Vista Care Limited

Nene House

Inspection report

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Date of inspection visit:
29 November 2017

Date of publication:
16 January 2018

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

Nene House is a residential care home that provides accommodation for up to four people who require personal care. At the time of our inspection there were four people using the service. Nene House is also registered to provider personal care to people living in their own homes. At the time of this inspection Nene House was not providing the regulated activity of personal care to people living in their own homes and this regulated activity was made dormant.

At the last inspection in October 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive care in a way that maintained their safety. Risks to people had been assessed and reduced through their plans of care. Staff were confident in the action that they should take if they identified that an individual was at risk of harm. People were supported by sufficient numbers of staff who had been subject to robust recruitment processes. Accidents and incidents were recorded and acted upon appropriately.

People received care from staff that had the training, support and supervision that they needed to support people effectively. People were supported to have sufficient amounts to eat and drink and had access to a healthy and nutritious diet. Staff worked closely with people's allocated healthcare professionals to ensure that people remained healthy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were consistently treated with dignity and respect. People were empowered to make decisions about their care and their independence was actively promoted.

People had detailed plans of care to provide guidance to staff in supporting people according to their individual preferences. There was a system in place to manage feedback and complaints from people appropriately.

The registered manager was a visible role model in the home. There was a shared vision from the provider, management team and staff of providing consistently high quality person centred care and support to people.

Further information is in the detailed findings below.

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**

Nene House

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 29 November 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This 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.

During this inspection we spoke with two people living in the home and four members of staff including the registered manager of the service.

We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

Risks to people had been assessed and were reduced through their plans of care. One member of staff told us, "People's care plans tell us what we need to do to keep them safe." People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this practice. Detailed guidance had been developed for staff to follow in reducing the known risks to people. A number of people living at Nene House displayed behaviours that may challenge services. People were supported through consistent scheduling of their day and interaction from staff to provide reassurance and reduce the likelihood of people becoming unsettled and displaying behaviours that may challenge.

People were supported by sufficient numbers of staff that had been subject to appropriate recruitment procedures. One member of staff told us, "There are always enough staff working; most people here have one to one care so we never run short." We reviewed the scheduling of staff within the home and found that sufficient numbers of staff were deployed to meet people's care and support needs safely. The scheduling of staff also considered people's leisure and recreational routines to ensure that people could be supported to be active members of the local community.

People were protected from harm and the risk of harm because staff were confident in the action that they should take to maintain people's safety. One member of staff told us, "I would report any concerns to the manager or the owner. We also have the details of how to report concerns to the council too if we need to." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. Information on how to report concerns was readily available for staff to follow. The registered manager had not been required to investigate any safeguarding concerns. However, systems had been established to enable them to do so if required.

People could be assured that they would receive their prescribed medicines safely. One member of staff told us, "Before I was allowed to give anyone their medicines I had to have training and be observed by other staff to make sure I did it properly." We reviewed the Medication Administration records (MAR) charts for the people living in the home and found that these were completed accurately People had detailed plans of care to guide staff in how to administer their medicines. People who were required medicines to be given 'when required' had comprehensive guidelines to support staff to know when they should administer this medication.

Accidents and incidents were reported and analysed by senior staff and action taken to reduce the likelihood of accidents or incidents reoccurring. For example, in response to one person entering another person's bedroom pictorial symbols had been placed on people's bedroom doors to remind them to knock prior to entering and not to enter other people's bedrooms.

The home was well maintained and cleaning schedules were completed to ensure that all areas of the home were clean and protected people from the risk of infection. Staff who prepared meals within the home had received food hygiene training and the home had a five star food hygiene rating.

Good

Is the service effective?

Our findings

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and support was sought by staff on a day to day basis and referrals had been made to the local authority for people who lacked capacity to consent to their care and support. DoLS authorisations had been granted and were requested again by the provider prior to them expiring. The service was reviewing the use of monitoring equipment in people's bedrooms to ensure that the least restrictive monitoring methods were used at night in order to promote people's privacy and dignity.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. We saw feedback from one person's relative that said, "The transition for [Person] was managed wonderfully." Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people. Staff worked closely with peoples' families and previous homes to develop bespoke transition plans to aid people in settling at Nene House successfully when they were moving into the home.

Staff received the training, support and supervision that they needed to work effectively in their role. One member of staff told us, "When I first started I spent my first week being introduced to the people living in the home, reading policies and their care plans. I spent my second week shadowing staff learning what to do. I have had lots of training and get regular supervision. I feel very well supported here." We found that staff had access to regular supervision and training in key areas that were relevant to their role.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Any changes in people's health were recognised quickly by staff providing support and appropriate referrals to healthcare professionals were completed in a timely manner. People had been supported to complete hospital passports and 'Accident and Emergency grab sheets' to provide guidance to healthcare professionals in the event that people required medical treatment. Staff worked closely with other professionals involved in people's care and followed the recommendations that these professionals made in relation to people's care.

People were supported to eat, drink and to maintain a healthy balanced diet. We observed one person being supported to prepare their breakfast and found that they were encouraged to do this independently and that staff ensured that their preferred cereal was available in the home. People were encouraged to try new foods and to eat a varied diet through themed evening in the home. People were encouraged to eat and drink throughout the day and had access to snacks and drinks.

The home was designed around the specific needs of the people living at Nene House. We saw feedback from one person's relative that stated, '[Name of Person] environment is tailored to their specific needs." Nene House specialises in supporting people living with autism and therefore the home was designed to

create a low arousal environment for people. People also had access to an enclosed garden with swings and a trampoline that they were able to use. People had been encouraged to personalise their bedrooms and had grown vegetables in raised planters in the garden that they had eaten in the summer.

Good

Is the service caring?

Our findings

People were supported by a stable staff team that knew them well. We saw feedback from one person's relative that stated, "We trust the staff and management intrinsically." Staff knew people's life history, interests and individual preferences and used this information to tailor their interaction with people. For example, staff knew that one person sought reassurance about when they would see particular members of staff again and provided this in a consistent and calm manner increasing this person's sense of wellbeing.

People told us that they staff were good. When we spoke with people in the home they indicated through thumbs up or through nodding their head that the staff were kind. People were encouraged to express their views and to make choices about the care and support they received. People were supported to make choices through a Picture Exchange Communication system (PECS). This is a form of communication whereby people make choices through pictures and symbols. Staff had supported people to develop a meaningful bank of pictures of community activities, meals and household chores to enable people to make choices about how they wished to spend their time. We saw that people were able to develop their daily schedules with staff and make choices about how they spent their time.

People were treated with dignity and respect. Throughout our inspection we observed that staff spoke with people respectfully and treated people kindly. Staff knocked on people's doors prior to entering their room and had developed pictorial aids for people to follow to enable them to become more independent with their personal care.

People's individual cultural and spiritual needs were understood by staff. One person was supported with a culturally specific diet and the provider was in the process of liaising with local community groups to recruit a specific member of staff to prepare authentic cultural meals for this person.

Visitors, such as relatives and people's friends, were encouraged and made welcome. Staff prepared photos of people's achievements in the home for them to share with their family to spark conversations and to ensure that people's family members felt involved in the care of their relatives. No one was currently receiving support from an advocate however; there was information available within the home about how to make a referral for advocacy services. The manager was able to describe when they would seek the support of an independent advocate for people.

Good

Is the service responsive?

Our findings

People and their relatives had been involved in developing their plans of care which provided guidance to staff in providing consistently personalised care and support. People's care records provided detailed information about their needs and how they were to be supported. This included the support people required in relation to their personal care, their physical and psychological health, finances and social needs. People's plans of care had bene regularly reviewed and updated and were reflective of their current care needs. Risk management plans were linked to the care planning process to ensure people remained safe whilst their needs were met. Staff supported people in line with their individual needs including relating to their gender and disability. This included supporting people with relevant health screening. Detailed records were kept in relation to any specific health needs. For example, one person had epilepsy and a seizure chart was kept documenting all seizures; their duration and the type of seizure, so this information could be used to identify any patterns or triggers.

People had been supported to develop personalised communication passports which provided information to staff about what was important to each person in the home. For example; what people's interests were, likes and dislikes, how they communicated and what communication tools they used. The staff we spoke to were knowledgeable about the people they supported in the home and we observed that staff used their knowledge of people's life history to tailor the care that people received.

People were supported to maintain links with their family, friends and the local community. People were supported to attend community activities outside of the home such a swimming at a local swimming pool, attending country parks and attending religious and cultural festivals.

The provider had a system in place to manage and respond to people's complaints appropriately.
No complaints had been received since our last inspection however, the registered manager and staff were confident in the action that they should take to record and respond to complaints.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, people were supported through pictorial schedules with pictures and symbols that were meaningful to them. Staff also supported people through personalised social stories and ensured that information was provided in a personalised, accessible format.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager had been recently promoted to a new role within the organisation and a new manager had been recruited who told us that they would register with CQC to become the new registered manager. The registered manager was still present within the home whilst the new manager was being inducted.

The registered manager was visible throughout the home and was committed to providing people with consistently high quality person centred care and support. The newly appointed manager was in the process of being inducted into the home and was developing a plan to develop the service further. The registered manager encouraged an open and transparent culture. Team meetings were used as an effective forum to reflect upon the care and support that people had received and to identify ways to support people differently to promote their independence.

There was a strong system of quality assurance led by the registered manager and the provider had created a new role of compliance manager to strengthen this system further. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Annual questionnaires were sent to relatives and pictorial feedback tools were being developed to support people using the service to provide meaningful feedback. Feedback from people and their relatives was consistently positive. For example, we saw feedback from one person that stated, "I have always been happy with how the home is managed."

The registered manager attended local provider forums to ensure that they remained up to date with developments in the social care market and that the service was continuously developing. The newly created role of compliance manager will further support the development of the home and enable the registered manager to dedicate more time to developing the support that people receive at Nene House. The newly appointed manager had a clear vision for the service and was aspiring to provide outstanding care to people.

People were supported to be active members of the local community and the home worked in partnership with people's relatives and other professionals involved in their care. Staff prepared reports for individuals care reviews with social care funders to ensure that people received the care and support that they needed. Throughout this inspection from our conversations with staff, people and their relatives it was evident that there was a genuine emphasis on supporting people to be part of the local community.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.