

A Mungur NAS House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

NAS House is a residential care home providing accommodation with personal care. The home accommodates up to 14 people in one house. At the time of our inspection 12 people were living at the home who had mental health conditions.

People's experience of using this service and what we found

The provider carried out a range of health and safety checks of the premises. However, they had not identified window restrictors were not always suitable to reduce the risk of falls from height and that water safety was suitably managed. The responsible person told us they would immediately improve these two areas.

Staff supported people with their medicines safely. Risks to people, including those relating to their mental health conditions, were suitably managed. The provider carried out recruitment checks on staff to ensure they were suitable to work with people. There were enough staff to support people safely. Staff followed suitable infection control practices and received training to understand their responsibilities and the home was clean.

Staff received regular training and support to care for people with mental health conditions. People received their choice of food and were supported to maintain their health. The provider regularly assessed people's needs to check they were meeting them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who knew them well as they had worked with them for many years. People liked staff and developed good relationships with them. Staff treated people with dignity and respect. People were involved people in their care and their care plans were based on their needs and preferences. Staff engaged people in activities they were interested in. The provider had a suitable process to respond to any concerns or complaints.

The service did not require a manager to be registered with the CQC. However, the director managed, and was responsible for, the service. The responsible person had good oversight of the service as they worked closely with people and staff each day. They understood their role and responsibilities, as did staff. People, relatives and staff told us the service was well-led and the manager engaged well with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published September 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

NAS House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

NAS House is a care home that provides accommodation with personal care for adults with mental health conditions.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service does not require a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs).

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people using the service and one relative. We spoke with the 'responsible person' who was the director and also the manager and one support worker. We reviewed three people's care records, medicines records, three staff files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider carried out a range of health and safety checks to keep people safe. However, we identified some window restrictors were inappropriate so people may have been at risk from falls from height. The director told us they would immediately check and adjust all window restrictors across the service.
- The provider regularly checked there was no Legionella in the water system. However, the provider had not carried out a risk assessment to ensure any risks relating to water hygiene were identified and managed. The director told us they would commission a risk assessment immediately.
- People felt they received the right support in relation to risks. The provider assessed risks to each person, including those relating to their mental health, providing robust guidance for staff to follow. Staff understood risks relating to each person and the support people needed to stay safe.

Using medicines safely

- People did not raise any concerns about medicines management. Our checks of medicines stocks and records showed people received their medicines as prescribed. Medicines were stored, administered and disposed of securely.
- Staff received training in medicines management and the provider assessed their competency to administer.
- The provider carried out regular checks on medicines management to assure themselves processes remained safe.
- The provider assessed the risks relating to medicines for people and support plans were in place to guide staff.

Staffing and recruitment

- People, relatives, staff and the registered manager told us there were enough staff to support people safely. People told us staff came quickly if they called for assistance using the call-bell. There were no staff vacancies and agency staff were not required.
- We observed there were sufficient staff with staff always present in communal areas. Staff were able to respond to people promptly.
- Rotas showed staff numbers confirmed more staff were available to support people to appointments and activities where necessary.
- The provider carried out recruitment checks to ensure staff were suitable to work with vulnerable people. This included checks of criminal records, previous work history, proof of identification and any health

conditions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them. Systems were in place to protect people from the potential risk of abuse and the responsible person understood their responsibilities.
- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

Preventing and controlling infection

- People, relatives and staff told us the service was always clean. We observed the service was clean and free of malodours. Staff cleaned the service each day and the responsible person oversaw this well.
- Staff received training in infection control and food hygiene and followed best practice to reduce the risks to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The service was large with various communal spaces for people to meet together including a garden with a patio area.
- Rooms were en-suite and people's rooms were encouraged to personalise their rooms to their tastes.
- A lift enabled people with mobility issues to access all the floors of the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before admitting people, the responsible person met with them and their relatives and reviewed any professional reports to check they could meet their needs. The person met with others in the service and the responsible person carefully considered how well they would get along with others at the service.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and hosting reviews with people, their relatives and others involved in their care, including mental health professionals.

Staff support: induction, training, skills and experience

- People told us they believed staff had the right training to support them. People were supported by staff who received regular training in a range of topics to help them understand people's needs. Topics included mental health, safeguarding, medicines management and diabetes.
- Staff received regular supervision and told us they felt supported by the responsible person.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's mental and physical healthcare needs as they had received the necessary training and support.
- People's oral healthcare needs were met as staff supported people with their daily needs with support to visits to dentists. People had suitable oral healthcare assessments and plans in place.
- People told us they were supported to see the healthcare professionals they needed to maintain their physical including seeing specialist healthcare professionals and their GPs. Records supported this.
- People received a choice of food and liked the food they received. Staff were knowledgeable about people's dietary needs and preferences. Comments from people included, "The food is nice", "I get enough food", "It's lovely! Yummy!", "It's good." People also told us about their favourite foods which they were often served.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.. 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 had the appropriate legal authority and were being met.

- The responsible person and staff told us people could all make their own decisions in relation to the care they received. This meant MCA assessments and DoLS authorisations were not required.
- Our discussion with the responsible person and staff showed they understood their responsibilities in relation to the MCA and DoLS and they had received training in this. Staff understood the importance of respecting people's decisions, including any unwise decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People liked the staff who supported them and had good relationships with them. People received consistency of care from staff who had worked at the scheme for many years and knew them well. Comments included, "It's a special home I really like it here", "Staff are nice other residents are nice. It's friendly here" and "The staff are good, kind people."
- We observed staff spent much time sitting and interacting with people playing games and conversing and people were comfortable with staff. We saw staff treated people kindly, with patience and respect.
- Staff received training in equality and diversity and our discussions showed they understood people's religious, cultural and social needs. These needs were reflected in care planning.

Supporting people to express their views and be involved in making decisions about their care

- Our discussions with people and staff and our observations showed staff knew people well. Staff knew people's preferences and respected their preferences.
- Each person had a 'keyworker', a member of staff who worked closely with them to help them express their views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Our discussions with people and staff showed staff respected people's privacy and dignity when carrying out personal care. Staff maintained people's confidentiality and we observed information was held securely. Staff received training to understand their responsibilities in relation to this.
- The responsible person told us this was a home for life for most people. However, staff supported people to maintain their independent living skills as far as possible. One person told us, "Staff help you to learn to do things yourself." People were encouraged and supported to cook, clean and do their own laundry. One person chose to take minutes at the residents' meetings.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in their care plan and knew what was in them. Care plans detailed their mental health needs, their backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were personalised and kept up to date so they remained reliable for staff to follow.
- Our discussions with staff showed they had a good understanding of people's needs and preferences. Staff followed people's care plans so people received consistency of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans. For example, one person required staff to write things as they had lost their hearing. We saw staff used some repetition to check people understood them.

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

- People had enough to occupy themselves. We observed people playing card games with each other and staff and engaged in conversations through the day. People could all leave the service freely and most chose to spend their days engaged in their own activities outside the service. A relative told us, "It's a huge relief for me that [my family member] is encouraged to get out and about" and people told us about the various places they often visited in the community.
- Staff supported people to stay in touch with people who were important to them such as relatives. Visitors were welcomed and people were supported to visit relatives.

Improving care quality in response to complaints or concerns

- The complaints procedure in place remained suitable. The responsible person told us they had received no complaints in the past year.
- People and relatives knew how to raise a concern and they had confidence the provider would investigate and respond appropriately.

End of life care and support

- Training in end of life care was available to staff. The responsible person had supported people and their relatives to put funeral plans in place. The responsible person told us they would work with the local hospice if anyone required end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The responsible person had oversight of the service through working closely with people and staff each day. They oversaw all records at the service and we found records were in good order. However, the responsible person had not identified improvements were required relating to window restrictors and water hygiene and told us they would rectify this immediately.
- The responsible person was the director of the service and the day to day manager. They were a mental health nurse and set up the service several decades earlier which meant they were very experienced. Our discussions showed they understood their role and responsibilities and they responded promptly to the issues we identified.
- The responsible person was supported by senior support workers. People, relatives and staff were positive about the responsible person and all staff.
- The provider had sent us notifications in relation to significant events that had occurred in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The responsible person kept people and staff informed of any developments at the service through regular meetings. People and staff valued these meetings and felt listened to. Relatives told us staff always kept them informed of any important information about their family members.
- People and staff were asked their views on the service through regular surveys and recent surveys showed people were happy with their care.

Working in partnership with others

- People were active within their local community as they used local services. The provider communicated with external health and social care professionals, including the local mental health care team and review officers from the local authority, to ensure people received the care they needed.

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

- The registered manager understood their duty of candour responsibilities and their management style was open and transparent.

