues they had.

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

- Feedback was sought and acted on. We saw staff regularly asking people for their opinions during our inspection. Relatives and staff said they felt involved by the service and able to express their views.

Continuous learning and improving care; Working in partnership with others

- Staff worked effectively with external professionals to ensure they were aware of latest guidance and best practice.
- The service had strong links with a number of agencies and other organisations in the local community. These included local day centres, churches and drama groups.
- People were supported to access wider community services as much as possible. This included trips into town to buy supplies for their hobbies.