Mrs Anne Elizabeth Barrows

Nak Centre

Inspection report

The Nak Centre
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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

Summary of findings

Overall summary

We inspected the Nak Centre on 16 February 2016, the inspection was unannounced. The service was last inspected in April 2015, we had no concerns at that time.

The Nak Centre provides care and accommodation for up to six people who have a learning disability. At the time of the inspection five people were living at the service. 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.

People had lived at the Nak Centre for several years and staff knew the people they supported well. The registered manager took an active role in the running of the service. They were supported by a core staff team who had worked at the service for some time. Staff told us they had worked with other agencies to improve the way they supported people. They were confident this had been a positive development for people who they said had been "empowered" by the changes.

People had limited verbal communication skills so we spent time observing people and their interactions with staff. The atmosphere at the Nak Centre was calm and friendly. Interactions between staff and people were kind and supportive. Staff described to us how they worked to support people to make day to day choices and build on their independent living skills.

The premises were well maintained, pleasant and spacious. People's bedrooms had been decorated and furnished in line with their personal preferences. Risks associated with the environment had been identified and action taken to minimise them.

Care plans had not been updated for some time and some information was out of date or contradictory. We identified a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

There were sufficient numbers of suitably qualified staff to keep people safe. Recruitment practices helped ensure staff were fit and appropriate to work in the care sector. Staff received an induction when they first started work which included training in areas identified as necessary for the service. This included training in safeguarding and staff knew how to recognise and report abuse. They were confident the registered manager would take any concerns they had seriously.

People took part in a range of activities such as riding, attending local day centres and regular trips out to cafes and restaurants. In addition external health care workers often visited the service to facilitate sessions such as drumming, creative art and aromatherapy massages. People were supported to be involved in daily tasks for example, laundry and preparing meals, according to their abilities.

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. Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

Is the service effective?

Good

The service was effective. New employees completed an induction which covered training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff spoke about people with affection and regard for their well-being.

People were supported to develop their independence.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Care plans had not been updated for some time.

People had access to a range of meaningful activities and led full and busy lives.

There was a satisfactory complaints procedure in place.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability within the staff team.

Staff demonstrated a shared approach to care which emphasised the importance of enabling choice.

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.

This inspection took place on 17 February 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the people living at the Nak Centre and observed staff interactions with people. We spoke with the provider who was also the registered manager and three employees.

We looked at care records for three individuals, people's Medicine Administration Records (MAR), two staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

Most of the people living at the Nak Centre had limited verbal communication. We spent time talking with people about their day and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home and with staff supporting them. People approached staff for assistance and reassurance throughout the day.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager or the senior care worker and were confident they would be followed up appropriately. If they were not satisfied with the response from management staff knew how to escalate concerns outside of the organisation.

Care plans contained information to guide staff as to the actions to take to help reduce any identified risks to people. One person had a tendency to eat fast and had been identified as being at a higher risk of choking because of this. The registered manager described to us how they supported the person at meal times in order to minimise this. We checked the person's records and saw a risk assessment was in place which guided staff accordingly and reflected the registered manager's description.

Action had been taken to minimise any risks associated with the environment. For example, radiators had been fitted with covers, window restrictors were in place and handrails had been installed outside the front door.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks (DBS) were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge. We did not see any evidence that people had provided photographic identification as part of the recruitment process. We discussed this with the registered manager who assured us this was done as part of the DBS check but records were not kept on file. They agreed this would be done for any new employee.

People's medicines were managed safely and stored securely. The amount of medicines held in stock tallied with the amount recorded on medicine administration records (MAR). MARs were completed consistently and in line with current guidance. Topical medicines had not been dated on opening; this meant staff would not be aware when the medicines were at risk of becoming ineffective or contaminated. At the time of the inspection there were no medicines being used which required refrigeration.

There were effective systems in place to support people with their finances. The service held small amounts

of money for people so they were able to pay for any personal items or have meals out. Receipts were kept and a record of all money spent, these were an accurate reflection of the amount of money held in the service.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs.

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. They initially worked a six month probationary period which could be extended to 12 months. This meant the registered manager could be assured they were suitable to work in the service before agreeing a permanent contract. One relatively new member of staff had recently completed the Care Certificate as part of a college course with the support of the service. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

All staff had completed training identified as necessary for the service. This included areas such as moving and handling, first aid, infection control and person centred care. The registered manager told us they were arranging for training to be refreshed in the near future. Training was a mix of on-line courses and face to face training either at the service or at an external venue.

Staff received supervision from the registered manager although this had not taken place in recent months. However, staff told us they felt well supported and were able to seek help and advice from the registered manager or senior care worker whenever necessary. One care worker told us; "Definitely well supported. I've always been told, "If there's anything you want to know just ask questions.""

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. 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. Mental capacity assessments and best interest meetings had taken place where appropriate and were recorded as required. Applications for DoLS authorisations had been submitted to the relevant local authorities. One DoLS authorisation was in place and the provider was awaiting the outcome of the others.

The registered manager demonstrated a good knowledge of their responsibilities under the MCA and an understanding of the underlying principles. For example, one person was likely to need an invasive medical procedure in the near future. The registered manger told us a best interest discussion would be organised to ensure the person's legal rights were protected. Staff demonstrated an understanding of the underlying principles of the legislation in their conversations with us.

Daily records confirmed people were supported to make everyday decisions about such things as when they wanted to get up and go to bed, and how they wanted to occupy their day. Staff told us people were more "empowered" than they had been in the past and were more confident about making everyday choices. A care worker described a recent example when one person had been in a café and offered a choice of squash, tea or coffee. The person had stood up and helped themselves to a can of coca-cola from the shelf. The care worker said; "We hadn't offered the right choice so they just helped themselves. They would never have done that before, they didn't know they could."

Staff were aware of people's individual likes and dislikes in respect of food and took these into account. Menus were planned so they both reflected people's preferences and offered a healthy and balanced diet. For example, on the day of the inspection people were having a 'take-away' type lunch. This had been supplemented with a home-made coleslaw. Fresh fruit was available. Staff told us everyone enjoyed going out to eat and told us each individual's favourite place to go and likely meal choice. They described how they supported people when eating out. For example, a member of staff commented; "[Person's name] doesn't like sticky fingers so if we go to [name of fast food chain] we take cutlery with us."

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. We saw evidence that people had access to annual health checks. One person's health needs were being regularly monitored and the service worked with other healthcare professionals to try and ensure this was done effectively. Records regarding the person's health were kept to help ensure staff and other professionals would be alerted of any deterioration in the person's condition.

The interior of the building was well maintained and decorated. One person agreed to show us their room which was decorated to reflect their personal taste. There were two large living rooms one of which contained a television and the other games and a selection of music CD's. This meant people had a choice of where and how they spent their time. There was a large garden which had been planted and equipped in order to meet people's sensory needs. The house was in a rural location and people regularly went on local walks.

Good

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. One person was ready to go out when we arrived and was wearing make-up and jewellery. A member of staff complimented them on their appearance.

Care plans contained information about what was important to people and their personal likes and dislikes. There was also important information about people's past, interests and relationships. This allowed staff to learn about the person and gain an understanding of who they were. Photographic records of how people spent their time and any new activities were kept which were meaningful to people as well as staff.

Staff recognised the importance of family relationships and friendships and supported people to maintain them. One person's friend visited often to join in with an in-house drumming session facilitated by an external health care worker. Where people had families or other established relationship's the registered manager or senior care worker contacted them on a regular basis to keep them up to date with any developments or news. Some people did not have regular family contact. If they needed independent support when important decisions about their lives were being made arrangements were made to provide them with advocacy support from Independent Mental Capacity Advocates (IMCA).

One person had recently suffered a family bereavement. The registered manager had spent time with the person to help them understand what had happened. They had visited the nearby cathedral with them and lit a candle in memory of the person's relative. The registered manager told us they still spoke about the relative with the person and had a photograph framed for them to keep in their room.

People were supported to be independent and develop daily living skills according to their needs and abilities. We saw people being supported to fold laundry and take part in other household tasks. The menu plan showed time had been identified when individuals could be involved in meal preparation with one to one support.

People living at the Nak Centre did not communicate verbally or had very limited verbal communication. However, staff told us they were; "able to communicate very well. We know what they want." The registered manager described to us how one person indicated they were content using a very specific gesture. Care plans contained information about people's communication methods. For example, one plan stated; If [person's name] wants another cup of tea she will raise her right finger to her eyebrow." During the inspection we saw staff included people in conversations and continually checked on their understanding of what was happening.

Requires Improvement

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests.

Care plans contained information about people's backgrounds, preferences, and support needs. Not all the care plans were up to date and we saw examples of contradictory information. For example, in one person's care plan in a section headed 'daily routine' it stated the person liked to go to bed at 7:00pm. However, in a more detailed description of the person's night time routine it was recorded that they went to bed between 10:00pm and 11:00 pm. Care plans stated people attended a weekly social club but this was no longer happening. Records of health appointments within the care files had not been kept up to date. The registered manager told us these were recorded elsewhere. However, this could have been misleading for staff. The care plans had not been reviewed since May 2015 and therefore may not have been an accurate reflection of people's current care needs. We discussed this with the registered manager who acknowledged the care plans were in need of updating and told us they were in the process of doing this.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs were comprehensive and informative.

People were supported to take part in a range of activities both within the service and in the local community. For example, people went carriage riding, attended day centres and visited local tourist attractions. Staff told us people led full lives, one commented; "It can get a bit hectic sometimes. And we're always on the look out for new things to try" Staff said that, where possible, they supported people to go out individually to enable them to arrange activities according to the needs of the person rather than the group. One person had recently visited a local café ran by people with a learning disability and supporters. They were applying to volunteer at the café for eight weeks with a view to becoming a regular volunteer.

The registered manager arranged for the Nak Centre to be involved in the local community. For example, they had hosted a fete for charity in the garden during the summer months. People had been involved in the preparations and had enjoyed the day.

We saw people were able to occupy themselves within the service. One person enjoyed puzzles and there was a selection to choose from. People had their own televisions and music collections in their rooms. There was plenty of space in shared areas of the building so people could spend time on their own or with others as they chose.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints had

been received.

Good

Is the service well-led?

Our findings

There were well defined lines of responsibility and accountability within the service. The registered manager was supported by a senior care worker who had a good working knowledge of the service. They told us they were planning on recruiting a second senior care worker in order to ensure either themselves, or a senior, was on duty at all times. The registered manager took an active role within the service and regularly worked shifts and sleep in duties. Both the registered manger and senior care worker lived close to the service and staff were able to call on them for support if necessary. People were supported by key workers who had oversight of their plan of care and responsibility for organising any external health appointments.

Staff demonstrated a shared approach to support which focussed on the importance of enabling people to make everyday choices. The registered manager commented; "We're here for them." Staff told us they worked together as a team to help ensure people's needs were met. Staff were keen to give us examples of how people had progressed over the past two years and used words and phrases such as; "empowered" and "person centred care." One member of staff described a situation when someone had made a choice about what to drink. They told us; "It sounds tiny but it's not. For them it's massive." Staff clearly took pride in people's achievement's and how their independence had developed. There was repeated reference to supporting individuals rather than supporting the group.

Staff felt well supported and considered the service to be well organised. They told us they communicated well as a team and a newer member of staff said they valued the support they had received from their colleagues. Staff told us the registered manager and senior care worker were approachable and available.

Visitors to the service were regularly asked for their views about the care and support provided through a questionnaire. We looked at two recently completed questionnaires. The feedback had been positive, comments included; "Ensuring residents are the main focus of all the activities at hand" and "I observed respectful interaction between staff on duty and the people they were supporting."

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to maintain accurate, complete and contemporaneous records in respect of each service user including a record of the care and treatment provided were not robust. Regulation 17(1)(2)(c)