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NAS House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

NAS House is a residential care home providing personal care to up to 14 people. The service provides support to people with mental health needs. At the time of our inspection there were 9 people using the service.

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

People were safe at NAS House. People told us they had no concerns about their safety and wellbeing at the service. People were encouraged and supported by the provider to report safety concerns if these should arise. Staff had been trained to safeguard people from abuse and knew how to report safeguarding concerns to the relevant person and agencies.

People's views were sought and listened to about how they would like to be kept safe. People's records contained information about risks to their safety and wellbeing and how these should be managed. Staff understood these well and the action they should take to help keep people safe. The provider made sure staff received relevant training to help manage and reduce safety risks.

There were regular health and safety checks of the premises and equipment to make sure these were safe. The provider had taken action since our last inspection to make improvements that were required. Specifically, we found windows had been fitted with more appropriate restrictors and water hygiene risks were more suitably managed.

There were enough staff to support people and meet their needs. People were supported by a regular team of staff which helped to maintain consistency in the care and support they received. The provider carried out recruitment and criminal records checks to make sure staff were suitable to support people. Staff felt valued and supported by the provider and encouraged to improve their working practice when required.

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.

The service was clean and hygienic and staff followed current infection control and hygiene practice to reduce the risk of infection. People's relatives and friends were free to visit without any unnecessary restrictions.

Medicines were managed safely and people received their medicines as prescribed.

The provider, who was an individual, was suitably experienced and understood how people's needs should be met. They monitored and reviewed the safety and quality of the service through regular audits and checks.

People were satisfied with the care and support they received from staff. People's views were sought about how the service could improve and the provider acted on these.

There were systems in place to investigate accidents, incidents and complaints and people to be involved and informed of the outcome.

The provider worked with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

Rating at last inspection and update

The last rating for this service was good (published 31 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good, based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

NAS House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

NAS House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. NAS House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location. This is because the provider is an individual. They are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service and asked them for their feedback about the service. We observed interactions between people and staff to understand people's experiences. We also spoke with the provider and a care support worker. We reviewed a range of records. This included 2 people's care records, medicines administration records (MARs), 2 staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had taken action since our last inspection to make sure risks to people were suitably minimised and managed to reduce the risk of injury or harm to people.
- At our last inspection we identified some window restrictors were inappropriate so people may have been at risk of falls from height. We also found the provider had not carried out a risk assessment to make sure any risks relating to water hygiene were identified and managed.
- At this inspection we found windows had been fitted with more appropriate restrictors and the provider had a risk assessment in place to make sure risks from water hygiene would be suitably managed.
- People's records contained information about identified risks to their safety and wellbeing and guidance for staff about how to manage these risks, to keep people safe. People were involved in assessments and reviews of this information and their views were sought and listened to about how they would like to be kept safe.
- Staff understood risks to people and how to support people to stay safe. One person told us, "When I lived on my own I didn't feel safe. Having staff around is reassuring."
- Staff undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations if these should arise at the service.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person told us, "I feel safe here and nobody threatens me." Another person said, "I feel safe with people here."
- Information about how to report safeguarding concerns was displayed at the service. The provider used meetings with people to raise awareness about safeguarding and encouraged people to report any concerns they had.
- Staff received training to help them safeguard people from abuse. They knew what signs to look for that may indicate abuse and how and when to report any concerns they had.
- The provider understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- Staff told us they sought people's consent before providing any care and support and offered people choices to help them make decisions. For example, about what clothes they might like to wear or what they would like to eat for dinner.
- None of the people using the service at the time of this inspection lacked mental capacity to make specific decisions.
- There were processes in place to support people when they lacked capacity to make specific decisions. These involved people's representatives and relevant healthcare professionals to make sure decisions were in people's best interests.

Staffing and recruitment

- There were enough staff to support people. Staff rotas indicated that a regular team of staff supported people at the service on a day to day basis which helped to maintain consistency in the care and support people received. One person told us, "The staff are consistent and they are the backbone of the home. So they know me quite well."
- The provider operated safe recruitment practices. They conducted appropriate checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them. Medicines were stored safely and appropriately.
- The provider audited medicines stock and records and checked staff's competency to make sure they were managing and administering medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Staff understood when and how to report and record accidents and incidents to the provider.
- The provider had arrangements in place to make sure any accidents and incidents would be investigated and action taken to reduce the risk of these reoccurring.

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 our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider set clear expectations for people about the quality of care and support they should expect to receive at the service. They encouraged and supported staff to provide care and support which met people's needs and wishes. A staff member told us, "[The provider] puts people first and their welfare is important to him."
- The provider was hands on, providing care and support to people on a daily basis, and led by example. They were kind and respectful to people and took a genuine interest in what people and staff had to say.
- People were provided opportunities to have their say about the service and give feedback about what they would like changed or improved and the provider acted on this. Based on recent feedback from people, activities had been planned based on people's preferences for these.
- Staff were asked for their views and feedback about the service through individual supervision and team meetings with the provider. Staff told us they felt valued and their views about how people should be supported to achieve positive outcomes, were listened to.

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

- The provider had the skills, knowledge, and experience to perform their role and understood people's needs and how these should be met.
- The provider undertook audits and checks to monitor and review the safety and quality of the service for people. Issues identified through checks were dealt with promptly and shared with staff to help them learn and improve their working practices.
- The provider had a current business plan which set out all the improvements they intended to make at the service in the coming year. People were involved in making decisions about the improvements planned.
- Staff had clearly defined roles and responsibilities and worked well together. People spoke positively about staff. One person told us, "The staff are nice here." Another person said, "The staff treat us well."
- People's feedback indicated they were satisfied with the care and support they received at the service. One person told us, "I am quite happy here and very settled." Another person said, "I'm happy here. I don't think there is much that could be better."

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; working in partnership with others

- The provider had systems in place to investigate accidents, incidents, and complaints and to make sure people would be involved and informed of the outcome.
- The provider understood their responsibility to provide honest information and suitable support and to apply duty of candour where appropriate.
- The provider understood and demonstrated compliance with regulatory and legislative requirements.
- The provider worked in partnership with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and help them achieve positive outcomes.