

Mental Health Concern Jubilee Mews

Inspection report

19 Jubilee Mews
Jubilee Road
Newcastle Upon Tyne
Tyne and Wear
NE3 3DX

Tel: 01912130988
Website: www.mentalhealthconcern.org

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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

Jubilee Mews is a care home that provides accommodation and nursing care for a maximum of 12 people with a mental health condition. 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. Jubilee Mews accommodated 11 people at the time of the inspection. The service operates across four adjoining purpose-built houses, one of the houses is the office for the service.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People told us they were safe and were well cared for. Staff knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe.

People told us their privacy, dignity and confidentiality were maintained. Staff understood the needs of people and care plans and associated documentation were clear and person-centred. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People told us staff were kind and caring and they felt comfortable with all the staff who supported them.

People had food and drink to meet their needs. Support was available for people to plan their menu, shop for the ingredients and cook their own food. People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were all supported to contribute and to be part of the local community.

People and staff spoke well of the registered manager and they said the service had good leadership. Staff were very well supported by the registered manager. The registered manager had a clear vision for the service and its development. Staff were extremely knowledgeable about people's needs. They were enthusiastic and believed passionately in the ethos of the organisation.

There were effective systems to enable people to raise complaints, and to assess and monitor the quality of the service. People told us they would feel confident to speak to staff about any concerns if they needed to.

Staff upheld people's human rights and treated everyone with great respect and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 was planned to check 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 comprehensive inspection took place on 22 June 2018 and was unannounced.

It was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During this inspection we carried out general observations.

During the inspection we spoke with five people who lived at Jubilee Mews, the registered manager, one clinical lead nurse, three staff nurses, one visiting health care professional and one student. We reviewed a range of records about people's care and how the service was managed. We looked at care records for four people, recruitment records for three staff, one person's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe living at Jubilee Mews and they felt safe with the staff who supported them. One person commented, "Yes, I feel safe here." Another person said, "Staff are around and I can telephone them if I need them." Staff also told us they felt safe working at the service.

Staff were able to explain the services available in relation to the safeguarding of adults. They told us they had completed training and would know how to take the appropriate action to protect the individual and other people who could be at risk.

We considered there were sufficient staff to support people. Four staff were on duty to support 11 people during the day and two staff members were on duty overnight including one staff member who slept in the service and was available in emergencies. The deputy manager told us staffing levels were flexible and they were monitored to ensure they were sufficient to meet people's identified needs at all times.

Risk assessments were in place that were regularly reviewed and evaluated in order to keep people safe. These included environmental risks and any risks due to the health and support needs of the person. The service used an assessment tool which provided a systemic approach to risk assessment based on a consensual and holistic model of care. People who lived at Jubilee Court were there for rehabilitation and recovery. This included recovery from substance misuse. The Galatean Risk and Safety Tool (GRiST) that was used provided information on how individual risks were changing and any improvement to the risk to assist recovery. Staff worked in partnership with people and they provided one-to-one support meetings with the person to try to alleviate the risk.

Where an accident or incident did take place these were reviewed by the registered manager and staff at head office to ensure that any learning was carried forward. One staff member commented, "We have a debriefing if there has been an incident to look at any lessons learned. We also discuss any incidents in our supervision."

Medicines were obtained on an individual basis, with some people managing these by themselves. Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the clinical lead told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. The provider also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

There was a good standard of hygiene in the houses. People were supported by staff to carry out household tasks. Staff received training in infection control and protective equipment was available for use as required.

Records showed that the provider had arrangements in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that

were required and this showed that these were dealt with promptly.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. All staff were expected to attend key training topics at clearly defined intervals. Training records showed staff training was up-to-date and dates were available for future planned training. Topics included health and safety and care related courses to give staff an understanding of people's needs. One staff member told us, "There are lots of opportunities for training." Another staff member said, "You can say what training you would like to do and management will try and source it." A third staff member commented, "We are having training about new risk assessments."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff told us they could access day-to-day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member commented, "We get supervision regularly from the deputy manager or manager."

Care provided by Jubilee Mews staff was holistic and included support for all areas of assessed need. Comprehensive assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements, finances, safety, communication and other aspects of their daily lives.

Staff were successful in ensuring that people had transitions between services that were positive and person-centred, whatever the level of need. Effective systems were in place to ensure comprehensive information was passed on when people left the service and a comprehensive induction and collection of information took place when people started to use the service.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that no people were currently subject to such restrictions.

People accessed community health services to have their healthcare needs met. One person told us, "I make my own doctor's appointments." Staff were involved in people's routine healthcare, where support was

required. They told us they were alert to any changes in a person's health or demeanour and responded to any emergencies. Care records showed people had input from different health professionals. For example, the GP, dietician and community mental health team. Three monthly medical reviews took place to check people's health and welfare. A visiting professional commented, "The service is very recovery focused. Communication is excellent. There is good collaboration with external professionals."

People were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff where required. One person told us, "I do my own shopping for food." Another person said, "I plan my menu and shop locally for food." People's care records included nutrition information and these identified requirements such as the need for a weight reducing or modified diet. Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. One member of staff told us people and staff were to receive training from a dietician. They said, "It is a ten week nutrition course, we will attend." The deputy manager told us healthy eating was encouraged with initiatives such as 'Fresh fruit Friday' and communal meals took place such as Sunday lunch.

Is the service caring?

Our findings

During the inspection there was a relaxed and pleasant atmosphere in the service. People moved around freely. Staff interacted well with people, visiting them in their houses or responding and answering any queries where people came to the office. Camaraderie was observed amongst some people who used the service. All people told us they felt valued by staff. One person said, "Staff listen to me." Another person told us, "This is better than where I lived before." Other people's comments included, "Staff are kind and help me if I need it" and "I think staff do respect me." A visiting professional commented, "Staff have people's best interests at heart."

Positive, caring relationships had been developed with people. Staff interacted with people in a kind, pleasant and friendly manner. The registered manager and staff were motivated and clearly passionate about making a difference to people's lives. Staff understood their role as an enabler to support people to learn skills and to be involved in all aspects of daily decision making.

There was a stable staff team with some staff having worked at the service for several years. One visitor commented, "Staff respect each other as well as the people living here." Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. One visiting professional said, "The service is very client focused." People's care records were up-to-date and personal to the individual. They contained information about people's likes, dislikes and preferred routines as well as their dreams and aspirations.

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example when to get up and go to bed, what to eat, what to wear and what they might like to do. One person told us, "There aren't any instructions I can get up and go to bed when I want. I go out when I want."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The deputy manager told us a formal advocacy service was available and was used for some people.

People received information about the service when they started to use it. This provided them with information about the provider and the service, including who to contact with any questions they might have. All of the people we spoke with confirmed they were involved in reviews of their care. They told us they were able to express their views and to be involved in making decisions about their care and support.

Staff respected people's privacy and dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their

room. One person commented, "I can see staff in private if I want and no one butts in."

Is the service responsive?

Our findings

People said they were supported to follow their interests and hobbies. They all said they went out and spent time in the community. One person told us, "I enjoy gardening. staff bought the plants and I'm making a rockery." Another person said, "I like walking, I walk into town." Other people's comments included, "I've joined a football club and play football every week", "I go fishing" and "I've done a music course at college."

Support plans were developed from assessments that were carried out when people moved to the service. They focused upon the person being rehabilitated and becoming as independent as possible. The registered manager gave us several examples of the successful transition of people from the service to a more independent living environment. Rehabilitative work was done with people, supported by staff following support plans such as for laundry, cooking, budgeting and other skills to help people prepare for living independently.

Staff responded to people's changing needs and arranged care in line with people's current needs and choices. People were involved in weekly household meetings to discuss the running of the household. Individual meetings took place with people and their key worker. These monthly meetings took place to review people's care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Written information was available that recorded people of importance in a person's life. Staff told us people were supported, if needed to keep in touch and spend time with family members. People were also consulted and their wishes were respected where they did not want family members to be informed about events taking place in their life.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. One person told us, I have no issues but could speak to someone if I did."

Information was not available about people's end of life wishes to inform staff of people's wishes at this important time. The registered manager told us that this would be addressed.

Is the service well-led?

Our findings

A registered manager was in post who had become registered in April 2018. A registered manager is a person who has registered with the Care Quality 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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager and deputy manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with people when they started to receive a service and with staff when they were employed. The registered manager told us, "Not only has Mental Health Concern created a culture that openly supports a learning partnership with each and every person, it also maintains a culture that is firmly opposed to the traditional 'top down' approach to leadership and management."

The registered manager was supported by a staff that was longstanding, experienced, knowledgeable and familiar with the needs of the people they supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

The registered manager told us of several initiatives that were planned or in progress with Mental Health Concern and were being introduced to further enhance the model of care at Jubilee Mews and across the organisation. For example, psychological approaches to substance misuse, complex trauma work and personality difficulties, leadership courses for future leaders, recognition that recovery can be improved with the involvement of relatives and the importance of nutrition in recovery. At Jubilee Mews staff were introducing 'mindfulness' sessions for staff and people who use the service. The service had applied for funding to create a well-being annexe where people could spend time. The described examples demonstrated that the organisation and Jubilee Mews kept up-to-date with best practice, were responsive to change and were continually improving and put people first.

People we spoke with and staff expressed confidence with the way the service was led and praised the registered manager. They told us the new registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. They were positive about their management and

had respect for them. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and people said the registered manager was supportive and accessible to them. All people stated, "The manager is very approachable."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of daily, weekly, monthly, quarterly and annual checks. They included the environment, medicines, health and safety, accidents and incidents, complaints and care documentation. Audits identified actions that needed to be taken. Work was taking place across the organisation to ensure that any identified areas of improvement were actioned in a timely way.

Feedback was sought from people through meetings and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey.