Mental Health Concern

Jubilee Mews

Inspection report

19 Jubilee Mews
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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

We carried out an inspection of Jubilee Mews on 3, 9 and 10 March 2016. The first day of the inspection was unannounced. We last inspected Jubilee Mews in June 2014 and found the service was meeting the relevant regulations in force at that time.

Jubilee Mews is a care home that provides accommodation and care for up to 12 people with nursing and personal care needs related to their mental health. At the time of the inspection there were 11 people accommodated there.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe and were well cared for. Staff took steps to safeguarding vulnerable adults and promoted their human rights. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

The building was safe and well maintained. Most areas of the home were clean. One bathroom required refurbishment to enable more effective cleaning and odour control. Risks associated with the building and working practices were assessed and suitable steps taken to reduce the likelihood of harm occurring. This was balanced with the need to allow people to take measured risk as part of the programme of rehabilitation and development of skills and strategies to live independently.

We observed staff act in a courteous, professional and safe manner when supporting people. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. New staff were subject to thorough recruitment checks. There was little turnover of staff.

Medicines were managed safely for people and records completed correctly. People received the support they needed to manage medicines for themselves, so they were taken as prescribed.

As Jubilee Mews is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. There were no DoLS in place at the time of our inspection, although the input of relevant professionals was being sought where one was being considered. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the

service. Further training was planned. Staff were well supported by the registered manager.

Staff were aware of people's nutritional needs and people were supported to be independent in this area. Where needed, staff supported people with budgeting, meal planning and preparation. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly.

People accessed community based activities and occupation and were able to come and go freely. We observed staff interacting positively with people. We saw staff treated people with respect and explained clearly to us how people's privacy, dignity and confidences were maintained. Staff understood the needs of people and we saw care plans and associated documentation was clear and person centred.

People using the service and staff spoke well of the registered manager and care provider and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

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.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. People attended activities independently, and employment opportunities were also supported.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Jubilee Mews

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.

This inspection took place on 3, 9 and 10 March 2016 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

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

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including speaking with people using the service, interviewing staff and reviewing records. We spoke with six people who used the service. We spoke with the registered manager and seven other members of staff.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, three staff files, staff training and supervision records, three staff member's recruitment records, computerised accident and incident records, policies and procedures, and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Jubilee Mews. One person we spoke with told us, "The accommodation is good, the staff are always on call; I feel safe here." Staff were available for 24 hours a day to respond to calls for help and assistance. An alarm call system was also fitted throughout to enable help to be summoned remotely.

Most staff we spoke with were clear about the procedures they would follow should they suspect abuse. Although not all staff had used the procedure, staff we spoke with were able to explain the steps they would take to report such concerns if they arose. A staff member we spoke with felt they needed further guidance in this area. They indicated training was scheduled for them and other staff. This was confirmed by records we looked at. These indicated not all staff had attended training in abuse awareness and safeguarding adults, although training in this area was planned.
Staff expressed confidence that the registered manager would respond to and address any concerns promptly and appropriately. Where staff were concerned about a person's welfare and the risk of them being exploited they had raised their concerns with other care professionals and ensured they moved to a place of safety. They also involved other professionals in reviewing the person's capacity to make decisions (including those that might be seen as unwise or unsafe).

The registered manager was aware of when they needed to report concerns to the local safeguarding adults team and where appropriate other agencies. We reviewed records submitted by staff electronically as part of the provider's reporting system. This included incidents where people had not returned home. We saw that concerns had been reported appropriately to the police so steps could be taken to locate them and protect them from the risk of harm or exploitation.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to ensure they accurately reflected people's level of need, and the level of risk associated with their needs. Interventions were in place as were contingency plans for situations where risks were heightened. Risk was identified and assessed using a recognised web-based framework (GRiST); widely used within services for people with mental health needs.

Staff completed more specific risk assessments aimed at promoting positive risk taking. For example, where service users wished to self-medicate, or this was proposed as part of their programme of rehabilitation, there was a specific risk plan in place to support this. The overall aim was to maximise opportunities for people and increase individual responsibility; with staff identifying and taking steps to minimise risk and ensure positive risk taking.

Staff took practical steps to keep people safe. For example, staff in the service had assessed the risk of challenging behaviour. They had identified potential triggers and guidance was developed on what to do to de-escalate situations. Staff kept records of individual incidents, which were reviewed and practice changed when necessary. Where incidents had occurred staff had the opportunity to discuss these at 'de-brief'

sessions, to identify what had happened and how practice could be improved. This promoted an open approach to the reporting of and learning from incidents.

The focus on positive risk taking allowed people's rights to be protected, whilst at the same time allowing people to develop their skills and independence. This was particularly important as the aim of the service was to promote rehabilitation and help people move on to more independent living arrangements. For example, we saw a risk assessment and plans of care for a person to deal with their previous alcohol and substance misuse. These risk assessments were reviewed regularly to ensure they remained accurate and up to date and people received the support they needed. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us in great detail how they supported individual people in a safe and effective way.

The home was in a good state of repair and decorative order. The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors. People using the service were responsible for cleaning and tidying their own rooms; with staff prompting this where necessary. Most shared areas of the home were free from unpleasant odours and appeared clean. Corridor, bathroom and lounge areas were free from obvious hazards. One bathroom had a strong malodour present despite regular cleaning by staff. The odour had permeated the first floor landing and stair-well areas. This did not promote people's dignity or offer a pleasant environment. We discussed this issue with the registered manager, who acknowledged the concern and assured us steps were being taken to replace and improve flooring in this area.

Staff recruitment checks were dealt with by the provider's human resources department. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for three staff members recruited over the past year. Appropriate documentation and checks were in place for them. Staff were not confirmed in post before a DBS check and a reference was received. Where difficulty was experienced obtaining references the provider had taken all reasonable steps to obtain these and seek alternatives.

A relative told us about extra one to one staffing support that had been obtained. A staff member said "The staffing is definitely sufficient." There was a mix of nursing and support staff employed at the service. The registered manager told us, and records confirmed, that staff were deployed flexibly. This enabled suitable levels of observation for people living in the home and allowed for appropriate levels of support. A staffing rota was in place to plan ongoing staff cover. Staff we spoke with confirmed staffing levels were appropriate, with recruitment ongoing to ensure recently vacated posts were filled.

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support needed by each person at different points during their rehabilitation programme. Initially people would receive high levels of support, with people taking increasing levels of control and responsibility for managing

their own medicines over time. This approach was subject to a clear plans and risk assessments completed by staff with the involvement of the individual person concerned. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Good

Is the service effective?

Our findings

People who used the service made positive comments about the staff team and their ability to do their job effectively. One person said, "The staff; they're alright." Another person commented to us, "The staff are fair; it's ok here." People using the service also told us about arrangements for buying and preparing food. One person told us, "I've done my food shopping yesterday." Another said, "You get to do your own food; get your own choices." Relatives we spoke with indicated that they felt the staff team were effective and suitably supported. They informed us, "A consultant has run training sessions with staff," and they concluded, "We'd make no changes; everyone knows what they're doing."

Staff received training relevant to their role and were supported by the registered manager. One comment made to us was, "The support I have to do my job is fantastic. The experience (of staff) here is fantastic." Another staff member said, "It's not 'them and us', we work as a team. Overall I think it's good here." However, we received mixed comments about training and induction arrangements; specifically around safeguarding adults and lone working arrangements. One staff member told us, "There's on line training and I've done MCA, DoLS and Autism awareness." Another said, "What I've had has been really good." They explained the extensive list of training undertaken, but indicated this had not yet included safeguarding adults. They continued, "I would like infection control practical training. Safeguarding's not been done yet." They commented that some of the training would benefit from, 'going back to basics' to ensure a thorough understanding among new staff.

Staff received an induction when they commenced duty; completed with them by a more senior member of staff. The records we looked at detailed what areas were covered, which included a general orientation to the service and safety related topics. Areas were bullet pointed with multiple topics covered on the same day. There were no clear standards or prompts outlining expectations about what was to be discussed under each topic area; particularly in the more safety-critical areas, such as safeguarding and lone working. We raised this with the registered manager who acknowledged our concern and assured us they would review this documentation and the approach of the inducting members of staff.

Staff we spoke with said they received supervision with their managers. Records confirmed staff attended regular individual and group supervisions. The management team completed clinical and management supervisions with the staff nurses. The staff nurses in turn supervised the support staff, although they hadn't attended training specific to this part of their role. Staff we spoke with felt the supervision they received was helpful. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare.

Records showed staff had received safety-related training on topics such as first aid, moving and handling theory and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered, including an Obsessive Compulsive Disorder workshop and nutrition training. Staff also had access to additional information and learning material relevant to the needs of people living at Jubilee Mews.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are 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 were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People's capacity to make decisions for themselves was considered as part of a formal assessment. All of the people living at Jubilee Mews were assessed as having capacity and therefore were not deprived of their liberty. The registered manager was in consultation with a range of external professionals about whether an application to deprive a person of their liberty was appropriate for a specific individual. They were working closely with the relevant local authority and other professionals prior to an application being made as the case was not straight forward. They were therefore seeking advice from others to ensure the person would not be unlawfully deprived of their liberty. Staff told us, and records confirmed, they had been trained on MCA and DoLS. This meant they would have a better understanding of this legislation and how it was applied in practice.

Staff told us people living at the home received a food budget to buy and prepare food themselves, rather than having meals prepared each day. Basic food items, such as fresh fruit and vegetables and dried goods were provided for people to use and food items would be available if people had overspent. At the time of the inspection, nobody had been identified as being at risk of malnutrition, although people's weight and physical presentation was monitored and the input of a dietitian sought. Where necessary a care plan had been developed regarding a person's diet and nutrition.

People were registered with a GP and received care and support from other primary healthcare professionals, such as the dentist and optician. Records were kept of any appointments and the outcomes of these. People's records each contained a "My Physical Health" assessment. This assessment described people's physical health care needs. This helped ensure people's general health care, as well as their mental health needs, were given suitable consideration. These assessments concluded with a plan to ensure those physical health needs were met. There was evidence of support plans relating to the individual's physical health needs. For example, where there were identified additional health needs related to areas such as diet, skin care and substance misuse, a support plan was in place to ensure these needs were met.

Good

Is the service caring?

Our findings

People using the service told us staff were caring and they were treated kindly. One person told us, "I'd recommend it here. The best thing is it's reasonably quiet." People were observed to be relaxed and comfortable and they expressed satisfaction with the service. Another person told us, "The staff are good. I have a key worker." People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. A relative we spoke with also made positive comments about the caring approach of staff. They summarised their views by saying, "All the staff are lovely, they're very good with the parents."

We observed staff members interacted in a caring and respectful manner with people using the service. They acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. People said their privacy and dignity were respected. We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed and they were open in posture when in the presence of staff. Staff were clear about the need to ensure people's privacy. We saw staff respect people's own bedrooms; knocking on doors and only entering when the person said they were happy for them to do so. Staff were also aware of the need to protect people's confidences. One staff member told us, "We're told about confidentiality, we knock on room doors and have to balance our duty of care but respect this as people's home."

People were able to spend time in the privacy of their own rooms and in different areas of the home. Personal relationships were respected and supported. On a tour of the premises, we noted practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

There was evidence that people using the service were involved in aspects of planning their care and treatment. One person told us, "I'm aware of my care plan. You have a copy of your care plan in your room. I'm happy with it."

Care records evidenced that consent had been obtained to share information. An area of good practice in relation to this was that people were able to identify who they did and did not wish to share information with for example, specific named family members. This was documented and signed. People were also encouraged to express their views as part of daily conversations, during 'residents meetings' and in care reviews. Records of these meetings demonstrated that a variety of topics had been discussed. We observed people being asked for their opinions on various matters, and we observed staff to be discussing and encouraging normal day to day activities such as cleaning and shopping.

We found staff encouraged people to maintain and build their independent living skills. For example support plans had been developed to help people build their confidence in accessing the community, including for leisure and employment opportunities. People were encouraged by staff to access such community facilities regularly throughout the week and with support if necessary. For example a staff member told us about the support they provided to encourage a person to go swimming; helping the person to maintain good levels of physical activity and building their confidence and self-esteem.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person explained to us, "If I was worried or concerned about anything I'd speak to (name). He'd sort it out." Another person said, "I like it here; I suit myself. I go to the cinema and like golf. The staff help me." A further comment was, "I can come and go as I please." A relative told us, "Visiting arrangements are very flexible."

Staff were clear about their role in providing responsive care and support. One staff member told us, "I like the positive approach to risk with MHC (Mental Health Concern). I've seen a massive improvement with (name)." Another commented to us, "There are two or three people who will move on; managing their own medicines and money. (Name) comes in and says how he's moved on to his own flat saying; it could be you."

The people living at Jubilee Mews accessed a variety of activities; mostly away from the service; both with support from staff and independently. Examples included going to the gym, swimming, visiting family and friends and shopping trips.

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Jubilee Mews an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people where plans of care were not working and if risks had changed or increased.

Care plans covered a range of areas including; physical health, psychological health, vocational activities, networks and relationships. We saw that care plans were reviewed regularly and if new areas of support were identified, or changes had occurred, then care plans were modified to address these. Care plans were evaluated frequently and included updates on the progress made in achieving identified goals. Care plans were sufficiently detailed to guide staffs' care practice. The input of other care professionals had also been reflected in individual care plans. Staff wrote care plans with a focus on building people's skills and independence; empowering people to do more for themselves and ultimately move on to more independent settings, such as supported tenancies.

Detailed progress records were available for each person. These were individual to each person and written in sufficient detail to record people's daily routine and progress. Such records also helped monitor people's health and well-being and meant staff had accurate information to ensure people could be appropriately supported in line with their preferences and needs. Entries were detailed, factual and respectful. Areas of concern were clearly recorded and these were escalated appropriately, for example to the GP, or to other mental health and community safety professionals.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided

support that was important to the person. Staff were readily able to explain each person's preferences, such as those relating to health needs, supportive relationships and leisure pastimes.

People using the service told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns. People were aware of external agencies and organisations they could contact should they be unsatisfied with the registered manager's or provider's response. Information about making a complaint was available throughout the service. Some information regarding complaints required updating. We highlighted this to the registered manager who acknowledged this and assured us this would be updated. There had been no complaints recorded during the past year from people using the service, and the last complaint received was clearly recorded, acknowledged and referred on to the relevant service concerned.

Good

Is the service well-led?

Our findings

People told us they were kept informed about important matters affecting the service and expressed confidence in the management of the home. The staff we spoke with were also complimentary about the way the service was managed. A staff member said of the registered manager, "(Name) is very approachable." Staff described the management team using terms such as "experienced," and "supportive."

At the time of our inspection there was a registered manager in place. The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly and we were able to access care records on the provider's IT system.

The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events. An incident investigated by or reported to the police had not been notified to CQC. We highlighted this to the registered manager who acknowledged our concern and submitted a notification. At the time of this inspection, action was being undertaken by the care provider to address this issue throughout their organisation. The system for reporting incidents was completed electronically and notifications raised by a central administrative team. This had resulted in some notifiable incidents not being reported at several locations. The relevant notification was reported shortly after our inspection visit.

We saw the registered manager had a visible presence within the home and was known to the people using the service. The registered manager told us about the underlying values they saw as important, including ensuring there was a strong focus on promoting independence and helping people to move on to more independent living arrangements. The registered manager was able to highlight the achievements people had made. They gave an example of where a person who had formally used the service would speak with those currently living there; explaining how they had been able to re-gain their independence and that other people could do the same. Encouraging such initiatives supported the underlying purpose of the service, which was focussed on mental health rehabilitation.

To ensure a continued awareness of current good practice the registered manager attended ongoing training, networked with other managers within the provider group and had supported the learning of colleagues. The registered manager was clear about the challenges faced by service, including the increasingly varied needs of people using the service and the increasing use of 'legal highs'. They sought the advice and input of relevant clinical professionals, including a leading consultant in the field of Obsessive Compulsive Disorders.

We saw the registered manager carried out a range of checks and audits at the home. A representative from the provider organisation (Mental Health Concern) also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Jubilee Mews. We saw individual questionnaire surveys held on people's files; completed on a six monthly basis. Areas covered included how effectively keyworkers involved people

in their care, levels of satisfaction with care, privacy respected, independence supported, communication, access to health care and ability to complain. Annual questionnaire surveys were carried out and those received from people using the service provided positive feedback and highlighted areas for further action.

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed, with the agenda set by people using the service. The team meetings included discussions of care related, safety and personnel related issues. This gave people and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.