Isle Care (Axholme) Ltd

Nicholas House Care Home

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Nicholas House Care Home provides accommodation and care for a maximum of 40 older people who may be living with dementia. The service does not provide nursing care. The service tends to operate with between 31-35 people and at the time of our inspection there were 31 people using the service. Bedroom accommodation is provided in single and double rooms on two floors and there is a passenger lift for access to the upper floor. There are two units in the premises, one is for people living with dementia.

At the last inspection the service was rated Good. At this inspection we found the service remained Good. There were no breaches of regulation and while the service met all fundamental standards it was not as forward looking as it might have been or showed evidence of continued development.

The registered provider was required to have a registered manager in post and there had been a registered manager at the service for the last five and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm or abuse because staff employed were trained in safeguarding adults and understood their responsibilities. The registered provider had policies and systems in place to manager safeguarding incidents and maintained records of any suspected or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury or harm. The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's needs and recruitment systems were followed to ensure staff were suitable to support people. Medicines were found to be managed safely.

Qualified and competent staff were employed and supervised. Their personal performance was checked at an annual appraisal. People's mental capacity was appropriately assessed and their rights were protected. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitably designed and furnished for providing care and support to people living with dementia.

Compassionate care was provided by kind staff that knew people's needs and preferences. People were involved in their care and asked for their consent before staff undertook any support tasks. Their wellbeing, privacy, dignity and independence were respected. This ensured people felt satisfied and were enabled to take control of their lives.

People were supported according to person-centred care plans, which reflected their needs and were reviewed. They engaged in pastimes and activities if they wished to and were content. People had good family connections and support networks. An effective complaint system was used and complaints were

investigated without bias. People and their friends and relatives were encouraged to maintain relationships of their choosing.

The service was well-led and people had the benefit of a culture and management style that were inclusive and caring. A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the registered manager and staff or via the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely on the premises.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Nicholas House Care Home

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 was 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 was a comprehensive inspection.

The inspection of Nicholas House Care Home took place on 4 May 2017 and was unannounced. One adult social care inspector carried out the inspection. Information had been gathered before the inspection from notifications sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We received information from local authorities that contracted services with Nicholas House Care Home and reviewed information from people who had contacted CQC to make their views known about the service. A 'provider information return' (PIR) was also received from the registered provider. A 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.

We spoke with six people that used the service, one relative, the registered manager and deputy manager. We spoke with three staff that worked at Nicholas House Care Home. The care files belonging to two people that used the service were also looked at, along with recruitment files and training records for two staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems. Equipment maintenance records and records held in respect of complaints and compliments were also looked at.

We observed staff providing support to people in communal areas of the premises and interactions between people that used the service and staff. We looked around the premises, communal areas and people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People told us they were safe and contented. They said, "It is lovely here, we are quite happy, safe and content", "I have no worries about anything and feel safe" and "Everyone is so accommodating, I don't need to worry about anything." One visitor we spoke with said, "My [relative] is very safe here. I know they are looked after and always have staff to support them. The home is secure and they are safe."

Staff understood and demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. There were systems to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Records seen showed that incidents were referred to the local authority and details of these were passed to us at the Care Quality Commission, which meant the registered provider was meeting the requirements of the regulations.

Risk assessments were in place to reduce people's risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. People had personal safety documentation for evacuating them individually from the building in an emergency. Maintenance safety certificates and contracts of maintenance were in place for utilities and equipment used in the service, and these were all up-to-date. The registered provider's accident and incident policies and records ensured people were protected and action was taken to prevent accidents or incidents re-occurring. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Staffing rosters corresponded with the numbers of staff on duty during our inspection. People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "Whenever I visit there are staff around and my [relative] has a couple of favourites." One person that lived at Nicholas House Care Home said, "Staff always have plenty to do but they are there when we need them". Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities. This meant people's needs were met.

Recruitment procedures were followed and ensured staff were suitable for the job. Along with required candidate documentation, evidence of Disclosure and Barring Service (DBS) checks and the taking of references was also seen. A DBS check is a legal requirement when applying for a job with children or vulnerable adults, which screens staff for criminal records that would bar them from working with these people. It helps employers make safer recruitment decisions. This meant people were supported by workers that were suitable for their roles.

Medicines were safely managed within the service and a selection of medication administration record charts we looked at were accurately completed. We saw that medicines were obtained in a timely way so that people did not run out of them, they were stored safely, and administered on time, recorded correctly and disposed of appropriately. There was a robust audit trail for medicines, which meant they could be accounted for at all times. Controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001) were also safely managed.

Good

Is the service effective?

Our findings

People we spoke with felt the staff at Nicholas House Care Home understood them well and had the knowledge to care for them. They said, "The girls are helpful and know what we need" and "Staff understand what we like to do and have done for us. They are trained to care." One visitor told us, "My [relative] really likes [Name] as they were extremely supportive to them when they first came here."

There were systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed.

Staff completed induction to their roles, received one-to-one supervision and took part in a staff appraisal scheme. Induction, supervision and appraisal were all evidenced from documentation in staff files and via conversations with staff. Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in social care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager and staff were aware of their responsibilities under this legislation, as they had completed training in this area. Documentation held within the service showed that 'best interest' meetings had taken place where necessary.

Staff were aware of their responsibilities to enable people to give consent before they received care or treatment and people told us they make their own decisions about daily living. There were some signed documents in people's files that gave permission, for example, for photographs to be taken, care plans to be implemented, bedrooms to be locked when vacant, vaccinations to be given or medication to be handled.

People's nutritional needs were met by staff that had consulted people about their dietary likes and dislikes, allergies and medical conditions, or obtained support from the speech and language therapist when needed. The kitchen staff provided three nutritional meals a day plus snacks and drinks for anyone that requested them, including at supper time. Nutritional risk assessments were in place where people had difficulty with eating or where they needed support with meals. Menus were on display for people to choose from and people told us they were satisfied with the meals provided.

People's health care needs were met by staff that had consulted people about medical conditions, liaised with healthcare professionals and collated and reviewed information with changes in people's conditions. Staff told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations. Diary notes recorded when

people were assisted with the health care that was suggested for them.

People that used the service who were living with dementia had signage to point them to where they needed to be and their environment was conducive to meeting their needs. This was because carpets, furniture fabrics and wallpapers were plain and ensured people could navigate their environment more easily. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound and smell.

In the dementia care area of the service there was a designated hairdressing salon, a mock public bar and wall paintings that depicted street scenes from 'Coronation Street' television programme. The communal area was open plan and an enclosed garden space came off the corridor, all of which enabled people to take exercise and fresh air. The registered provider and registered manager were mindful of the needs of people living with dementia.

Good

Is the service caring?

Our findings

People told us they got on very well with staff and each other. They said, "The girls are lovely and always smile", "I have no concerns at all about how we are treated", "We can speak to any of the staff and they are very kind when they help us" and "Staff are very caring and always know when something is bothering us."

Staff were kind and caring and showed empathy with people's feelings when they approached people. Staff knew people's needs well and enabled them to follow their daily routines. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives.

At the time of our inspection the service was providing care and support to older people who may also have been living with dementia, a physical disability due to illness or a debilitating condition. This meant they required an approach from staff that protected them from any discrimination under the Equality Act 2010 on the grounds of age, disability, gender, marital status, race and religion, sexual orientation, gender reassignment and pregnancy and maternity status. Staff were aware of their responsibilities to ensure people were not discriminated against for any reason and demonstrated that they took into consideration each person's individual needs.

People's general well-being was assessed and monitored by the staff who knew what events could upset their mental or physical health and staff were vigilant in recognising when people were not their usual self. People were supported to engage in old and new pastimes, which meant they were able to 'keep a hold of' some aspects of the lifestyle they used to lead or they could learn new skills if they wished. Activity and occupation helped people to feel their lives were fulfilled, which aided their overall wellbeing. We found that people were positive about their lives.

We were told that everyone living at Nicholas House Care Home had relatives or friends to represent them, but that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information to contact an advocate in the form of telephone number and service name was provided on a notice board accessible to everyone.

People's privacy and dignity were respected. People said, "Staff provide personal care discreetly" and "I never have to worry about having my personal life respected as staff are careful to keep what is private, private." Staff only provided personal care in people's bedrooms or bathrooms, knocked on doors before entering and ensured toilet and bathroom doors were closed quickly if they had to enter and exit. Staff fully understood about ensuring people's privacy and dignity and maintained confidentiality of their information and documentation as well.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about being content with life, accepting how their physical abilities had declined with age and yet that in their minds they still felt young and capable. Some people were philosophical about needing support and accepted that staff did what they could for them. People knew that information about them was held in care files and that care plans recorded all of their needs.

People's care files reflected the needs they had. Care plans were person-centred and contained information under eleven areas of care need, including for example, communication, mobility, personal care, nutrition, safety and medicines. Information instructed staff on how best to meet people's needs within each area in line with their personal preferences. While risk assessments were effective, new documentation was being introduced to improve the way risk assessments were recorded.

Personal risk assessment forms showed how risk to people was reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

Activities and pastimes were offered by the service, held in-house with an activities coordinator and sometimes involved trips out. People told us they enjoyed the hair salon and mock bar and joined in with planned activities when offered. Several people were keen on reading newspapers and keeping up with current affairs on the television, while others enjoyed singing or just conversing with each other. They said, "We can join in with organised activities if we wish" and "There is certain entertainment that we like to take part in, but not all of it."

Staff used equipment to assist people to move around the premises and this was used effectively. People that used the service were assessed for the use of equipment and risk assessments in place ensured no one used it incorrectly. Staff understood that people had their own hoist slings to avoid cross infection and we asked that these be kept in people's bedrooms wherever possible to avoid multiple use. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. Equipment aided people in their daily lives to ensure independence and effective living.

Staff understood the importance of providing people with choices, so that people continued to make decisions for themselves and stay in control of their lives. People's choices included what they ate (if they changed their mind the cook usually catered for them), what they wore and did and who they spent time with. It included whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected. Visitors were encouraged and welcomed. People's relationships were respected and staff supported people to keep in touch with family and friends.

A complaint policy and procedure allowed for people and relatives to make representations and records showed that complaints and concerns were handled within specific timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They

said, "I would speak with the manager or the deputy", "I've no complaints to make, but would tell the staff" and "I can speak with any of the staff about anything and they'd pass it on to the manager."

Staff were aware of the complaint procedure and had a positive approach to receiving complaints. Staff used complaints to improve the care they provided. We saw a 'niggles' book and a record of the complaints that had been received. The latter showed that complainants had been given written details of explanations and solutions following investigation. 'Niggles' were addressed quickly and action taken was recorded in the book. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People told us they felt at home. One person said, "This is home from home as far as I'm concerned." Another said, "I'm very comfortable here and have everything that I need." People said the atmosphere was pleasant and friendly. Staff described the culture of the service as, "Family-like, friendly and inclusive." Staff said they always welcomed new staff and worked as a team. They told us they took pride in offering a good quality of life for people that used 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. The registered manager's style was honest, open and stable. Staff told us they expressed concerns or ideas freely and felt they were supported by the management team 24 hours a day, if need be.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) and they sent notifications to us in a timely way, thus fulfilling the requirement to notify us of accidents/incidents and safeguarding concerns.

People maintained links with the local community, through the church, schools and family members visiting regularly. The local community visited the service and community members and staff jointly held galas and fetes in the service gardens. Relatives played an important role in helping people to keep in touch with the community by supporting people to access the village shops and services.

Documents relating to both the service's old and new systems of monitoring and quality assuring the delivery of the service showed that quality audits were completed on a regular basis and satisfaction surveys were issued to people, relatives and health care professionals. The organisation's general quality assurance team carried out quarterly reviews of different aspects of the service to oversee the registered manager's auditing system.

New systems were still being developed as some teething problems with records was encountered. However, audits showed that improvements needed in the quality of the service were being identified and the action taken to achieve the improvements. For example, a new passenger lift was being sourced and bathrooms were on a programme of refurbishment (although not yet started).

The registered manager and staff kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.