

# Rotherham Doncaster and South Humber NHS Foundation Trust

## 2 Jubilee Close

### Inspection report

Woodfield House  
Tickhill Road  
Doncaster  
DN4 8QN

Tel: 01302796106

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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

2 Jubilee Close provides care and support to people living with learning disabilities in two 'supported living' settings, so that they can live in their own home as independently as possible. At the time of the inspection the service was providing support packages to three people.

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 Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Risks associated with people's care and support had been identified and actions taken to minimise risks. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. The provider had a safe recruitment process in place and staff were recruited in line with this. Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way; monthly audit of medication was completed, and staff told us they received training in this area.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to do their role. People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals when necessary.

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.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in the planning of their care and were able to make decisions about the support they received. Care plans were organised and easy to follow detailing people's needs and how these were to be met.

People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy. People had opportunity to discuss complaints at their house meetings and with staff if required.

Care was planned in a way that promoted people's independence. Staff were committed in providing a high level of care to people who used the service. People had the opportunity to express their views and actions were taken to address any issues they raised. The provider had a range of audits in place to monitor the service delivery and to ensure a high standard of care was maintained.

Rating at last inspection and update: The last rating for this service was requires improvement (published 4 July 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

We carried out this inspection in line with our current methodology.

#### 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.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# 2 Jubilee Close

## 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

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and their relatives. We visited both supported living settings. We spoke with three staff including support workers and the registered manager. We looked at

documentation relating to two people who used the service, three staff files and information relating to the management of the service.

# Is the service safe?

## Our findings

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

Since our last inspection the service had changed their address. This is the first inspection for this newly registered service at the new address. This key question has been rated 'Good.'

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of abuse.
- The registered manager kept a record of safeguarding concerns and took appropriate action when needed.
- People we spoke with felt safe using the service. One person said, "I feel safe and if anything is wrong I can talk to staff, they really know their stuff and know what they are doing. They [staff] give me space to get on with my own life."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions taken to minimise risks occurring.
- We looked at people's care documentation and found they contained risk assessments. These highlighted potential hazards and explained how these were managed.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- We visited both supported living services and found there were enough staff available to meet people's need.

Using medicines safely

- People received their medicines as prescribed and in a safe way.
- Staff responsible for administering medicines had been appropriately trained.
- People who used the service had a Medication Administration Record [MAR] which recorded when people received their medicines. These were completed accurately.
- People who required medicines on an 'as and when' required basis [PRN], had a PRN protocol in place to assist staff to know when the medicine was required.

Preventing and controlling infection

- People were protected from the risk and spread of infection. Staff had access to personal protective equipment (PPE).
- The provider had an infection control policy in place which requires staff to observe high standards of hygiene to protect themselves and people who used the service, from unnecessary spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show any trends and patterns.
- The registered manager ensured that any action to minimise risks had been taken to keep people safe.

## 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.

Since our last inspection the service had changed their address. This is the first inspection for this newly registered service at the new address. This key question has been rated 'Good.'

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people using the service, their needs were assessed, and the provider ensured they could support people.
- People were involved in their assessment to ensure any care and support provided was done so in a person-centred way.
- Care plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they received training and support which helped them to carry out the responsibilities of their role.
- We saw a training record which identified that staff attended training on a regular basis.
- Staff told us they received support from the registered manager and held regular one to one sessions to discuss issues relating to their work.
- People we spoke with felt confident with staff and felt they had the knowledge and skills to support them to meet their goals.

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

- People were supported to eat a healthy diet which was based on their needs and preferences.
- Staff we spoke with were knowledgeable about people's dietary requirements and preferences.

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

- We looked at care documentation and found people had access to healthcare professionals when required.
- Advice from healthcare professionals was recorded in care plans and acted upon.
- The provider ensured staff had enough time allocated to them to provide the care and support requested.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service ensured they worked in line with the MCA. People were supported to make their own choices.
- Where people did not have the capacity to make their own choices, decisions were made in the person's best interest.

# 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

Since our last inspection the service had changed their address. This is the first inspection for this newly registered service at the new address. This key question has been rated 'Good.'

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with felt staff supported them well and respected their preferences. One person said, "I like the staff and I like living here, it's nice." Another person said, "Staff respect my home and staff support me to meet my goals."

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

- People were involved in decisions about their care and played an active role in their care and support.
- People we spoke with and their relatives felt involved in decisions about their care. One person said, "Staff help me make decisions where I need support." One relative said, "[Person's name] gets all the support they need, staff are lovely and [person's name] gets on with them well."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt their privacy and dignity were maintained. One person said, "I like the staff. They're all nice."
- Staff we spoke with could explain how they maintained people's privacy, dignity and independence. Staff told us they involved people in their care and ensured the support provided was in line with their current needs and preferences.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

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

Since our last inspection the service had changed their address. This is the first inspection for this newly registered service at the new address. This key question has been rated 'Good.'

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 person centred care which met their needs and considered their choices and preferences. Care plans were individualised and inclusive of people's likes and dislikes. People's choices were respected, and they were very much a part of their care. We sat with one service user while going through their file and they were able to tell us they were involved in planning their care and able to be supported to meet their goals and outcomes.
- Care plans were regularly reviewed to ensure they were current and still meeting people's needs.
- Positive Proactive Support Plans [PPSP's] were used to manage people's behavioural patterns. These looked at how to support people in a way which reduced anxiety levels.
- Social activities and interests of people were included in their care planning documentation. This provided a talking point for staff and assisted them in developing a meaningful relationship with people.

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.

- The provider worked within the guidance of AIS. Information was accessible to people and in a format which people understood.

Improving care quality in response to complaints or concerns

- The provider had a system in place to monitor complaints.
- The registered manager informed us they had not received any complaints about the service. However, they stated that complaints would be used to develop the service.
- Complaints were discussed at service user meetings where people were asked if they had any concerns and informed of the process.

End of life care and support

- At the time of our inspection the service was not supporting anyone who was receiving end of life care.
- The registered manager told us they asked people for their views and opinions and recorded any details within their care documents.

## 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.

Since our last inspection the service had changed their address. This is the first inspection for this newly registered service at the new address. This key question has been rated 'Good.'

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and 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 was keen to ensure people received person-centred care and support. There was a positive culture where staff were dedicated to ensure peoples goals were achieved.
- The management team were committed in providing high quality care and understood their duty of candour.

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

- The service had a registered manager who supported staff working in the supported living services.
- Both the registered manager and staff were clear about their roles and had systems in place to save duplication of tasks. Staff felt supported by the registered manager and felt able to speak openly with them. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People who used the service were supported to hold house meetings where environmental issues and health and safety were discussed and activities and outings were planned. Following service user meetings an action plan was drawn up to ensure actions agreed during the meetings were taken forward and progressed.

Continuous learning and improving care

- The registered manager conducted a range of audits to ensure the service maintained the standard expected from the provider. These included audits in relation to finances, health and safety and medication.
- The registered manager worked alongside staff to ensure they received the support they required.

Working in partnership with others

- The provider worked in partnership with others to ensure people received optimum care and support.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.

