Nisacraft Limited

Nisacraft Care (London)

Inspection report

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London
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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We undertook an unannounced inspection on 7 November 2014 of Nisacraft Care (London). The inspection was carried out by one inspector. This care home provides support to three people with learning disabilities. At the time of our inspection three people were using the service.

At our last inspection on 5 September 2013 the service met the regulations inspected.

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.

The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse. Care workers were aware of what action to take if they suspected abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. While no DoLS applications have been submitted, appropriate policies and procedures were in place. People were not restricted from leaving the home and

Summary of findings

people identified as being at risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. The registered manager told us she would contact the local authority to establish whether anyone in the home would need applications for DoLS authorisations.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home.

We saw positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and care workers provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills

People received personalised care that was responsive to their needs. We saw that people's care preferences were reflected. Care plans were person-centred, detailed and specific to each person and their needs.

People were consulted and activities reflected people's individual interests, likes and dislikes and religious and cultural needs were accommodated. People were supported to follow their interests, take part in them and maintain links with the wider community. However there were instances that because there was only one member of staff in the home, people who used the service could not all go out together and one person was always left to remain at the home.

We found the home had a clear management structure in place with a team of care workers, registered manager and the provider who worked closely with the home. Care workers spoke positively about the registered manager and the culture within the home.

Systems were in place to monitor and improve the quality of the service. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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. There were clear safeguarding and whistleblowing policies and procedures in place to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were enough care workers in the home to provide personal care to people safely.

Good

Is the service effective?

The service was effective. People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

People were able to make their own choices and decisions. When speaking to the manager and the care workers, they showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

Good

Is the service caring?

The service was caring. Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion.

People were being treated with respect and dignity.

Care workers were patient when supporting people and communicated well

Good

Is the service responsive?

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs.

People were supported to follow their interests, take part in them and maintain links with the wider community. However there were instances that because there was only one member of staff in the home, people who used the service could not all go out together and one person was always left to remain at the home.

There were clear procedures for receiving, handling and responding to comments and complaints.

Requires Improvement

Summary of findings

Is the service well-led?

Good

The service was well led. The home had a Statement of Purpose which explained some of the values the home were supporting such as civil rights, privacy, dignity, independence, security, choice and fulfilment and quality care.

We found the home had a clear management structure in place with a team of care workers, registered manager and the provider who worked closely with the home.

Systems were in place to monitor and improve the quality of the service. The home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Nisacraft Care (London)

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 provide a rating for the service under the Care Act 2014.

This was an unannounced inspection on 7 November 2014. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

The provider also completed a Provider Information Return (PIR). 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. The PIR also provides data about the organisation and service.

People who used the service had learning disabilities and could not let us know what they thought about the home because they could not always communicate with us verbally. Some people communicated with us by using key words and nods. We observed how the staff interacted with people who used the service and looked at how people were supported during the day and meal times.

We reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

There were clear safeguarding and whistleblowing policies and procedures in place to protect people. Care workers were aware of what action to take if they suspected abuse. They told us they would report their concerns directly to the registered manager and if needed the provider, social services and the Care Quality Commission.

The registered manager said that all staff undertook training in how to safeguard adults and we saw training records which confirmed this. Care workers were able to identify different types of abuse that could occur and were able to explain certain characteristics people they cared for would display which would enable them to know that something was wrong or the person was not happy. For example, one care worker told us about one person who would exhibit certain behaviours which would then indicate to them that something was wrong or the person was in pain or experiencing discomfort.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people who used the service. Each risk assessment had an identified risk and measures to manage the risk which were individualised to people's needs and requirements. For example, when a person displayed signs of challenging behaviour, there were guidelines which showed the triggers and signs which would cause them discomfort and the social and emotional support required by staff to help people to feel at ease. We saw the risk assessments covered personal care and when people went outside the home such as crossing the road and use of public transport. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support and involvement from their relatives where needed. Money was accounted for and there were accurate records of financial transactions. One relative told us "I do look through the finances and everything is fine." Relatives did however tell us they had concerns over the costs occurred by the regular use of taxis by the service which were not cheap. Relatives had suggested Dial-a-ride which is a door to door transport service for people with disabilities which could prove to be more cost effective and safer for people going out in the community. They told us they had raised this with the manager but were not aware that any action had been taken by the manager. The manager told us she would look into this matter and feed back to the relatives of any possible arrangements.

There were suitable arrangements in place to manage medicines safely and appropriately. We viewed a sample of Medicines Administration Recording (MAR) sheets and saw they had been completed and signed with no gaps in recording when medicines were given to a person. There were arrangements in place in relation to obtaining and disposing of medicines appropriately with a pharmaceutical company and systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe.

We saw monthly medicine audits had been carried out by the provider to ensure medications were being correctly administered and signed for and to ensure medication management and procedures were being followed. Records showed that care workers had received medicines training and medicines policies and procedures were in place.

We asked care workers whether they felt there was enough staff in the home to provide care to people safely, one care worker told us "Yes there is, there is always cover here and we work well as a team. Everyone is very co-operative and you can get hold of the manager anytime." We saw rotas were in place and care workers had been with the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people who used the service.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for four care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with children and adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Good

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working at the home. One care worker told us "It's a homely atmosphere here. I love the residents and I enjoy myself. I have been here for a long time and know the people very well."

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that care workers had completed training in areas that helped them when supporting people and these included manual handling, infection control, first aid, food hygiene, health and safety, medication, diabetes, safeguarding, DoLS and mental capacity. There was a training plan in place which showed the training care workers had received and were due to receive for the remainder of the year. Care workers we spoke with told us they were happy with the training that they had received.

We looked at four staff files and saw care workers received supervision on a regular basis and had received an annual appraisal to monitor their performance. Records also showed that staff had obtained National Vocational Qualifications (NVQs) in health and adult social care and the manager supported staff to develop their level of skills and knowledge.

We saw care plans contained some information about people's mental state and cognition. Where people were able to make their own choices and decisions about care, they were encouraged to do this and this was documented in their care plans. When people were not able to give verbal consent, records showed the home had involved the person's relatives to get information about their preferences, care and support and decisions were made in the person's best interests. The manager and care workers showed a good understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all the care workers had received MCA training. One care worker told us "Everyone is different and have their own ways." Although the care plans included some information about people's mental state and cognition, we saw no evidence that mental capacity assessments had been carried out. We raised this with the registered manager and they confirmed they would carry out mental capacity assessments for people in the home where it was needed.

The CQC monitors the operation of the DoLS which applies to care homes. While no applications have been submitted, appropriate policies and procedures were in place. People were not restricted from leaving the home and were encouraged to meet their relatives. We saw evidence that people went out to various activities and people identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out. The registered manager told us she would contact the local authority to take further advice about DoLS authorisations.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans detailed records of appointments and medicine prescribed by healthcare professionals including GPs, chiropodist, physiotherapists, and opticians. Information showed the date and type of appointment, reason for the visit, the outcome and any medication prescribed or change in medication.

People were supported to get involved in decisions about their nutrition and hydration needs. The registered manager told us that they did not have a set weekly menu and people chose what they wanted to eat and this was accommodated for. People's eating and drinking needs and preferences were recorded in their care plan and weight monitored on a monthly basis. We found the home accommodated people's religious and cultural needs which specifically catered for vegetarian dishes as people in the home did not eat meat due to their religious beliefs. However, there was a lack of evidence which showed how people's nutritional needs were being monitored to ensure a balanced diet that promoted healthy eating and fresh food. One relative told us "I have concerns that the food may not be freshly cooked."

During lunchtime we observed the registered manager and the care workers respected and adhered to people's choices and wishes and particular Gujarati savouries were offered which people enjoyed.

Good

Is the service effective?

We observed care workers were patient and used gentle prompting to ask whether people wanted more or what if they wanted a drink. Care workers did not rush people and let people eat at their own pace and provided support when the person requested it.

Good

Is the service caring?

Our findings

When prompted to tell about us about the home and how they felt about living here one person said “All very nice here. All good.” One relative told us “The home is very good and caring.”

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. We observed people were very relaxed and felt at ease. People were free to come and go as they pleased in the home. Whilst people were waiting for their lunch, one person started singing in Gujarati and other people joined in and started clapping, the registered manager and care worker encouraged the person to sing more and joined in with everyone. We observed the relationships between people and staff were caring and people were comfortable with each other.

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care.

Care plans set out how people should be supported to promote their independence We observed care workers provided prompt assistance but also encouraged and promoted people to build and retain their independent living.

Care workers were patient when supporting people and communicated well with people explaining what they were doing and why. We observed care workers were prompting and sometimes spoke in Gujarati as this was people’s preference and made it easier for people to communicate their needs effectively. Care workers were knowledgeable about people’s likes, dislikes and the type of activities they enjoyed. Care workers we spoke with explained to us that they still ensure that people were offered choice in everyday matters such as deciding what to wear, eat or what to do for the day. They told us that they communicated with people in other ways such as using specific body language, gestures, facial expressions and key words. One care worker spoke to us about one person and told us “[Person] may not be able to verbally say things but they do understand.”

Requires Improvement

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans of all three people who used the service which contained an introductory section providing the person's life and medical background and a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, eating and drinking, mental health and mental well-being and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected. Information such as the person's habits, daily routine, what they liked for breakfast and preferred times they liked to wake up and go to sleep was recorded. The care plans also listed specific body language, gestures, facial expressions and key words the person used to communicate and encouraged people's independence by providing prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the provider and manager were aware of people's specific needs and provided appropriate information for all care workers supporting them.

When speaking with care workers, they were able to tell us about each person's personal and individual needs. They told us there was a handover after each of their shifts and a communication book and daily occurrence notes were completed by care workers every day which detailed the needs of people and monitored the care being provided.

People were consulted and activities reflected people's individual interests, likes and dislikes. During the inspection, two people had come back from a walk in the community and after lunch were being taken to a shopping complex for the rest of the day. We asked the care worker why one person was left to stay at the home on their own. They told us they were unable to take the person out as they needed one to one support and two members of staff would be needed to take everybody out at the same time. When speaking to relatives, this was also an issue they raised. They told us they had concerns that there was only one member of staff and people who used the service could not all go out together and one person was always left at home. One relative told us that the person who often had to stay at home "Loves to go out but because there was only one member of staff at the home, they are not able to go out with the rest of the residents."

We observed that with the person who remained at the home on the day of the inspection, although the manager was present and very attentive to the person's needs, we observed the person did not have much to do apart from the television being on. There was a lack of interaction or mental stimulation for this person whilst the other people were out. We discussed with the registered manager that an extra care worker should be present to either ensure the person was able to go out with the other residents and should seek activities or things the person liked to do to keep them engaged in the home during such intervals. The registered manager told us she would look into this matter and see what could be done. Records showed and when speaking to relatives confirmed that this person did go out to day centre three times a week with a care worker however was not able to go out with the other residents when they were all at home.

We found people's religious and cultural needs were accommodated and were supported to maintain links with the wider community. We found everyone had visited Longleat National Park earlier this year. People also attended the Temple and were involved in Hindu festival celebrations such as Navratri (Garba) and Diwali. All the people had memberships at community day centres and the local Mencap club for Asian people where they were involved with exercising to music, bhajan (religious songs) singing, flower making and art. During the inspection, a care worker showed us some pieces of art and craft that had been made by people and were displayed in the office.

In addition to these activities, people who used the service were able to visit family and friends or receive visitors and were supported with maintaining relationships with family members. However one relative told us that on some occasions when they called the home on the main land line, it would be a while before anyone answered the phone and if no one did pick up or if they happen to be out, they could not leave a message as there was no answering machine facility.

We saw that any comments or complaints made to the home were logged in a specific book. We reviewed records and saw one complaint had been made. We found the provider and the registered manager had investigated and

Requires Improvement

Is the service responsive?

responded appropriately and measures had been put in place to improve existing arrangements in relation to some of the issues raised. One relative told us "The service is much better and they now listen to your concerns."

We found the home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. When speaking to care workers, they showed awareness of the policies and said they were confident to approach the registered manager with any concerns and felt matters would be taken seriously and resolved.

Good

Is the service well-led?

Our findings

There was a clear management structure in place with a team of care workers, registered manager and the provider who worked closely together. Care workers spoke positively about the registered manager and the culture within the home. One care worker told us "The manager is very nice. You can speak to both the manager and the provider and they listen. It's very open here; we even have the provider's number if we needed anything." Monthly staff meetings were being held and minutes of these meetings showed aspects of people's care were being discussed and that the staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks of the service were being carried out by the provider and any further action that needed to be taken to make improvements to the service were noted and actioned. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, records, finances, review of care plans, policies and procedures, staff records and supervisions.

We found the home had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw there were systems in place for the maintenance of the building and equipment to monitor the safety of the service. Portable Appliance Checks (PAT) had been conducted on all electrical equipment and maintenance checks. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Fire drills and testing of the fire alarm and equipment was completed on a weekly and monthly basis.