

Nationwide Community Care Limited

# Nationwide Community Care Limited - 3 Cracknell Close

## Inspection report

3 Cracknell Close  
Wivenhoe  
Colchester  
Essex  
CO7 9PY

Date of inspection visit:  
30 January 2018

Date of publication:  
27 February 2018

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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 30 January 2018 and was unannounced. 3 Cracknell Close is a 'care home'. 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. The service provides accommodation and personal care for up to three people with a learning disability. At the time of our inspection three people were receiving support at the service.

At our last inspection in January 2016 and we rated this service good. At this inspection we found that the service remained good.

There was a registered manager in post. 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.

This service was provided in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include supporting people with choice, promotion of independence and inclusion. People using the service were supported to live as ordinary a life as any other citizen.

Staff were aware of their responsibilities to keep people safe and the steps that they should take if they suspected abuse. We saw that risks were identified and the service worked with other professionals to protect people and reduce the likelihood of harm. Medicines were safely stored and there were clear systems in place to ensure that people received their medicines as prescribed.

There were sufficient numbers of staff available to keep people safe and meet their needs. The staff team was stable and they knew people well. Staff worked in a flexible way to enable people lead a full life.

Staff received training to ensure that they were kept up to date with best practice. Staff were motivated and supported. Staff had a good understanding of healthy eating and people had choice about what they ate. Staff worked with other professionals to meet people's health needs.

People were supported to have control of their lives and staff supported them in the least restrictive way possible. Staff had been provided with training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and understood the principles of consent and best interests. The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

People were supported by staff who knew them and with whom they had good relationships. Support was provided in a kind and compassionate way. Care plans were person centred and informative. Daily recordings were undertaken along with handovers to ensure good communication and continuity of care.

People had good access to their local community and a range of interesting activities. They were enabled to maintain relationships with those important to them.

The manager provided effective leadership and was visible and accessible. Quality assurance systems were in place to monitor the delivery of care and safety of the service. Actions were taken where areas for improvement were identified.

For a more comprehensive report regarding this service, please refer to the report of our last visit dated January 2016.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Nationwide Community Care Limited - 3 Cracknell Close

## **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.

The inspection took place on 30 January 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we held about the service. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with two people who used the service and observed the care provided by staff to help us understand the experiences of people. Following the inspection we spoke with a relative about their observations of the support provided.

We interviewed two members of care staff and the registered manager. We reviewed two care plans, medication records and staffing rotas. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People told us that they liked living in the service and that they were happy. A relative we spoke with told us, "They could not speak highly enough of staff," and described the care as, "Marvellous."

Staff received training on safeguarding and were clear about the actions they would take if they suspected or witnessed abuse. Procedures were reviewed at staff meeting to remind staff of the process to follow. Records were maintained where the service was responsible for the oversight of people's money.

The service had a stable staff team who worked in a flexible way to meet people's needs and assist them to access the community when they needed to. No new staff appointments had been made since the last inspection but we saw that there was an effective recruitment process in place which included checks with previous employers and with the Disclosure and Barring Service (DBS).

There were risk assessments in place which set out the actions needed to reduce the likelihood of harm and how to keep people safe. Staff were aware of the contents and we saw that the manager worked with a number of health professionals such as physiotherapists to promote individuals wellbeing and reduce risks. For example we saw that there was a risk assessment on moving and handling and this was accompanied by a photographic plan which set out how to position the individual to ensure that they were comfortable and safe.

The building was in a good state of repair and we saw records to demonstrate that environmental risks were managed, for example certificates were in place to evidence checks on the gas safety and electrical items. Checks were regularly undertaken on fire safety equipment to ensure that they were working effectively. We saw that a recent resident meeting there had been a discussion on the fire procedure and what actions people should take if they hear the alarm.

Staff confirmed that they had undertaken infection control training and we saw that the equipment in use and the premises were well maintained and clean.

Incidents and accidents were monitored and analysed by the registered manager. Learning and actions for improvement were discussed with the staff team.

As part of the inspection we checked a sample of the prescribed medication and found that the amounts tallied with the records. Medication was securely stored and temperatures were recorded to ensure that medication was being stored within the recommended levels. There were PRN plans in place to guide staff on when they should administer medicines administered when needed, such as for anxiety. Staff told us that they undertook training on administering medicines. Audits were undertaken and where issues were identified these were followed up with individual members of staff.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People needs were assessed on an ongoing basis to ensure staff had the necessary guidance to provide care in line with legislation and nationally recognised guidance. Staff worked together with other organisations to deliver effective care, support and treatment.

People were supported by staff who were trained and supported to develop their skills. The manager told us that there had been no new staff appointed since the last inspection but any new staff would be expected to complete the care certificate and undertake an induction where they would work alongside more experienced colleagues on a supernumerary basis, before working independently. The majority of training was completed by eLearning and included areas such as health and safety, first aid and food hygiene. The registered manager told us that a number of staff were completing additional qualifications such as QCF (qualification and credit framework) but they had identified that this was an area which they could develop further.

Staff received regular supervision and observations of practice were undertaken to check that staff were working to the required standard.

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). We found that people were being supported appropriately and in line with the legislation and guidance.

People were supported to eat a healthy diet and have choice. People told us that the food was good and we observed that the meal served on the day of the inspection looked and smelled appetising. People told us that they had choice and menus were decided in collaboration with them. Support with eating was personalised depending on people's needs, for example we saw that one person was using a bowl to enable them to eat independently. People's weights were monitored to identify any changes in their wellbeing.

Staff worked well with other professionals to ensure effective care and support. We saw examples of this in how they worked with physiotherapists and the hospital to ensure that individuals received joined up care.

People were supported with their health care needs. We saw that individuals regularly saw health professionals such as dentists and staff supported individuals to attend hospital appointments. The outcome and advice given was recorded for other staff to follow.

The service had a homely feel and was well maintained and decorated. One person was having their room decorated and the floor was being replaced in their bathroom. The individual told us that they had chosen the colour.

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff had good relationships with the people they supported. We observed that people related well with staff, and interactions were warm and light-hearted. A relative told us, "My relative is very very happy, they always have a smile." People told us that they got on well with staff and that they enjoyed doing activities with them. Some staff had worked with individuals for many years and spoke about them with genuine affection and empathy.

Staff knew people well and were able to tell us about individuals, what they enjoyed and what they found more challenging. A relative told us that their relative was unable to participate in a family event as planned due to ill-health. They told us that this could have been disappointing for the person but because the staff knew the individual well and what they liked they tried really hard to replicate the event and made happen in the service instead.

People told us that they had choice and control over their lives. Records were looked at confirmed the involvement of people and their relatives in their lives. Care plan documentation was accessible to people and in both a pictorial and easy read format. Information was included on areas such as, 'how I would like staff to address me and things that are important to me'. This meant staff had the guidance to ensure people received individualised care. People had goals which they had identified and we saw that people were supported to achieve these; one person for example had enrolled on a college course and had been supported to save and purchase an item important to them.

Care plans incorporated information for staff on protecting people's dignity, and ensuring people's preferences were respected when care was provided. Staff had a good understanding of the principles of privacy, dignity and human rights and we saw examples of where these principles were maintained. For example personal care was provided in a discreet way. We observed staff assisting people and offering gentle encouragement to assist people retain and develop their skills. Staff were able to give us examples where they promoted peoples independence such as lowering their bed to enable them to access it independently.

People's personal spaces were highly individualised and reflected their individual interests and needs. There were lots of photographs of days out and of friends and family. People moved between the communal and private areas independently depending on what they were doing. People had regular contact with family and loved ones who were able to visit when they wanted and there were no restrictions on this.



## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff knew people well and the care was underpinned by detailed assessments and care plans. Care plans documented how best to support people as well as details of people's choices and preferences, for example they covered areas such as how to support them if they became upset or distressed. The care plans were subject to ongoing review and reflected any changes in people's needs.

Care was responsive to people's needs for example one person liked to know what was happening each day and we saw that the staff had put a board into place to reduce their anxieties and enable them to know what was happening. Another person had recently been admitted to hospital and we saw that staff had stayed with them in the hospital to ensure continuity of care. Their needs had increased on discharge but staff worked with a range of health professionals to access the specialist equipment that they needed to continue to support the individual. We saw that they helped the individual to complete an exercise programme which ensured that they were able to regain their mobility.

Detailed daily records were maintained which outlined what support people had been offered and what they had done during the day. Staff told us that communication was good and we saw that information was handed over about people's needs.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, staff were aware of the issues and importance of helping people make their wishes known. They were able to tell us what some people wanted and told us that this was an area where they were planning to develop further.

People were supported to follow their own interests and hobbies which reflected what they enjoyed. One person for example told us about going to college and that they had regular employment. They enjoyed playing football and regularly went to watch the local football team. Another person told us that they enjoyed going out for lunch and had weekly planner which included hydrotherapy, and various off site activities such as cooking and drama. Peoples cultural needs were recognised and access to specific celebrations facilitated, such as a trip to London for the Chinese new year.

There was a complaints procedure in place which was in an accessible and easy to read format. No complaints had been made and a relative told us that they hadn't needed to make any complaints and any small issues were, "sorted out straight away."

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The registered manager was new in post since the last inspection but had worked at the service for ten years, including most recently as the deputy manager. As well as this service they were also registered as manager for another of the provider's services. They were assisted by a deputy manager in each service.

The manager was an effective leader who promoted a person centred culture. There was a clear vision and a commitment to provide a good quality person centred service. Our observations and feedback from staff showed us that the registered manager had an open leadership style and worked in a collaborative way. Staff worked creatively to manage risks and we saw that people were enabled to retain their independence and lead full lives.

Staff morale was good and staff told us that the service benefited from good team work. Staff told us and the records confirmed that team meetings were held to discuss operational issues and how best to meet people's needs. The manager knew the people living in the service well and their families. People and their relatives told us that they were approachable and helpful.

There were systems in place to monitor the quality of the service and the registered manager conducted a variety of audits on areas such as medication. Where shortfalls were found actions were taken.

Quality assurance questionnaires were sent out yearly to staff members, families and outside professionals. Pictorial forms were given to people using the service to enable them make their views known. Information from the questionnaires were collated and assessed and any areas identified acted upon.

The registered manager told us that the provider supported them. Staff told us that the provider visited regularly to check on the quality of care and was approachable and helpful. We saw that the manager met with the provider on a monthly basis to discuss the needs of people using the service, staff and environmental issues. Monthly visits were also undertaken by an individual who was independent of the provider to check on the quality of care.