

Mrs Anne Elizabeth Barrows

Nak Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We inspected the Nak Centre on 2 December 2014, the inspection was unannounced.

At the last inspection we had concerns regarding record keeping at the home. We identified failings in the recording of people's finances as well as health monitoring records and care records.

The Nak Centre is a care home that is registered to provide care and accommodation for up to six people with a learning disability. At the time of the inspection five people were living at the home.

The home has a registered manager in place. 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.

On the day of the inspection there was a pleasant and friendly atmosphere at the Nak Centre. People were engaged in a range of activities and all except one spent some of the day elsewhere. Interactions between staff

Summary of findings

and people were relaxed and warm. Staff were caring and supportive and encouraged people to carry out day to day living tasks. We saw there were sufficient numbers of staff to meet people's needs.

At previous inspections we had concerns regarding the management of people's finances. We found the systems in place at this inspection were greatly improved. The records we checked were largely accurate although we did identify two small discrepancies. The registered manager was able to account for these mistakes and corrected them.

Care records were reviewed regularly and daily notes provided an accurate account of how people spent their time. Health monitoring charts were updated appropriately.

Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. The registered manager had not applied for any DoLS

authorisations although they were aware of the need to do this. This meant the delivery of care may have been unlawful. You can see what action we have asked the provider to take at the back of this report.

There was no formal system in place to gather the views of people in respect of the care and support they received. The registered manager told us this was done informally but this had not been recorded.

People had access to a wide range of activities both in and outside of the home. Activities were meaningful and reflected people's interests and preferences. Care plans contained information regarding people's likes and dislikes as well as background information pertaining to people's early lives.

Staff felt well supported and told us the registered manager was available at all times. External professionals connected with the service said they believed the home had improved within the last year. One commented; "Staff promote opportunities and independence." Another said, "There's been a clear improvement and it sounds like things have been sustained."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were supported to take day to day risks.

Staff had received up to date safeguarding adults training.

There were sufficient numbers of experienced staff to meet people's needs

Good



Is the service effective?

The service was not effective. Applications for DoLS authorisations had not been made as required by law.

Staff were supported by regular supervisions and appraisals.

People had access to a wide range of healthcare professionals as they needed them.

Requires Improvement



Is the service caring?

The service was caring. Positive and caring relationships had been formed between people and staff.

Staff supported people to develop independent living skills.

Information in respect of people's needs and preferences and their personal histories was accurately recorded.

Good



Is the service responsive?

The service was responsive. Care plans were informative and guided staff in how to deliver care.

Staff understood the importance of sensory activities for people.

People had access to a wide range of activities and were supported in their local community.

Good



Is the service well-led?

The service was not well led. The registered manager had not taken account of the Mental Capacity Act and associated Deprivation of Liberty Safeguards when planning care delivery.

There was no formal system for gathering and recording the views of people who used the service. Views gathered informally were not recorded.

Staff told us the registered manager was approachable.

Requires Improvement



Nak Centre

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 2 December 2014 and was unannounced. The inspection was carried out by one inspector.

During the inspection we spoke with the registered manager and three members of staff. Due to people's complex health needs we were not able to gather their views verbally. Instead we carried out a Short

Observational Framework Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also contacted two Independent Mental Capacity Advocates (IMCAs), one social worker and two further healthcare professionals who had knowledge of the service.

Before the inspection we reviewed previous inspection reports and other information we held about the home. We had asked the registered manager to complete a PIR in advance of our inspection. This had been done but was not available for us to view prior to our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at care records for three people and records in relation to the running of the home.

Is the service safe?

Our findings

At previous inspections we had concerns in respect of the management of people's finances. The registered manager had been sole appointee for people and monies were paid directly into the business account rather than people's personal accounts. Systems for recording people's expenditure were inadequate and unsafe. A warning notice was issued in respect of this. At the last inspection we found the conditions of the warning notice had been met, however systems were still not robust although considerable progress had been made. We found records were not always accurate or consistent. This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010.

During this inspection we confirmed with the registered manager that they were no longer acting as appointee for people and this had been handed over to the relevant local authorities. This was also confirmed to us by an external professional. Any monies owed to people living at the Nak Centre had been repaid. We looked at the financial records for three people. We saw receipts were kept for all transactions and expenditure was recorded appropriately. We saw two errors in one person's records; an amount of £6.00 had been recorded for a transaction when the receipt showed it should have been £5.00. Another receipt had been entered into the records twice. We discussed this with the registered manager who adjusted the records accordingly. The records and receipts for the other two people were accurate.

During our visit we spent time in the communal areas with people and staff. Due to people's complex health needs we were not able to verbally seek people's views on the care and support they received. We saw people were relaxed and at ease in their surroundings and approached staff freely when they required support.

Staff had received safeguarding adults training within the last year. No-one had any concerns about their colleagues working practice at the Nak Centre. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. Staff were aware of which external authorities they could go to if they did not believe their concerns were being acted on. A 'Say No to Abuse' leaflet displayed in the hall of the home contained the contact details of the local authority safeguarding unit.

We saw risk assessments in people's care files. These were signed by staff to indicate they were reviewed regularly. The assessments covered a wide range of activities. There were general risk assessments covering areas such as falls and environmental risks. There was also clear guidance for staff on how to support people to take day to day risks such as accessing the kitchen and making hot drinks; for example helping someone to use a kettle 'hand over hand'. In addition we saw assessments for specific activities such as carriage riding, these were individualised and took people's individual needs into account. Risk assessments identified the risk and any possible consequences, there was an assessment of the likelihood of the risk occurring and a description of actions staff could take to minimise it.

We spoke with staff about the need to keep people safe whilst encouraging them to try new activities and develop independent living skills. Staff told us they were led by people letting them know what they wanted to do. Comments included; "(the person) is a bit of a dare devil and likes trying everything." They told us of an outing when someone had wanted to have a go on a zip wire. They said "You have to risk assess it fast, I did it myself first and then (the person) did it with two of us running alongside. The next time they did it on their own. It was great!"

There were sufficient numbers of staff at the Nak Centre to support people according to their needs. We looked at rotas for the previous month and saw there were consistent numbers of staff throughout the month including at weekends. Daily records and activity rotas showed people were able to take part in activities and were not restricted due to a lack of staff.

The service sometimes used an agency worker. The registered manager told us this was someone who was familiar with the needs of the people at the Nak Centre. Staff confirmed the agency worker knew the service well.

The registered manager told us they were in the process of recruiting a new member of staff. They were waiting for the new employee's DBS (Disclosure and Barring Service) check to come through and a second reference. They would not be able to start work until the employment checks had been completed. This demonstrated appropriate recruitment systems were in place to help ensure people were supported by suitable staff.

Medicines were stored in a locked cupboard and the key kept separately. We saw Medicines Administration Records

Is the service safe?

(MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR charts. No-one at the Nak Centre self-administered their medicines and there was no-one using any controlled drugs which would have required separate storage. No-one was using medicines which required refrigeration at the time of the inspection. We saw medicines 'as required' (called PRN) were

sometimes administered. A member of staff described the signs that one person might exhibit if they were in pain and might benefit from pain killers. We saw recorded when this person had received PRN. The description of the persons' behaviour on that day matched the description we had been given. This showed us staff were able to recognise when people were in pain and might need PRN.

Is the service effective?

Our findings

The Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the local authority, in order to obtain an authorisation when people's liberty is being restricted. We found no DoLS applications had been made for anyone living at the Nak Centre. We asked the registered manager what they would do if anyone living at the Nak Centre left the premises. They replied, "I would follow in hot pursuit!" This meant people's liberty was being restricted because they were not able to go out alone without supervision.

Therefore there was a risk people's human rights were not properly protected. We discussed this with the registered manager who told us they were waiting for the appropriate forms, we saw in the records these had been requested in September but no further action had been taken to move this forward.

There had been a best interest meeting for one person to discuss possible medical treatment. The meeting had been attended by staff and relevant medical practitioners. However there was no accompanying mental capacity assessment to evidence the correct process had been adhered to when deciding the person did not have the capacity to make the decision for themselves prior to the best interest meeting.

Staff had received training in the MCA and DoLS and told us they had a good understanding of the principles underlying the legislation. We discussed with one member of staff how they obtained people's consent to personal care. They described to us how one person indicated they were comfortable with their care. We asked them what they would do if that person behaved in such a way that demonstrated they did not consent to care. They replied, "Well you'd just have to go ahead and wash them." This meant there was a risk people's rights would not be upheld.

We found there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2010. You can see what action we have asked the provider to take at the back of this report.

Staff had received training in a range of areas over the past 12 months. This included areas required by law such as fire safety, infection control and food hygiene. In addition they had received training specific to the needs of the people living at the Nak Centre, for example autism awareness and

sensory living. Staff told us they felt they had sufficient training to carry out their roles effectively. One told us; "Oh yes, we learn all the time." An external professional told us; "The staff have received a great deal of training and are fully engaged with new ways of working."

Staff were receiving regular supervision and appraisals and told us they felt well supported. Supervisions covered training needs, any concerns regarding working practices or individuals and ideas for developing the service. Staff told us they were an opportunity for them to voice any worries or suggestions.

The registered manager told us the new employee who was due to start work soon would be required to undertake an induction. This would comprise of four weeks working alongside more experienced members of staff during the day and a further two weeks of evening shifts. There would then be a supervision where they would be assessed for competency. The person would be required to undertake training as outlined by Skills For Care.

Staff were knowledgeable about people and were able to describe to us people's individual needs and preferences as well as giving rich descriptions of people's characters and traits. For example one commented, "(the person has a powerful voice, you've got to listen and take note.)"

Everyone had just had or was about to have, an annual health check. One person had a condition which required regular monitoring. We saw records to indicate this was being carried out appropriately. People's care files contained details of appointments with a range of healthcare professionals, e.g. GP's, dentists and podiatrists. This demonstrated people were supported to access health services as required. We were told one person had recently been assessed for a wheelchair and the service was waiting for funding from the local authority so this could be acquired.

An external professional told us, "Every service user has received input from Cornwall Foundation Trust to ensure that their health needs have been addressed and that they have a health plan in place. They have completed their work and have no further concerns."

The Nak Centre employed a cook and people had a choice of nutritious food. We saw home cooked food was provided. The cook was able to talk to us about people's preferences and how they ensured there was a range of healthy foods for people as well as treats. Care plans

Is the service effective?

showed when people needed support with meals. For example we saw one person had undergone a feeding assessment and advice was recorded to minimise the risk of choking. No-one had any special dietary needs although one person had their weight monitored. We saw the person

had lost weight which had meant they were able to continue with a pastime they enjoyed. This showed us staff supported people to stay healthy. The home had been inspected in August 2014 by the Food Standards Agency. They had been awarded a rating of 5.

Is the service caring?

Our findings

Professionals we contacted prior to the inspection told us they were confident people were cared for at the Nak Centre. One comment was, "There's no doubt it's a caring environment, absolutely." Staff spoke with people in a friendly tone and demonstrated a fond approach in their interactions with people. We saw staff communicating with people in a way which demonstrated they were familiar with, and respected, their individual communication preferences. For example we saw a member of staff establishing eye contact with someone and using a mixture of short simple sentences and hand gestures to inform them of what was happening.

Staff had a good knowledge and understanding of people. People had lived at the Nak Centre for many years and the staff team had been in place for a long period of time. Therefore people and staff knew each other well and had established strong relationships. At previous inspections we had found staff had low expectations about people's capabilities. Since then external health care professionals had worked with the service to develop ways for staff to work with people in a more positive way. Staff had also undertaken a range of training. Staff demonstrated a pride in people's achievements and a raising of expectations about what people were capable of. One commented; "It's so much better, they're doing far more, mixing with others, gaining confidence, doing more for themselves."

Care plans contained information regarding people's likes and dislikes and what was important to people. People's personal histories were also recorded with details about their early lives and family backgrounds. That meant the information would not be lost if people needed to move to different services in the future. Also any new staff starting work would be able to gain an understanding of people's backgrounds which could help them when getting to know and understand people.

People were able to choose where they spent their time. There were two large reception rooms one of which contained a television. We saw one person independently went to the room without the television and listened to music. Another person had recently moved from a shared bedroom into their own room. Staff told us they spent time in their room alone and had taken pleasure and pride in choosing their soft furnishings. When we arrived at the service at 9:00 one person was still in bed. We were told they were having a lie in and occasionally chose to do that.

Only two people had family contact and this was minimal. People had access to IMCAS during the previous 18 months and this had been a positive experience. We spoke with one IMCA who told us, "There has been a genuine increase in opportunities and autonomy."

Staff told us they were keen to develop people's independent skills to enable them to live full and meaningful lives. We saw there had been involvement from the local authority's occupational therapy team who had worked with staff to develop ways in which people could be involved in preparing food and drinks, for example smoothies and wraps. The cook told us people accessed the kitchen regularly stating, "They weren't allowed in it before. (The person) wants to be in the kitchen." Care files showed people were supported to get involved in the day to day running of the home to a greater or lesser degree. For example, "With hand on hand support we support (the person) to dust simple items." Whilst we were at the home we saw one person go to the kitchen and start unloading the dishwasher independently.

We saw people returning from a trip out. Staff encouraged them to take off their outdoor clothes and shoes and settle down with hot drinks. This was done in a relaxed and unrushed manner. We observed interactions between people and staff using SOFI. We did not witness any examples of poor interactions.

Is the service responsive?

Our findings

Care plans were detailed and covered areas such as health, communication and social needs. We saw updated information in respect of people's changing needs was handwritten and added to the front of the care plan; this was then incorporated into the full plan when it was reviewed. The registered manager told us staff reviewed these notes regularly in order to help ensure they were aware if people's support needs had changed. In addition staff had verbal handovers when shifts changed and daily notes were kept for each person.

Care plans contained sections describing people's routines at various times of the day and these were informative for those supporting them. We saw reviews took place regularly and care plans were signed by staff to confirm this. We asked about people's involvement in the care planning process. The registered manager told us people were unable to take part in this in a formal way and had no understanding or interest in their care plans.

In addition to the care plans people had 'blue books' which had been developed with the support of an occupational therapist. These contained 'Life Stars', a tool used to capture the extent to which people were fulfilled in various aspects of their lives such as health, how they spent their time, being safe and communicating. The Life Stars indicated that people's lives in these areas was improving and becoming more meaningful.

People had access to a wide range of activities both in and outside of the home. Staff at the Nak Centre had worked

with occupational therapists and developed a range of sensory activities for people to take part in. They had undergone training in sensory rich diets and understood the value of these activities for the people they supported.

We looked in detail at the activity rota for one person over the past month and saw they had been carriage riding, attended a local day centre, had aromatherapy sessions, art and drumming sessions and gone on various walks and drives out. Staff told us rotas were arranged so two people could go out in the evening every week. This was usually for a meal out although there had also been theatre trips. In addition people attended evening social clubs. Staff told us people's access to activities had increased over the past 12 months and they had seen a corresponding increase in people's confidence. One member of staff said; "We used to think it was a big deal to go out for a picnic. It's not a big deal anymore; it's just something we do." An external professional told us; "All service users now have regular one to one hours and are accessing the community and enjoying new activities. Their skills are increasing and they have a new lease of life."

People's activities were recorded in the daily notes. However there was little detail in the reports to indicate whether the activity had been successful and what worked well for the person. This meant staff might not have had enough information to plan and execute successful activities, especially when trying new things.

There was a complaints policy in place that outlined the actions to be taken and the corresponding timelines should a complaint be made. The registered manager told us they had not received any complaints.

Is the service well-led?

Our findings

The registered manager told us they found the administration connected with the home difficult, particularly when it came to doing anything on the computer. The senior care worker also found IT challenging. There were plans to recruit an extra member of staff with some dedicated administration hours but this was dependent on identifying extra funds. An external professional, whilst largely positive about the service, remarked; “The admin needs sorting out.” This meant there was a risk paperwork associated with people’s care provision would be overlooked. As noted under; ‘Is the service effective’, the registered manager had not submitted DoLS applications although they were aware of the need to do this.

We were unable to access the PIR before visiting the service, however the registered manager told us they had completed this as required. We saw an email acknowledging receipt of the PIR to confirm this.

The registered manager told us people would be unable to give their views of the service in any formal way such as questionnaires. They told us they; “sit and talk with them.” There was no evidence of recording any rating of how satisfied with the service people were. This meant it was difficult to identify how to improve people’s experience of the service.

The registered manager worked regularly at the home and was available to staff at all times. One member of staff told us they felt well supported and said; “It’s not like [the registered manager] is not here, they are here all the time.” We saw there was a close relationship between the registered manager and people and she knew their needs well. Staff told us it was a supportive team and they would have no hesitation in approaching the registered manager if they had any concerns.

Staff told us morale was good and the whole team was committed to improving the lives of the people they

supported. They said the increased training they had received recently had given them a greater understanding of how people’s independence could be developed and they had embraced these new values. An external professional commented; “It’s been a real turnaround, not only for people for staff as well. They really have taken it on board.” We heard several examples of how people had progressed since the previous inspection and staff were proud of people’s accomplishments. For example we were told; “Do you know (the person) is feeding themselves now. We always used to feed him and now, with the help of a plate guard and special cutlery they can do it themselves.”, “(the person) has come on so much. They are choosing what to wear. We always used to get them blue clothes, now it’s pink and purple all the way!” and “It’s more person centred, people’s lives have completely changed.”

Staff meetings were held regularly and staff told us these were an opportunity to share ideas and suggestions. One staff member told us these were a useful forum for keeping updated with any developments or raising concerns. They said they felt these would be listened too and acted on commenting; “If there’s a problem we voice it and it gets sorted.”

Visitors to the Nak Centre were asked for their views of the service. This was done annually and there was a visitors book available in the entrance hall for anyone to leave comments. We looked at the most recent responses and comments and found they were all positive. External professionals were positive about the progress made at the Nak Centre. One commented; “There has been a clear improvement and it sounds like things have been sustained.”

We saw audits took place on a regular basis in respect of the maintenance of the home and health and safety. For example we saw fire alarm tests were carried out twice a month and fire doors and escape routes tested regularly. There was a maintenance log which showed checks were carried out fortnightly to identify any maintenance needs. These were signed off when completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards</p>