

# South Yorkshire Housing Association Limited

## Jubilee Gardens

### Inspection report

18 Jubilee Gardens  
Royston  
Barnsley  
South Yorkshire  
S71 4FL

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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

This inspection took place on 20 May 2016. The inspection was unannounced which meant the staff and provider did not know we would be inspecting the service.

The service was last inspected in May 2015. At that inspection we found the service was in breach of regulations in that some checks had not been undertaken in order to ensure that people were being supported in a safe, suitable environment. For example, the window restrictors that were in place were not effective and did not meet published guidance; this was because the mechanism could be overridden. You can read the report from our last inspections, by selecting the 'all reports' link for 'Jubilee.Gardens' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Jubilee Gardens provides supported accommodation and personal care for up to 16 people with enduring mental health needs aged 18 years and over. People access the service for a maximum of two years; within this period of time they receive support to develop their skills in order to live independently. Staff are based on site 24 hours a day and provide practical and emotional support to people. At the time of this inspection 6 people were using the service.

The home had a registered manager. However, they were on leave at the time of the inspection and we were supported in the inspection by the project lead. 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.

At this inspection we found improvements had been made since our last inspection in May 2015 and no further breaches were identified. The window restrictors had been replaced, audit system checks for the window restrictors introduced, and staff awareness of the associated risks had been raised.

People received their medicines safely and appropriately and were supported to manage their own medicines in a planned way. Changes had been made, and the room used to store medicines helped to ensure they were always stored at the required temperature.

We found that some areas of the building were in need of refurbishment to help maintain good standards of cleanliness. For instance, in the kitchen used by the people for making breakfast, snacks and drinks the kitchen units were tired and the work surface was worn.

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

Staff were knowledgeable about the Mental Capacity Act 2005.

There were enough staff with the right skills and competencies on duty to meet people's needs. Staff received regular supervision and an annual appraisal of their work performance. They spoke positively about the training they received.

Healthy eating was promoted and people were encouraged to make healthy food choices, as well as to develop their cooking skills. The service promoted and encouraged people to develop their independence skills in readiness for moving on from the project.

People's needs were assessed before they entered the service. People told us they were fully involved in their support plans and were provided with opportunities to express their views about the support they received.

The staff team worked closely and effectively with health and social care professionals to make sure that people's needs were met. Staff supported people to attend and access health and medical appointments when needed.

The support plans were centred on people's individual needs and included information about their preferences, backgrounds and interests. People spoke positively about the social, therapeutic and educational activities and opportunities within and outside of Jubilee Gardens.

The staff had a clear understanding of the diverse needs of people using the service and we saw them responded to people in a caring, sensitive, patient and understanding manner.

A range of checks were undertaken by the registered manager, the project lead and staff to monitor the quality of the service. The results of these checks were then fed into a monthly monitoring visit undertaken by the provider's quality assurance lead.

## 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.

Checks had been undertaken in order to ensure that people were being supported in a safe, suitable environment.

People's medicines were safely dispensed and recorded.

Staff had a good understanding of safeguarding people from abuse.

An effective recruitment procedure was in place to meet people's needs and keep people safe.

Some areas of the building were in need of improvement, to help maintain good standards of cleanliness and infection prevention and control.

### Is the service effective?

Good ●

The service was effective.

Regular supervision and training were provided to support staff to fulfil their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act (MCA) and how this applied in practice.

Staff supported people to arrange and attend healthcare appointments and liaised with other healthcare professionals as required.

### Is the service caring?

Good ●

The service was caring.

People told us and our observations confirmed that the staff were kind and caring.

Staff had a good understanding of people's individual needs and preferences.

People were provided with information about how to gain access to advocacy and other relevant support services.

### **Is the service responsive?**

The service was responsive to people's needs.

People were actively involved in the planning and reviewing their care. Support plans reflected people's individual needs and preferences.

There was a good range of social, therapeutic and educational activities and opportunities.

People's views were actively sought and acted upon.

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

**Good** ●

### **Is the service well-led?**

The service was well-led.

A system was in place to monitor and assess the safety and quality of the service.

There were opportunities for people, relatives and staff to provide feedback and influence the service.

Staff felt supported by the registered manager and the project lead. They enjoyed working at the service.

The staff team had developed good links with the local community and a range of other organisations to help meet the needs of the people who used the service.

**Good** ●

# Jubilee Gardens

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an unannounced inspection on 20 May 2016. The inspection was undertaken by an adult social care inspector.

During our inspection we met three of the people who were staying at Jubilee Gardens. We also undertook a number of informal observations in order to see how staff interacted with people and see how care was provided. We spoke with the two members of support staff who were on duty for the majority of our inspection, the cook and the project lead, who oversaw the day to day running and management of the service. We also spoke with another two project leads, who were visiting from other similar services run by the provider.

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

We also contacted members of two social work teams in order to obtain their views about the support provided by Jubilee Gardens and received feedback from a team manager and a clinical lead, who had involvement with the service.

## Is the service safe?

### Our findings

The people we spoke with told us that they felt safe living at Jubilee Gardens.

At our last inspection in May 2015 we found that the window restrictors were not suitable to keep people safe. At this inspection we toured the premises and saw that new window restrictors had been fitted. The new window restrictors were effective and met published guidance.

Our review of records and our conversation with the project lead and members of staff showed that they had a good awareness about the possible risks posed by the fixtures, fittings and items of furniture within the premises. We found that risk assessments identified hazards and provided evidence that all relevant risks had been considered.

We reviewed a number of records in relation to the safety and suitability of the premises and found these to be appropriate. For example, we saw that weekly health and safety were undertaken. We reviewed copies of the health and safety checklist together with a copy of the last health and safety audit undertaken. These provided guidance to support the staff to identify and address any hazards to help ensure people were supported in a safe environment.

The building was generally light, airy and cleanliness was maintained to a good standard. However, there were some areas in the main building which were in need of refurbishment. For instance, in the kitchen used by the people for making breakfast, snacks and drinks the kitchen units were tired and the work surface was worn. The sealant and grout were damaged and the floor covering tired. There were other shared areas, such as corridors, which were in need of redecoration due to chipped and damaged paintwork. The main lounge had been redecorated, but the carpet needed to be replaced. Despite staff making efforts to make it more pleasant with ornaments, the bathroom felt stark. There were areas in some of the en-suite rooms where the floor covering was damaged. These issues made it difficult to keep these areas clean.

The manager told us they and the provider were aware of these issues, and had been attempting to gain and set aside funding to undertake significant refurbishment of the building, but this funding had not become available. They said they would follow this up with the provider's management team in order to make sure the necessary remedial work was completed as part of the general maintenance plan.

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

We spoke with one person about their medicines. They told us that they were working towards self-managing their medicines and said that staff were helpful and supportive with this.

The arrangements for storing people's medicines had been improved since the last inspection and medicines were stored in a locked cupboard within a dedicated, locked room. The staff we spoke with told us the new medication room was much cooler, and this made it easier to store people's medicines at an acceptable and safe temperature.

We saw that the temperature of the medication room was taken daily and showed it remained within the required temperature. This meant that medicines were being kept at the right temperature to be safe to use.

People's support plans included detailed information about their medicines. Some people were prescribed 'as and when needed' (PRN) medicines and we saw that clear plans were in place to support staff to identify when people may require these. Records had been kept each time PRN medicines were administered, which helped to identify patterns and ensure these medicines were being used as intended by the doctor.

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

In each person's bedroom there was a facility to lock things away so people could safely store their money and any other valuables. Most people managed their own finances. Additionally, the project lead told us that should people need support, further, secure storage was available along with a system of recording people's expenditure, to safeguard people's money.

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

Our observations and discussion with staff showed us that there were sufficient, suitably experienced staff to meet people's needs. There were usually at least two support staff on duty in the daytime, along with a senior member of staff. At night two staff 'slept in' and were available, if needed. The project lead was usually supernumerary, but occasionally provided cover at the weekends.

The project lead said staff tried to cover any staffing shortfalls themselves, to ensure continuity and consistency for people. They told us that agency staff were used very rarely, if ever. They said they also covered shifts themselves, rather than use agency staff. The support staff we spoke with on the day of our inspection also confirmed that they worked flexibly, and liked to provide cover from within the team whenever possible.

The project lead and staff told us that there was a management 'on call' system in place, and they had access to a list of managers to contact for issues arising outside of the usual office hours.

## Is the service effective?

### Our findings

One of the people we spoke with told us they felt calm at Jubilee Gardens and as a result of their stay so far, and they were looking to a positive future. They told us staff at Jubilee Gardens helped them to gain access to the health care services they needed.

The support plans we saw included detailed information about people's health needs. They showed that the support staff at Jubilee Gardens worked closely with the mental health and social care professionals involved in people's care. People's support plans clearly detailed any contact and advice provided by these professionals, as well as visits to other health professionals, for example, dental and optical visits. The health and social care professionals we spoke with told us that the staff team worked well with them, to make sure people's individual needs were met.

Members of staff we spoke with, including the cook, told us people were consulted about the menu, and that this always included fresh fruit and vegetables. The records we saw confirmed this. They also told us that healthy eating was promoted by supported cookery sessions, which took place throughout the week. These were sessions where people were supported to buy, prepare and cook a meal of their choice either on an individual, or group basis. One person told us that since they had moved in they had always had access to good food and they really appreciated this. They said they helped themselves to breakfast, snacks and drinks and a main meal was provided each day, which was very good quality.

We spoke with members of staff and the project lead about the Mental Capacity Act 2005, (MCA). 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 found the service to be meeting the requirements of the MCA and DoLS. Some staff confirmed they had received training in this subject and others were completing this. The project lead told us that the mental health team that worked closely with the service had provided training in the way the MCA and Mental Health Act worked together. Staff were knowledgeable about the different roles and safeguards within the MCA. For example, they were aware of the different types of decisions which needed to be discussed with each person and aware of best practice guidance in relation to the Deprivation of Liberty Safeguards (DoLS). We were told that, as people had capacity to make their own decisions, no DoLS requests had been made to the authorising body for the people who were using the service at the time of our inspection.

The staff we spoke with told us that they enjoyed working at Jubilee Gardens and were appreciative of their colleagues. For example, one member of staff commented, "We work very well as a team."

The project lead told us that an induction process and checklist were in place for new members of staff. The staff we spoke with told us that they underwent a period of induction when they first joined the service in order to get to know the tasks and responsibilities of their job role. They said this had included mandatory training, and a period of shadowing experienced members of staff, in order to meet and get to know the needs of the people who used the service.

Staff we spoke with felt the training was worthwhile and found they had opportunities to learn. Staff we spoke with told us they received lots of training. One staff member said, "The training is very good. I like it that all staff in the team receives training in the same subjects." They explained that their original post was an ancillary role, and because of the training they had been provided with, they had progressed to be able to provide support cover.

We saw training records which showed staff attended training in mandatory subjects such as fire safety, food handling, moving and handling, safeguarding health and safety and infection control. The service had a training matrix which identified when training was completed, required, and when it was due to be refreshed. Staff told us that they also received training to enable them to meet the specific needs of people they had supported including managing difficult situations, personality disorder and the Mental Health Act. We observed staff supporting people and found they had the knowledge to carry out the tasks required of them.

Staff told us they felt supported by their managers and received regular supervision sessions. These supervision sessions were individual meetings with their line manager. They felt these sessions were useful and contributed to their development. The records we saw confirmed that staff received regular supervision sessions, and an annual appraisal of their work performance. Staff members described the project lead as, "approachable" and said they felt able to approach them should they need any support or guidance in-between scheduled supervision sessions.

## Is the service caring?

### Our findings

People we spoke with during our inspection felt that the staff were kind and caring. One person told us, "I have only been here a short time, but the staff have helped me in all sorts of ways." The social work team manager we spoke with described the staff at Jubilee Gardens, and one staff member in particular as, "Going the extra mile."

Our observations confirmed people's views. The staff spoke in a caring way about people and said that they worked well as a team in order to meet the needs of people they supported. Staff also had a patient and caring approach, which was illustrated by the way in which they took time to listen to people, answer any questions and provide reassurance when needed.

We saw that staff demonstrated warmth and a person centred approach to people. For example, throughout our inspection we saw staff greeting people, asking how they were and chatting with them about their interests, activities and families.

One person said they were relatively new to the service and that staff had been reassuring when they had first moved in, and had spent time listening to them and answering their questions. They added that there were always staff around to talk to, and that they felt comfortable talking to any member of the staff team.

One person we spoke with told us their aim was to self-manage their medicines and they had a plan in place, and were being assisted to become more independent in this. Staff gave us examples of the independence skills they had supported people to develop. These included supporting people with budgeting, cooking and learning to use public transport. One social work team manager spoke very positively about the way in which the staff at Jubilee Gardens supported people's independence.

Our conversations with staff showed that they were respectful of people's privacy and dignity and we saw that they knocked on people's doors and waited for a response before entering. One member of staff told us about dignity and respect being a fundamental element of their practice.

Staff had received equality and diversity training and were respectful of, and knowledgeable about people's different cultural and religious needs. For example, staff told us of instances when they had supported people to access different places of worship and had made sure that people's particular dietary needs and preferences were catered for, in terms of their religion and culture.

People's views were sought and their involvement encouraged in relation to making decisions about a number of areas of the service. The main way of doing this was by the monthly 'tenants participation meeting.' We reviewed the minutes of recent meetings and found that people had been involved in decisions about a range of issues, including ideas for meals, activities and day trips.

A range of information and leaflets about relevant services and issues were displayed in the reception area. For example, there was information about benefits advice, housing, leisure and recreational facilities in the

local area, as well as a plan of weekly activities and social events taking place at Jubilee Gardens.

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

Some people had advocates and we noted that their support plans included contact details for their advocates and the need for them to be included in discussions about their care. Representatives from local advocacy services sometimes attended the monthly tenant participation meetings in order to make sure people were aware of their services.

## Is the service responsive?

### Our findings

People felt that Jubilee Gardens was responsive to their needs. For example, one person told us, "You can always find staff when you need them. They're always around the building, if not you can usually find them in the office."

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

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

On arrival at Jubilee Gardens people were fully involved in the writing of their support plans and identifying the goals they wished to achieve whilst staying at the service. Staff told us that support plans were reviewed every six months, or sooner if needed. They also told us that people could request a review of their support plan at any time. The records we saw confirmed this.

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

One member of staff acted as a link worker to make sure that people received coordinated care when they moved into and out of Jubilee Gardens. They met people, undertook initial assessments of their needs, and supported and arranged any introductory visits to the service. When people were ready to leave the service, they were assisted to find suitable accommodation as well as furnish it and set up utilities. We received positive feedback from one of the mental health team managers about the practical and emotional support staff had provided to enable people to move into their own accommodation.

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

key information to support staff to deliver person centred care to people. People also had a 'hospital care plan' which contained clear, accessible information about people's needs, should they need to be admitted to hospital.

Staff handed over information between each shift, to the staff members undertaking the next shift. They provided a detailed account of people's needs, visits from healthcare professionals and activities or outings which people had been involved in. They also discussed each person's welfare and the responses and approaches which had worked when responding to people's individual needs. A written handover record was also completed at the end of each shift. This helped to ensure people were supported in a consistent way.

People told us about the social, therapeutic and educational activities and opportunities provided. This included activities within and outside of Jubilee Gardens. The records we saw showed that some people had recently engaged in craft and baking sessions, used a local gym, swimming, walking with the walking group, and trips to wildlife parks and an open working farm. One person told us, "There are lots of things that you can choose to be involved in." Staff and people who used the service proudly showed us many items made during the regular craft sessions.

People were encouraged to develop and maintain their skills in looking after their own home, to help when moving on to further independence. This included cleaning, budgeting, shopping and cooking. We chatted with one person while they were hanging out their washing on the washing line. They told us that they were very happy with the service. When one person showed us their room, they told us that it had been important for them to spend time making it a calm and homely environment, and keeping it nice.

We saw posters and information within the reception area of the service about the activities available, and there was a range of information about local community resources. Staff also told us that they had supported people to access educational courses and volunteering opportunities within the local community.

The project lead told us that there were no current complaints about the service. They told us they welcomed complaints and encouraged feedback of all kinds. They provided an example of how they had used a previous complaint to inform and improve a specific area of practice. This illustrated the provider's commitment to using information from complaints to improve the support they provided.

We saw that information about how to make a complaint and complaints leaflets were available in the reception area. The people we spoke with knew how to make a complaint if they needed to and no one had any concerns or complaints to share with us.

## Is the service well-led?

### Our findings

The people we spoke with spoke positively about the project lead and the way they led the service. The project lead was not at work on the day of our inspection, but came in specifically to be involved.

At our last inspection in May 2015 we found that the provider's quality assurance process had failed to identify and take action about the possible hazards presented by furniture, fixtures and fittings within the premises. At this inspection we found that improvements had been made and there was an effective comprehensive system in place to continually assess, monitor and improve all aspects of the service.

We looked at a range of records and spoke with people who used the service, the project lead and members of staff in order to review how the quality of care provided was monitored and safely maintained. When asked about the quality of the service, one person said, "I can't fault them. They do everything well and I am pleased to be here."

We saw that there was a system in place to monitor and assess the quality of care provided at Jubilee Gardens. A number of audits were undertaken by the project lead and staff at Jubilee Gardens. These included audits of people's written records, their support plans, medicines management, all aspects of health and safety, and the fire prevention arrangements. The results of these audits and updates about other areas of the service, such as complaints and concerns, were then fed into the monthly monitoring visit undertaken by the provider's quality assurance lead.

The project lead and staff we spoke with told us that staff meetings took place and the minutes of the meetings we saw confirmed this. Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were valued. Additionally, we saw that staff regularly received ideas and information, news and best practice updates via a 'core briefing', and via access to the provider's on-line information network.

The staff told us that they were well supported by the registered manager and the project lead, and were part of a consistent and a stable staff team, as staff retention was very good. They also felt they worked well as a team, were able to be open, and were good at supporting each other. The project lead told us they received a good level of support and supervision from their line manager. They also received support from, and were able to discuss practice issues with their peers, as they attended a manager's meeting on a regular basis, with the project leads for the other services run by the provider.

There was a 'customer newsletter', which was produced quarterly, to make sure that people who used the service were kept informed. There was a real emphasis on customer involvement and people who used the service told us there were regular 'tenants' participation meetings' held so they could discuss their service. Guest speakers also attended. For instance, a member of the fire service had recently attended to help raise people's awareness of fire safety.

We saw that people who used the service, their friends and family members were encouraged provide

feedback in order to review and improve the service. For instance, we saw posters inviting people to make use of the scheduled 'meet the manager' sessions, where the project lead was available to discuss any issues people might want to raise.

People were periodically asked to fill in questionnaires about the quality of the service and the results of the most recent survey undertaken by people staying at Jubilee Gardens were positive. A two yearly staff survey was also undertaken and the results shared with staff within team meetings.

Everyone we spoke with told us that Jubilee Gardens had good connections with the local community and with other organisations. We heard examples of how the service supported and linked with a range of other organisations relating to the needs of people who used the service. Examples included arranging drop-in sessions about specific issues for people and providing occupational therapy placements for students from a local university. This demonstrated that the staff team at Jubilee Gardens were open, inclusive and keen to work in partnership with local organisations to meet people's needs.

The registered manager appropriately submitted notifications to CQC about safeguarding issues and other incidents affecting the service. The records we saw during our visit demonstrated that any concerns were appropriately reported to other agencies, such as the police and local authority safeguarding teams, when necessary.