Mrs Anne Elizabeth Barrows

Nak Centre

Inspection report

The Nak Centre
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Nak Centre is a residential care home providing personal care to up to six people with learning and /or physical disabilities. At the time of our inspection there were six people using the service. The Nak Centre is a detached building located in its own gardens near the city of Truro.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, responsive and well-led, the service was able to demonstrate how they were meeting some of the underpinning principles of "Right Support, Right Care, Right Culture for the people they currently support.

Right support:
Model of care and setting maximises people's choice, control and independence. The home was spacious and adapted to meeting people's changing needs.

People were supported to make their own decisions. This included choosing menus, going shopping and accessing the community. People were able to access timely support from health and social care professionals.

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

People were supported by enough staff on duty. People received their medicines in a safe way. People were protected from abuse and neglect.

Right care:
People were treated as individuals, their communication styles were respected, and staff understood what worked well for them. Care plans informed staff of any specific ways to best communicate with people.

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in dignified and respectful way. Staff delivered personal care when people needed it and gained consent prior to providing any support.

Right culture:

Five people had lived with the registered provider/manager since they were young children, therefore they had built a familiar routine with people that they appeared to be comfortable with. People appeared comfortable and it felt more akin to a family unit. The registered provider/manager told us that each person was treated as individuals and their personal preferences and choices were respected by the staff team. A professional told us "The care is old fashioned but for the people here it is right for them. [Registered managers name] has known these people for so long, she knows everything about them, as does her staff they get good care."

Staff were caring and worked positively with people living at the home.

People's experience of using this service and what we found
We had received a concern that some staff were not always wearing a face mask. It was apparent that there had been confusion in how the guidance had been understood. The registered provider/manager immediately changed practice so that masks were always worn and relayed this to staff immediately. We were somewhat assured that the provider was using PPE effectively and safely.

We have made a recommendation about this in the safe section of this report.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People told us, and we observed that they were happy with the care and support they received. Health and social care professionals were complimentary about how people were cared for.

There were staff vacancies at the time of this inspection. Regular agency staff were being used to cover these absences whilst a recruitment campaign was on going. Duty rotas confirmed that there was a mix of permanent and agency staff on duty so that people were supported by some members of staff that were familiar to them on each shift.

All necessary recruitments checks had been completed. New staff completed an induction.

People were supported to access healthcare services, core staff recognised changes in people's health, and sought professional advice appropriately.

The registered provider/manager maintained oversight of complaints, accidents and incidents and safeguarding concerns. They engaged well with health and social care professionals. Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update
At the last inspection the service was rated as good (published 2 October 2018).

Why we inspected
We received concerns in relation to how people were supported to move around the service safely,

medicines stored incorrectly and the use of PPE. We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed following this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, responsive and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Nak Centre on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Nak Centre

Detailed findings

Background to this inspection

Inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
The Nak Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The provider also had the dual role of being the registered manager. At the time of our inspection a registered manager was in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since their registration. We used all of this information to plan our inspection.

During the inspection
We met all the people living at The Nak Centre. Some people were unable to speak to us due to their health conditions. We therefore spent time in the communal lounges observing care practices, so that we could gain an understanding of people's experience in how they received support.

We spoke with staff, pathway tracked (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises.

We spoke with the registered provider/manager, administrator and three support workers. We looked at two records relating to the care of individuals, a staff recruitment file, staff duty rosters and records relating to the running of the service.

We spoke with a visiting health professional during the visit to gain their views on the service. We received feedback from two health and social professional following our visit to the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We had received concerns that staff had not supported people to move around the service safely. We observed staff support people to transfer from chair to wheelchairs and provided appropriate support to people with their walking. We saw no evidence that this was not completed safely.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely
- People had detailed risk assessments and associated support plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with people managing their emotions and behaviour, personal care, eating and drinking, medicines and doing things they enjoyed in their community.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- We had received a concern that medicines were stored in warm conditions. We inspected the storage of the medicines and reviewed the daily temperature checks. We found that medicines were stored within the correct temperature parameters.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.

Preventing and controlling infection including the cleanliness of premises

- We had received a concern that some staff were not always wearing a face mask. We spoke with staff and the registered provider/manager who had read the supplementary infection control guidance and believed they only needed to wear a face mask whilst providing personal care. We discussed the need for face masks to be worn at all times, as started in government guidance for infection control in care homes. This was then actioned immediately. We were somewhat assured that the provider was using PPE effectively and safely.

We recommend the service seeks guidance from suitably knowledgeable experts on current best practice in infection control.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Systems and processes to safeguard people from the risk from abuse
● The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
● People were encouraged to report any concerns they may have about their welfare to the registered provider/ manager or staff.
●Staff received training and were able to tell us what safeguarding and whistleblowing was. Staff knew how to whistle-blow and how to raise concerns outside of the provider. Whistleblowing is the process of speaking out about poor practice.
● Local safeguarding procedures were understood by the registered provider/manager and the staff team. Where concerns had been identified that may impact on people's wellbeing these had been identified and appropriately reported.
● A health care professional told us they felt the service was safe and met people's needs.

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● During the inspection a mental health assessor was completing a review of people's capacity and care. They told us that the service understood the MCA process and had updated them regarding any changes to peoples care needs. They commented, "It's not in [people's] best interest to leave here they wouldn't get the same level of care anywhere else. [Registered managers name] gives so much, she does it at her own cost as

she wants these people to improve their lives."

● Capacity assessments were completed to assess if people were able to make specific decisions independently.

● For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.

● Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.

● Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

Staffing and recruitment

● The registered provider/manager had identified that there were insufficient numbers of permanent staff to cover all shifts. Therefore, the registered provider/ manager and administrator, who was also a trained carer, were covering shifts which had impacted on some managerial duties, which is covered in the well led section of this report.

● The registered provider/manager had block booked specific agency staff members to cover vacant shifts. This ensured shifts were covered by consistent staff. Agency staff confirmed they were booked a month in advance and enjoyed working at the service.

● Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs.

● We saw staff responded in a timely manner when people called for assistance.

● An ongoing recruitment campaign was in place.

● The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service.

Learning lessons when things go wrong

● The registered provider/manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.

● Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team and handover meetings.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- We received concerns that people did not receive person centered care and that daily routines were fixed, and people had no choices. We observed that there was a structured routine throughout the day, and this was also noted in care records. For example, we saw at certain times of the day people, by their own choice went to the dining table to have drinks and meals.
- Five people had lived with the registered provider/manager since they were young children, therefore they had built a familiar routine with people that they appeared to be comfortable with. The registered provider/ manager had supported them for up to 40 years. People appeared comfortable and it felt more akin to a family unit. The registered provider/manager told us that each person was treated as individuals and their personal preferences and choices were respected by the staff team. A professional told us, "The care is old fashioned but for the people here it is right for them. [Registered managers name] has known these people for so long, she knows everything about them, as do her staff they get good care."
- The registered provider/manager was aware of people's past lives and interests. This helped staff gain an understanding of people's background and what was important to them so staff could talk to people about things that interested them.
- People's care plans provided staff with information about their abilities, the risks they faced, their needs, routines and how they should support them in line with their preferences. These were reviewed monthly or as their needs changed
- Staff new to the service told us "Care plan are good they tell me what I need to know" and "I was impressed how good the care was, and that's how it should be."

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. People had photographs showing what activities they had been involved in and a record was kept of how they responded to the activity.
- People were supported to maintain relationships that were important to them. The registered provider/manager had researched the family history for one person and found their sibling. The person now has regular contact with their sibling after many years of separation.
- Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.
- People had the choice to partake in group or individual activities. Staff were organising with people what they wanted to do for the day and with whom. For example, staff arranged for people to go out for walks, trips out in the car, and some were going to day placements.

● Staff told us about some of the activities that people had participated in and how this had improved their confidence. For example, horse carriage riding. Staff commented, "I think the residents have a really good quality of life."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● Some people had communication needs. Staff had sought advice from each person, their relatives and health and social care professionals in how best to communicate with the people they supported in a meaningful way. Some people used Makaton, (a communication technique) and training to staff was provided. Reminders of regular and significant Makaton signs were accessible for all staff to help assist with communication in a meaningful way.
● People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
● There were no concerns raised with the provider at the time of the inspection.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- The registered provider had the dual role of registered manager. Due to recent staff sickness and leave, there were insufficient numbers of permanent staff to cover all shifts. The registered provider/manager and administrator had to cover some shifts. It was evident that this had impacted on some recent managerial tasks such as some records were not up to date, for example some care records, and audits. The registered provider had now block booked agency staff to cover these shifts to enable them to have more dedicated managerial time. We found this has not impacted on people's care and support.
- The service was a long-standing family run business. The registered provider/ manager was very experienced and spent time within the service so were aware of day to day issues. They were visible in the service, undertook assessments and reviews of people, supported staff and knew the service well.
- The culture within the service was open and centred on the people who used the service. People and staff had access to the registered provider/manager when needed. Staff told us the registered provider/manager was approachable and one staff member told us, "I Feel very supported".
- Professionals were positive about the service and commented that it was 'safe and well managed'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider/manager understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered provider/manager had comprehensive oversight of the service and understood the needs of the people they supported. Staff demonstrated an understanding of people's differences and individual preferences.
- Staff told us they were a team who worked well together with the aim of helping people to live the best possible life. Comments included "It's a good place to work", and it's a "Great staff team and [registered provider/manager name] is lovely."
- People and staff had access to the registered provider/manager when needed.

●Professionals were positive about the service and summarised that the placement met people's current care needs. Comments included, "I found the service open to ideas and suggestions. Service User has an advocate who visits once or twice month and he has no concerns with the service" and "The staff do communicate well and update me with the welfare of the service user."

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

● At staff handovers there was an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be listened to and where needed acted on.

● People and visitors were asked for their views of the service through questionnaires and informal conversations with management. We saw some positive feedback such as, 'Excellent communication', 'Always receive a warm greeting', 'The staff are very good with the residents' and 'Always clean and tidy.'

● Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Continuous learning and improving care

● The registered provider/manager were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

● Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

● The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.

● Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.