

# Nottingham Community Housing Association Limited

## 4 Claremont Road

### Inspection report

4 Claremont Road  
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08 September 2016

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection took place on 7th and 8th September 2016 and was unannounced.

4 Claremont Road is registered to provide accommodation for people who require nursing or personal care. At the time of the inspection there were 12 people using the service.

On the day of our inspection there was 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.

People were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported.

Staffing levels were adequate to meet people's needs. Staff received an induction, training and supervision and felt supported by the management team. People were at the centre of the service and staff worked flexibly and organised their day around the needs and wishes of people. Staff were recruited through safe recruitment practices.

Medicines were safely administered and stored.

People received sufficient to eat and drink and their nutritional needs were catered for.

The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind, caring and respectful towards the people they supported. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People were encouraged to be independent and had access to independent advocacy services should they have required this support.

People were supported to participate in activities, interests and hobbies of their choice.

The complaints policy was accessible for everyone.

The management team was supportive and approachable towards people, relatives, external professionals

and staff. People were involved or had opportunities to be involved in the development of the service. There were systems in place to monitor and improve the quality of the service provided.

## 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.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People's nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests, hobbies and goals.

People were involved as fully as possible in reviews and discussions about the care and support they received.

Staff understood how they would manage concerns or complaints.

### Is the service well-led?

Good ●

The service was well led.

Staff understood the values and vision of the service.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

# 4 Claremont Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7th and 8th September 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Health Watch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with five people, three relatives, three care staff, the deputy manager, the registered manager and one health care professional. After the inspection we spoke with two social care professionals.

We looked at the relevant care records of three people and the recruitment records of three members of staff. We also looked at other records relating to the management of the service.

# Is the service safe?

## Our findings

All people we spoke with told us without exception, that they felt staff supported them to remain safe and the staff were visible. One person said, "Yeh I'm well protected, carers look after me."

Another person said, "Damn site safer than [previous accommodation]." A health professional said, "People are very safe." A social care professional said, "Yes, I believe people are safe."

All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their family member was cared for safely. One relative said, "[Relative's name] is safe, best [service], marvellous [service] and staff." Another relative commented during a survey in 2016, "I feel that [relative] is safe and secure in your hands."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm and told us they would report any concerns to a member of the management team or local authority. Staff were confident a member of the management team would deal with any concerns they may raise.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns of incidence of people being at risk of harm. .

Safeguarding and whistle blowing policies and procedures were available. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. All the staff said that they would not hesitate to use the policies if required to do so. One member of staff said, "I can go to my line manager, their line manager, the local authority, the police and a social worker."

Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. We saw regular checks and routine maintenance of the inside and outside of the homes environment and equipment, which included smoke detectors, wheelchairs and legionella. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

Detailed individual risk assessments were completed and reviewed for risks associated with people's psychological needs, nutrition, medication, dehydration, physical risk and leaving the building.

All people we spoke with told us without exception there were enough staff. One person said, "There's a lot of staff here [service], there is always someone around to help you." Relatives told us there were enough staff and they had no concerns about the availability of staff to support their family member. One relative said, "Always staff wandering around." Another relative said, "Yes most of the time."

All members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. One member of staff said, "Yes absolutely, always well staffed." A social care professional told us when they visited "There are always enough staff around."

All the members of staff were positive about the staff team and said they worked well together. Comments included, "The staff team is excellent everyone works well as a team", "Everyone [members of staff] are very passionate", "Staff are flexible" and "Team are all about the people." We observed that staff worked well as a team and communicated effectively to ensure people's safety at all times. We found there were appropriate numbers of staff on duty who were deployed appropriately and had a good mix of experience, knowledge and skills to meet people's needs.

The registered manager told us that staffing levels were based on dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People who used the service did not raise any concerns about how they were supported with their medicines.

We observed one member of staff administering medicines safely to people. The members of staff checked medicines against the medication administration record (MAR), explained to the person about the medicine they were being given. They waited patiently until the person had taken the medicine and then returned to sign the MAR.

Staff told us, and records confirmed, that staff had attended training in medicine management and that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MAR's for three people. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

Medicines were stored securely in cupboards and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. Daily audits were carried out by members of staff administering medication and monthly audits were carried out by the deputy manager to assess if medicines were being managed safely.

# Is the service effective?

## Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. One person said, "They [members of staff] take care of you." All the people we spoke with were positive about the staff that supported them. Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. A visiting relative told us, "Yes [staff] know [relation] very well."

Staff told us, and records confirmed, that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which included but was not limited to, first aid, fire safety, moving and handling and safeguarding adults. Staff said they also had the opportunity to shadow other members of staff. One member of staff told us their induction, "Absolutely enabled me to carry out my role."

Staff were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I can go to supervision with anything I need to say." Another member of staff told us they have a personal development plan where they discuss their goals so they can improve in their role.

All staff and management team we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. Where a person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for DoLS where appropriate. Which included for example, where a person had been assessed as requiring support from staff if they went out into the community and were not free to leave the service alone. This ensured that they were not being deprived of their liberty unlawfully.

People told us, and we observed that staff asked for consent before providing care. One person said, "Yes they [staff] do."

We received positive comments about the food and drink. People said comments such as, "It tastes nice, it

looks lovely, it's beautiful" , "I like the food~we get a lot" and "It's nice, staff ask me what I want."

We observed the lunch time meal in the main dining area. People were given a choice where to have their meal. One person had their meal in the garden. The meal time was relaxed. Tables were covered with clean tablecloths and condiments were available when requested. A pictorial menu was available which showed people what they had chosen. A variety of different cold drinks were available and people were offered regular drinks and healthy snacks throughout the day. Ice lollies were given to people to cool them down during the warm weather. People received their meals promptly. Staff were asking people if they enjoyed their meal and people replied "Yes". We saw that people enjoyed their meals and there were plenty of empty plates. One person said, "It [meal] was very good." People ate independently but were given encouragement when required.

There was a four weekly menu in place with a variety of food available. Members of staff told us other options were available if people wanted a different meal. We saw people having different choices of meals and deserts. Information on people's specific dietary needs, likes and dislikes was accessible for members of staff which helped staff when offering people choices of meals, drinks and snacks.

People and their relatives told us people had their health care needs met by a variety of professionals such as an optician, dentist and GP. One person said, "They [staff] take me to the doctor." Relatives told us that their family member had access to a GP and the community mental health team when required. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. A health care professional told us the service referred people "Very promptly and any concerns the home would contact the surgery immediately."

Records showed that each person had a comprehensive assessment of their health needs and had detailed instructions for staff about how to meet those needs. For example one person was referred to a specialist disability nursing service to support their health and wellbeing. An individual pictorial booklet was created so staff could support the person with their health and wellbeing. Recommendations made the specialist disability nurse were followed. Another person had received a screening test for a possible health condition.

Each person had a 'health action plan'. This document provided external professionals with important information such as the person's communication needs, physical and mental health needs and routines. Health action plans went with people when they were admitted into hospital. This demonstrated that people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

## Is the service caring?

### Our findings

All the people and their relatives we spoke with told us staff were kind and caring. People said comments such as, "Staff are nice to me and are kind", "Yes, they [staff] are kind and caring" and "Yes they [staff] are caring. A relative said, "Yes definitely very caring with [relation]." Another relative said, "They [staff] are kind~[relation] is very relaxed about them." A third relative said, "Care is very good." All the professionals agreed. A health care professional said, "No doubt about that. Staff are excellent." A social care professional said, "Very caring."

Staff spoke without exception, positively about working at the service. Members of staff said comments such as, "All the residents are great", "[Service] is exceptional, never known a [service] like it", "I think [service] is brilliant" and "I do enjoy working here."

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. One person had no close relatives and as such a community advocate was arranged to represent them. We saw records that showed us the advocate attended reviews on a regular basis to make sure the person's views were represented.

All the people and relatives we spoke with told us staff knew how to support them. One relative said, "Yes definitely." Another said, "Yes, getting to know [relation] very well." A third relative said, "Yes I do." Staff were aware of people's support needs and their personal preferences. Staff knew people very well and were able to describe their care needs, likes, dislikes, routines and what was important to them.

People told us they met with their keyworker regularly to discuss issues that were important to them. A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them and coordinating this with the rest of the staff team. One person told us, "Quite often when [staff member] gets time to spare [staff member] talks to me." Another person told us they enjoy talking to their keyworker. Relatives knew their relations keyworker and spoke to them when needed.

People told us staff listened to them. One person said, "They [staff] listen to you no problem." Another person said, "[Staff] come and have a chat with me if they have time." We observed there was a relaxed, calm and happy atmosphere at the service with lots of smiles, good humour, fun and gestures of affection. Staff used effective communication and listening skills when talking with people. They engaged positively with people, including them in discussions and decisions. People were relaxed with staff and there was an exchange of friendly communication that told us meaningful relationships had been developed. People and staff were laughing and joking with each other throughout the inspection. One person said, "I have a laugh and a joke with [staff]."

People told us they were supported to make independent choices. One person told us they are able to choose what clothes they want to wear and buy. Another person told us they choose what time they get up and go to bed. A third person told us they choose where to go on holiday.

People told us that felt they were treated with dignity and respect and we heard staff speak to people in a calm and caring way. All the people and relatives told us staff knocked on their doors before entering. One person told us that staff made sure they had their dressing gown and towel when they had a shower. One relative told us their relation had a key to their bedroom door to protect their privacy. We saw staff took people away discreetly from lounges to support them with their personal care. We also saw that staff treated information confidentially and care records were stored securely. This meant that people's privacy, dignity and preferences were respected.

The registered manager told us there were no restrictions on people being able to see their family or friends. All the relatives told us they can visit whenever they want.

## Is the service responsive?

### Our findings

People were at the centre of the service and staff worked flexibly and organised their day around the needs and wishes of people. Care was personalised, staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person and supported them as appropriate.

Relatives were positive that their family member received a supportive and responsive service that was based on their individual needs. One relative said that they were highly satisfied with the service their family member received. They told us their relation "Likes living here [service]."

People's care records were written in a person-centred way and contained information regarding their diverse needs and provided support for how staff could meet those needs. Discussions had taken place with relatives to gain an insight into people's life histories and plans for the future. This helped in the development of care plans. Information about people's likes, dislikes, wishes, feelings and personal preferences had been considered when support was being planned. For example one person had a support plan in place to make sure they engaged in activities that were important to them. People were supported in the way they preferred because staff had the necessary guidance to ensure consistent care. Daily records were up to date and gave a good overview of what had occurred for that person.

Regular reviews of people's support plans and assessments took place. One relative told us they recently attended a review where external professionals, deputy manager and relations key worker were present. They said, "It was a really good meeting, very productive". Another relative told us they also attended a review meeting and they felt listened to and were able to put forwards their opinions.

Throughout our inspection we saw examples where staff responded appropriately to people's needs and well-being as detailed in the care plans. For example, one person became anxious when the fire alarm went off and began shouting. A senior staff member promptly and appropriately gave the person verbal and physical reassurance. The person was smiling when reassurance was given and the senior staff member stayed with them until the person was calm.

People told us they were supported to pursue a range of hobbies, activities and individual interests. For example, swimming, shopping, walking in the garden, playing dominoes, card games and attending a variety of day services. One person told us they had a season ticket for a football team and regularly attended home matches. During our inspection a member of staff volunteered to support the person to go to a game in their own time. A second person told us they went to the gym and a club in the evening. A third person attended a pottery class and proudly showed us items they had made.

Relatives appreciated that people were stimulated, enjoyed a range of activities and went out regularly. One relative told us how their relation was taken to a convention which was important to them. Their relation was smiling when their relative discussed what they did at the convention. One person had just returned from shopping and excitedly showed us items they had purchased relating to their hobby and interests. Another relative told us their relation attended a day service which was important to them. They said their

relation, "Still attends the day centre they were attending in the community. The home has gone out of the way to make sure transition from community to the home has been good."

People had been on holiday with support from staff. One person told us they had been to Disneyland Paris and Amsterdam. They showed us photos of their holiday, which they were clearly proud of. Another person told us they had been to Bournemouth. Plans had been made for further holidays this year.

People were encouraged to partake in a variety of activities. One person was completing a word search, others were having a game of dominoes and others were out on trips. People regularly attended swimming, football, aqua aerobics, cricket and volleyball at a local club with support from staff. People told us they were able to access their local community. People went shopping and had meals out. Relatives told us their family member also accessed local amenities such as music concerts and the cinema. One person attended a church. Another person visited their bank to manage their money. One person visited their own hairdressers. Throughout the inspection we saw people going out with members of staff and relatives shopping and to the park. This enabled the person to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff.

People told us they were supported to maintain their independence inside and outside of the home. One person took great pride in telling us they volunteered at a local project also run by Nottingham Community Housing Association (NCHA). We saw an article written about them volunteering was in 'Voice Box' a NCHA magazine for people who use their services. One person was being supported to join a literacy course at the local college. We saw people helping in the kitchen and making their own drinks.

People were encouraged and supported to maintain relationships that were important to them. One relative told us their relation visited them once a fortnight. Another relative told us they took their relation shopping three times a week. One person had recently been to a family wedding and stayed over in a hotel. Another person attended a local church. An activity group called 'Fun and Friends' and been developed in conjunction with four other NCHA projects. Each project took it in turns to hold an event. On the day of the inspection an event took place in the garden where people sat talking and eating with each other from the different projects. They clearly enjoyed each other's company. A company attended the event with a pony and people enjoyed spending time with the animal. Other 'Fun and Friends' events included a trip to Skegness, a mobile zoo and a healthy eating session.

We saw copies of resident meetings minutes that had taken place and were well attended. Discussions during the meetings included, trips out in the community, celebrations within the home and entertainment. A newsletter listed forthcoming activities and photographs of previous activities which included holidays and celebrations of people's birthdays.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. The complaints record showed that no complaints had been received in the last 12 months. Staff were clear and understood how they would manage concerns or complaints.

## Is the service well-led?

### Our findings

People we spoke with told us that they were happy living at the service. Comments included "I'm happy here it's nice", "Everything is good" and "It's a nice place to live."

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "To provide a place that prompts freedom where people are safe." Another member of staff said, "A home where people can fulfil their potential in a safe environment."

People who used the service and relatives we spoke with made positive comments about the staff team and the leadership of the service. Comments included, "I'm comfortable here [service] get on with staff", "She [registered manager] is nice to me and kind", "[Deputy manager] talks to me" and "All staff are approachable."

All the professionals we spoke with agreed. Comments included, "[Management team] are very easy to approach", "The carers go far beyond any home I have worked with before" and "If I ask them [management team] to do something they take action." A social care professional said the registered manager was supportive over a particular issue. They said, "She [registered manager] listened and was very easy to speak to about issues and concerns."

Staff told us they felt the leadership of the service was good and made positive comments about the management team. One member of staff said, "[Registered manager] is very good, listens, visible, helps out, knows the staff and is approachable." Another member of staff said, "[Management team] are great as managers, very open, I feel very comfortable to approach them." A third member of staff said, "[Registered and deputy manager] are really good as a team, they work well together."

We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions.

Members of staff we spoke with and the records confirmed regular staff meetings had taken place where important issues could be discussed such as safeguarding adults, confidentiality, mental capacity and actions had been addressed. Staff told us they felt they were able to raise concerns, express opinions and would be listened to by the registered manager. Records confirmed resident meetings took place where pertinent issues were discussed such as how to keep safe, healthy eating, how to make a complaint and activities.

Relatives we spoke with made positive comments about the service. One relative said, "Trustworthy home, trust all the staff, always clean and well run. No misgivings about the home. It's a good home" and "The atmosphere is very good." One relative told us they were unable to visit the home before their relation moved in. They told us the registered manager showed them around the home via a video link on the internet which gave them much needed reassurance.

We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

The registered manager told us that they felt well supported in their role. They had regular meetings with their manager. They also attended meetings with other registered managers within NCHA which provide an opportunity for the sharing of good practice. They told us the provider was supportive.

The registered manager was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager knew the process for submitting statutory notifications to the CQC.

A survey in 2015- 2016 had been completed by people who used the service. People said they were getting the support they wanted and felt the support made a positive difference to their lives. One person said the staff were "Helpful." Another person said, "Friendly staff and service users."

During our inspection we observed a person giving feedback through a video interview which was going to be shown at a forthcoming NCHA staff event. The person said they enjoyed living at the service and listed activities that were important to them.

A Family and Carers survey in 2016 had been completed and all the feedback was positive. Comments included, "I find the staff at Claremont are always very responsive to my calls and very understanding and caring" , "When I see [relation] they tell me about the activities [relation] enjoys that staff provide", "Amazing staff, wonderful home" and "I really do appreciate your [members of staff] caring support."

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been carried out in a range of areas including medication, health and safety checks, environment and the fire alarm system. Issues raised in the maintenance audit had been actioned.