

## Nationwide Community Care Limited

# Nationwide Community Care Limited - 35 Mede Way

### 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 

### Overall summary

The inspection took place on 14 January 2016 and was unannounced.

The service provides residential care and support to two people with a learning disability.

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.

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. Risk assessments were in place to guide staff how to manage risks and keep people safe from harm.

# Summary of findings

There were clear recruitment procedures in place which checked staff suitability to work in the service. There was a stable staff team who worked in a flexible way, according to people's needs.

People were supported by staff who were clear about their responsibilities and were motivated and supported by management. Staff worked alongside other health professionals to meet people's health needs. Staff had good relationships with the people they supported.

Staff had been provided with training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process

Care plans identified people's particular preferences and choices and were regularly reviewed. People's independence was promoted and they were supported to play an active part in their local community and follow their own interests and hobbies.

The manager was visible and accessible. Quality assurance systems were in place to monitor the delivery and safety of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Staff understood how to identify and respond to allegations of abuse.

People's likelihood of harm was reduced because risks to people's welfare had been assessed and guidance provided for staff to follow.

Checks were undertaken prior to the appointment of staff to ensure that they were safe to work with people

Systems were in place to manage people's medication safely.

Good



### Is the service effective?

The service was effective

People were supported with decision making and staff received training on the mental capacity act.

People received support from trained staff.

People were supported to access a healthy diet.

People received the support they needed to access healthcare professionals and specialist advice was sought when required

Good



### Is the service caring?

The service was caring.

Relationships between staff and the people living in the service were good.

People were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Good



### Is the service responsive?

The service was responsive

Support was provided in a way which met people's individual needs and choices.

People were supported to play an active part in their local community and follow their own interests and hobbies.

Good



### Is the service well-led?

The service was well led.

People were supported by staff who were clear about their responsibilities and were motivated and supported.

Quality assurance systems were in place to monitor the delivery and safety of the service.

Good



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## 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.

The inspection took place on 14 January 2016 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service.

We spoke with both individuals who used the service, a relative, two care staff, the deputy manager and the registered manager.

We reviewed two care plans, medication records, two staff recruitment files and staffing rotas covering four weeks. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

# Is the service safe?

## Our findings

One relative told us, “It’s a lovely safe environment.” There were systems in place to reduce the risk of abuse and to ensure that staff knew how to identify the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. They expressed confidence that matters of concern would be taken seriously by the manager and provider. Financial procedures and audit systems were in place where the service was responsible for people’s money. These were designed to protect people from financial abuse and the balance of people’s monies were regularly checked.

We saw that risks had been assessed and actions taken to reduce these risks. Risks associated with day to day activities such as bathing, eating and drinking and accessing the community had been assessed and strategies put into place to help reduce the likelihood of injury. Guidance was provided as to potential triggers which may result in distressed behaviour and how best to support the person to keep them and others safe from harm. When incidents had taken place these were reviewed and any learning identified.

Staff told us that repairs were completed quickly and we saw records to demonstrate that environmental risks were managed effectively. Regular checks were undertaken on fire safety equipment such as emergency lighting and alarms. Water temperatures were tested and first aid boxes checked and replenished where necessary.

The service had a stable staff team and was fully staffed. Shortfalls due to sickness and holidays were covered by the

existing staff team. Agency staff were not used and the manager told us that it was important that the people living in the service were supported by staff who knew them well.

The people who used the service spoke positively about staff and we saw that the availability of staff promoted people’s independence. The staff told us that they felt that there were enough staff to keep people safe and enable people to lead full and interesting lives. There was a member of staff on duty each night and one to two staff available during the day. Staffing was used flexibly to support people who used the service to access the community and go on holidays if this was their wish. An on call system was in place for staff to seek guidance and advice out of office hours.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service before taking up their employment.

People’s medicines were managed safely. Staff who handled medicines had been provided with training and their practice had been observed to check that they were competent to administer medicines. We looked at the records of medication and saw that staff maintained appropriate records. We checked a sample of stock against the records and this tallied. Guidance was available to support staff make judgements about medication given on an as and when basis (PRN) but it was agreed with the manager that this would benefit from further personalisation. Medication was securely stored and temperatures were recorded to ensure that medication was being stored within the recommended levels.

# Is the service effective?

## Our findings

The people who used the service told us they were happy with the care and support they received and we observed positive interactions between staff and the people who used the service. One person told us that they, “Get on well.”

We saw that staff met people’s needs in a skilled and competent manner which demonstrated that they knew the people well. Staff told us how they helped to support people to make their own decisions were committed to encouraging people’s independence

When staff first started working at the service they received a comprehensive induction which covered all aspects of delivering care and support. One new member of staff told us they felt supported and had met with the manager throughout their induction.

Staff told us they felt they had the training they needed to carry out their roles. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided to ensure staff had the skills and knowledge to support people with autism as well as practical training on areas such as constipation and dental hygiene.

Staff received regular support and supervision from their managers. One member of staff said, “ I receive regular supervision to check that I am performing ok.”

We noted records to show that people had been asked and had given consent, such as for staff to accompany them to medical appointments.

Management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of liberty (DOLS). Staff told us that they had undertaken training and they were aware that people’s capacity could fluctuate according to people’s mental health conditions. Staff supported people’s decision making and gave advice where people were making an unwise choice. Regular reviews of people’s needs and the risk assessments were undertaken.

Menus were decided in collaboration with the people who used the service and people were free to have alternatives to the menu if they wanted. People told us they were happy with the food provided. We saw that the fridge and freezer were both well stocked with a good variety of fresh items as well as prepared meals. Items in the fridge were dated and clearly labelled. Staff demonstrated a good knowledge of people’s likes and dislikes. Fresh fruit and healthy snacks were available and we saw that the service encouraged healthy eating. People’s weights were regularly monitored. One person told us how they had been supported to lose weight and had been involved in doing a sponsored slim for charity.

People were supported with their healthcare needs. Support plans included details how to support people to maintain their health. For example, it was recorded that one person liked to take their medication on top of yoghurt as this helped them to take it. People had an annual health care check and medication review. Records were maintained of when people had been supported to access healthcare professionals and attend appointments. For example, with their GP, dentist, psychiatrist and chiropodist. Records were maintained of the outcome and when follow up was required

# Is the service caring?

## Our findings

We observed people to be at ease and comfortable when staff were present. Throughout our visit we observed that staff chatted and joked with people in a relaxed way. Communication was respectful and appropriate. One person told us that they “Get angry sometimes and say nasty things, but staff try to help.” A relative told us that staff were, “ Kind and caring and very thoughtful.”

Staff spoke about individuals and the support they provided in a compassionate and caring way.

One member of staff told us, “The care is wonderful, I would be more than happy for a member of my family to come here, it is just like a family. “

People’s personal histories and life stories were documented within their support plans. People were supported and encouraged to maintain links with their family, friends and the local community. Care was person centred and staff demonstrated they knew people and their preferences well. They were able to outline how best to communicate with people and what was effective.

People were involved in planning their own care. This included what activities they chose to be involved in. For

example one person told us that they were supported to travel independently and go on holiday. They told us that they were very independent and made decisions about their daily life. They told us that they had decided on the décor of their room, how they spent their time and where they liked to go. We saw that people’s personal spaces were highly individualised and reflected their individual interests.

Staff had a good understanding of the principles of privacy, dignity and human rights and we saw examples of where these principles were maintained. People had an ensuite bathroom and a bell on the door to their room which staff used and one person told us, “The staff ring my door bell to let me know when they are there; I am able to shower independently.” We observed that staff rang the bell and waited for a response before entering people’s rooms. One person had a visual display as they had a hearing impairment. Both rooms had relaxation areas where people could spend time instead of the communal areas if they wished.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. One plan stated, “I like staff to give me time to express my feelings.”

# Is the service responsive?

## Our findings

People received care that met their needs and took into account their individual choices and preferences. People told us that they liked living in the service and looked happy and relaxed. A relative told us, “It is marvellous, nothing is too much trouble.”

Staff knew the people they were supporting and caring for well. Care plans documented people’s choices and preferences and made clear what people’s skills were as well as the areas they needed support with. Information about people’s specific needs were documented and strategies to defuse situations were outlined.

Care plans were subject to ongoing review and reflected any changes in people’s needs promptly

Staff told us that communication was good and information was handed over about people’s needs when shifts changed. This was supplemented by a correspondence book where staff recorded appointments and other messages.

People were supported to follow their own interests and hobbies and on the day of our inspection people were coming and going throughout the day. Staff involved and supported people with developing their independent living

skills. For example, with food preparation, choosing their meals and accessing work. People told us staff supported them to access and be involved in the local community and that they had their own car. One person told us how they were very busy and went out most days doing different things, which included going to college and doing voluntary work where they helped others. They told us enjoyed being involved in music group and planning regular breaks away. Records were maintained to evidence what activities were undertaken and how they had been enjoyed.

A complaints procedure was in place which was in different formats. No complaints had been made although people we spoke with told us that they knew how to raise a concern. A relative we spoke with told us, “We have a good rapport and they speak with us regularly.” The manager told us that group meetings would not be appropriate for the people currently living at the service, as it was small and discussions about how things worked were held on a daily basis. Reviews were held and key workers were in place.

Questionnaires in different formats were given to individuals, families and visiting professionals to ask for their views on the quality of care provided. The feedback was positive.



# Is the service well-led?

## Our findings

There was a positive and open culture which was centred on the people who used the service.

Staff were clear about their responsibilities and told us that the focus was on the people who used the service, and one member of staff said, “People have a lovely life...their well-being and happiness is what we are all striving for.”

The registered manager and the deputy manager worked occasional shifts at the service and were well known to staff and people living there. One person told us that, “The manager manages three homes which must be knackered but does it well.” Staff told us that they appreciated that the management team were hands on and that they were very supportive providing advice and guidance when they needed it. The manager was aware of the need to drive improvement and reflect on the quality of the service provided. They told us about a recent change where a new senior staff member had been appointed to work alongside care staff. Staff received regular supervision and we saw examples where positive feedback was given but other practice was challenged and staff reminded of the values of the service.

The registered manager understood their responsibilities. There was a clear management structure in place, with the registered manager in day to day charge and supported by a deputy manager and senior staff. The manager told us that they spent time in each of the three services they managed each week as they were all located close to each other. The registered manager told us they felt well supported by the provider who was actively involved in the service and visited regularly. Staff and people living in the service knew the provider and staff told us that their work were valued. A member of staff told us, “It is well managed top to bottom, everyone gets on and we are all striving for the same goals.”

There were systems in place to monitor the quality of the service. The provider held monthly meeting with the manager and deputy manager which were documented and reviewed the care, and areas such as staff, training and the maintenance of the service. Documents such as a training matrix and supervision gave an overview of the staffing support at the service. Regular audits were carried out by the manager to monitor the quality and safety of the service which included checks on areas such as cleanliness, activities and medication.