

Nonoy Capina

Nonoy Capina - 31 Sach Road

Inspection report

31 Sach Road
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Date of inspection visit:
31 October 2019
01 November 2019

Date of publication:
06 December 2019

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nonoy Capina is a residential care home providing personal care to four people with a learning disability at the time of the inspection. The service can support up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by staff who knew how to keep them safe from the risk of harm. Staff knew their safeguarding responsibilities in reporting allegations of abuse. Staff were recruited to the service safely and there were enough staff to support people at the service and people were seen receiving support when they needed it.

Medicines were managed safely, and people received their medicines on time. The service was clean and free from malodour. Staff at the service followed good hygiene practices to help minimise the risk of infection spreading.

People's needs were assessed when they joined the service. Staff were trained and supported on a regular basis to ensure people received effective care. Staff supported people to make their own decisions as much as possible.

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.

One member of staff was not sure what a deprivation of liberty safeguard (DoLS) was and whether anyone at the service had one. We have made a recommendation about staff understanding of DoLS. Staff supported people to make their own decisions as much as possible. People received care from staff who were kind and patient. Staff did not discriminate against people at the service. People's privacy and dignity was respected.

People's care was personalised and details on how to communicate with people was within their care plans. The service ensured people were able to spend time with people who were important to them and to attend activities they enjoyed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 (published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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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

The inspection was carried out by one inspector.

Service and service type

Nonoy Capina is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke to a care worker and a relative after the inspection to seek their feedback on the quality 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care and support from staff who understood their safeguarding responsibilities.
- The service had a safeguarding and whistleblowing policy in place.
- Staff told us the action they would take if they observed abuse. A member of staff said, "I'd report it to [registered manager]. We are here to look after them." Staff told us they would go to the provider if the registered manager was not taking the appropriate action or to the external organisations such as the local authority, police or the CQC.
- The registered manager sent confirmation that staff were to attend refresher safeguarding training by the end of November 2019.

Assessing risk, safety monitoring and management

- Risk assessments were present and advised how to reduce people's known risks.
- We asked people if they felt safe and one person told us they did. A relative said, "I believe [person] is kept safe."
- Staff we spoke to told us how they kept people safe at the service through providing a clean and safe living environment and through constant observation. We observed the member of staff checking people were safe within the service.
- Assessed risk covered areas such as, verbal abuse, depression, mobility, pain management and falls. Each risk stated triggers and how to manage the risk. For example, where someone who had arthritic pain, the service monitored their weight as an increase in weight was a trigger for the pain and the service supported the person to receive fortnightly massages.
- The registered manager explained additional measures were in place to protect people from coming to harm when they displayed changes in their mood and behaviour. However, these were not documented in the risk assessment. This meant new staff joining the service may not be aware of the correct and current process to support people.
- Health and safety checks were in place and included a fire risk assessment, control of hazardous substances were locked securely, food safety checks, electrical and gas safety checks were in place and waste was stored and disposed of safely.

Staffing and recruitment

- People received care and support from staff who had been recruited to the service safely.
- Records confirmed newly recruited staff completed an application form, attended an interview, provided references and criminal records check from the disclosure and barring service to ensure they were suitable and safe to work with vulnerable people.

- There were enough staff at the service to provide support on the day of the inspection.

Using medicines safely

- People using the service were supported to receive their medicines safely and on time.
- Medicine administration records were completed correctly with no gaps identified.
- During the inspection we identified a medicine risk assessment which did not have an "as required protocol"(PRN) for PRN medicines. We informed the manager of this and they submitted these after the inspection.
- The completed risk assessment and PRN protocol stated the medicines people were taking and associated risks with those medicines and when PRN medicine was to be administered. This ensured staff were following safe medicine procedures.
- A member of staff told us if a medicine error occurred they would report it to the registered manager. However, they were not aware where they should record it as they said it had never happened before. We signposted them to review their medicine error policy.

Preventing and controlling infection

- The service was clean and free from any malodour.
- Staff told us they followed a daily cleaning schedule to keep all areas in the service clean and when required deep cleaning was performed within the service.
- People's bedrooms were clean and people were involved in keeping them tidy.
- Staff used personal protective equipment to minimise the spread of infection, staff were provided with gloves and aprons.

Learning lessons when things go wrong

- The registered manager and staff knew how to report accidents and incidents.
- The registered manager had a system in place to ensure where incidents happened these were documented, investigated and reported to the appropriate organisations where necessary.
- The registered manager showed us incident records which included the incident, the action they took, and the learning needed with staff to prevent it from happening again.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had not had any new admissions since the last inspection. However, there were systems in place to support a new admission and assess people's needs before they joined.
- Records confirmed people had a full assessment of their needs and choices before they moved into the service. People's relatives were encouraged to be part of the initial assessment where available as this provided the service with further insight into people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with the skills and knowledge to perform their job.
- A relative told us they thought staff had good skills to support their family member.
- Staff told us they received regular support from the registered manager and could approach them with any concerns they may have any time.
- Records confirmed staff had supervision with the registered manager to discuss their role, any concerns they had, training needs and the people they were supporting. Records also showed staff had an annual appraisal to review staff performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a healthy and varied diet to support them.
- We observed staff support people with their meals and drinks who required this. This was done in a kind and dignified way and at a pace which met people's needs.
- Throughout the day we observed staff offer people fluids of their choice.
- The registered manager and staff told us they cooked a number of different meals for people at the service.

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

- People living at the service had personalised rooms decorated to their liking.
- People at the service were mobile and could easily navigate their way around the service. Hand rails were in place for people to move around the service safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live a healthy life and have access to health services and treatment when they needed it.

- Records confirmed staff accompanied people to their health appointments.
- Staff were proactive in requesting intervention from health professionals if they observed any change in people's health or it was deteriorating.
- People had up to date health action plans which provided important information to health professionals and the emergency services where people had to attend hospital.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- No one at the service was subject to DoLS at the time of the inspection.
- Staff were aware of the principles of the MCA and to encourage people to make choices about their care as much as possible.
- Of the two staff we spoke to, one was not clear on their understanding of DoLS and whether any one at the service was subject to a DoLS. We informed the registered manager of this.

We recommend the provider consider current guidance on deprivation of liberty safeguards and ensuring staff understanding in this area.

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 has 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

- Observations showed people were supported by staff who were kind, patient and compassionate.
- One person at the service said, "I like living here."
- Where people could not express themselves verbally we could see they had developed a positive relationship with staff. We observed someone who wanted comfort received this promptly from staff when they approached them. We could see this made the person feel happy and at ease.
- Staff received training in equality and diversity. Staff did not discriminate against people at the service. Where someone may identify as lesbian, gay, bisexual or transgender staff advised they would not treat them any differently if they wanted to use the service. A member of staff said, "No one discriminates against anyone here."

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

- Staff did not rush people with tasks they were completing in the service. For example, on our arrival a member of staff was supporting someone with their laundry and this was completed at the person's pace. We observed staff give people time to express themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff at the service. Where people wanted time to be on their own this was respected by the service.
- People's independence was encouraged by staff at the service, this meant people at the service were able to maintain their skills and learn new ones.
- We observed where people were visually impaired they could navigate their way around the service without staff support.

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's care was tailored to meet their individual needs and people were involved in their care throughout the day.
- Care plans contained people's likes, dislikes, hobbies, interests and daily support needs.
- Staff told us the care plans were clear in telling them what to do, and staff knew people very well as they had worked with them for many years.
- People had choices in what they wanted to do during the day such as, when they received support with personal care and the activities they wanted to participate in.

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.

- Care plans showed that people's communication needs had been assessed. Information was provided on how people communicated at the service.
- The service provided information in different formats to ensure people were able to understand information presented to 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 at the service were supported and encouraged to maintain relationships important to them.
- Records showed people attended activities of their choice which they enjoyed. Staff told us people decided where they wanted to go during their key work sessions and house meetings.

Improving care quality in response to complaints or concerns

- People were supported to make complaints if they wanted to and were provided with information in a format accessible to them.
- At the time of the inspection no complaints had been made by people living at the service or by people's relatives.

End of life care and support

- At the time of the inspection no one required end of life care support. However, people's care plans contained information about how to respect their end of life wishes.

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 has 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed coming to work at the service and the atmosphere and culture was good and welcoming.
- A relative said, "I am happy with the service, the staff are good [to person] they keep me informed."
- We observed the home to be calm and well organised. People were able to get support from staff easily and staff encouraged people to maintain their independence which empowered them.
- Staff told us the registered manager was supportive and that they could approach them at any time to discuss their role and the people they supported.

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 responsibility to be open and honest when something went wrong in the service. The registered manager said, "I have a duty of care to keep people here safe."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were supported by a staff team who knew what was expected of them and who told us they came to provide good quality care for people.
- The registered manager told us they had support from the provider if they needed their help with any issues within the service.
- Records confirmed staff had regular meetings where best practice was shared and information updates given.
- The registered manager completed audits to monitor the quality of the service. These included, medicines, care plans, infection control, safeguarding understanding, DoLS understanding, health and safety and a dignity challenge to ensure staff at the service were upholding people's dignity. The registered manager shared identified actions with staff to make improvements. For example, after the medicines audit it was found that staff should have details of the side effects for medicines and this was resolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly able to give feedback on the quality of their care during their one to one sessions with their key worker. A key worker was someone allocated to a person at the service who provided support to help people achieve their goals and talk to. However, people could speak to any member of staff at the

service.

- Relatives were able to provide feedback on the service if they wished and were welcome at anytime to speak to the registered manager or provider about the quality of care.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked in partnership with the local authority and attended health and social care events to keep them up to date.
- The registered manager told us they sourced information from the Royal Society for the Blind to involve people find activities for people with a sight impairment at the service.
- Staff told us they were encouraged to learn all the time and that they were kept informed about changes from the registered manager. A member of staff said, "[Registered manager] has encouraged me to get my level three qualification in adult health and social care."