

Mind Care & Support Limited

Nelson House

Inspection report

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Daybrook
Nottingham
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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

About the service

Nelson House is a residential care home providing accommodation and personal care for up to four people. At the time of the inspection three people were receiving support. The property is a two-storey building with individual bedrooms and communal living areas with a large garden to the rear of the property. The service offers 24-hour support.

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

People who lived at the home told us they felt safe and supported by staff. Staff were recruited safely and received training that was developed and delivered around individual needs.

Feedback received from people and their relatives described a service that delivered high quality person-centred care. The provider supported and guided people to independently take their prescribed medicines safely.

People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

People had person centred care plans and were supported to access healthcare services. Staff recognised changes in people's health and sought professional advice appropriately. People were supported and provided with sufficient food and drink to meet their dietary needs.

The provider focused on building and maintaining open and honest relationships with people, their families and friends. People were consistently treated as individuals and changing needs were responded to quickly.

The provider had quality assurance tools in place to monitor the quality of care and support provided. The management team was open and responsive.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests, aspirations and goals.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

The culture of the service was positive, person centred and promoted good outcomes for people. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Why we inspected

This service was registered with us on 30 April 2021 and this is the first inspection.

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.

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 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.

Nelson 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

The inspection was carried out by one inspector.

Service and service type

Nelson 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. Nelson 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed the information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, and care workers. We reviewed a range of records. This included three people's care records and medicine records. A variety of records relating to the management of the service and staffing, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse, harm and neglect. Care plans identified risks to each person and provided guidance for staff in how to identify these risks such as financial abuse.
- Staff had received training. Staff demonstrated a comprehensive awareness and understanding of abuse and knew what to do to make sure that people were protected.
- People told us they felt safe living at the home. Relatives described how the service kept people safe without restricting their independence.
- We saw evidence of management taking appropriate action to protect people when incidents occurred. Any learning from investigations was shared with staff in order to mitigate the risk of reoccurrences.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to managing risk that ensured people remained safe.
- Risks assessments were regularly reviewed and developed in line with people's changing needs.
- Risk assessments were person centred and promoted freedom and independence. One person told us, "Staff don't stop me doing anything, they just help me to do it safely."

Staffing and recruitment

- There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- Consistent care was provided by a small team of staff. The registered manager and deputy manager covered short notice staff absence to ensure the service remained safe.
- The provider followed safe recruitment practices. Checks were carried out to make sure staff were suitable and had the right character and experience for their roles. For example, references and with the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks 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

- At the time of inspection one person received support from staff to administer their own medicines. Medicine administration charts were in place and medicines were administered safely.
- Daily audits were completed on medicines, so staff were confident people were administering their own medicines in line with prescribed dosage. The provider had an up to date policy to guide staff and staff knew processes to follow if medicines were missed.
- For medicines which were administered 'as needed', further detail was added to medicine administration

charts by the registered manager during the inspection to show when these had been offered. This ensured staff had clear instructions to ensure the safe and appropriate administration of these medicines.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 within the home was in line with current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care and support was planned and delivered in line with current evidence-based guidance, standards and best practice.
- Short, mid and long-term goals were identified at initial assessment and reviewed monthly, and care was person centred. Care plans supported people to achieve their goals. For example, people were supported with recruitment and trying new activities.
- Assessments considered the protected characteristics under the Equality Act 2010 and these were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination. Staff had completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People were supported by highly trained staff who received ongoing support from the provider to develop skills.
- We saw evidence of a comprehensive induction programme and evidence of competency checks for staff members which ensured consistent high-quality care was delivered.
- Staff told us they felt support by management and were encouraged to develop their skills and knowledge.

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

- Where people received support from staff with meal preparation, care records documented information about this, including instructions for staff on the level of support required.
- People using the service told us staff did not restrict any food but supported and gave them information and guidance on healthy meal planning. This ensured people acquired increased knowledge and skills surrounding their own nutrition.

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

- The service worked in partnership with external professionals, such as, GP's and district nurses to support and maintain people's long-term health and well-being.
- People received annual health checks and referrals were made to relevant health services when this was required such as annual dental checks.
- One person told us that staff supported them to access medical professionals and described they were now confident to visit a professional alone due to staff support.

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

- People were involved in decisions about the premises and environment. For example, the provider was in the process of renovating the garden to the rear of the property. This included a summer house and decking. One person told us they were excited and happy for the new communal area.

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.

- The registered manager and staff demonstrated they understood the principles of the MCA.
- Staff ensured people were involved in decisions about their care so that their human and legal rights were upheld.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a strong person-centred culture at this service. Care planning fully encompassed the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service.
- The deputy manager described how people were supported with equality and diversity. For example, people had been supported with conversion of religious beliefs and gender identification.
- There were very detailed personalised activity plans within people's care plan. Every person had been fully involved in creating person-centred activity plans, documented in a format they could understand which clearly demonstrated how people liked to spend their time.

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

- People were supported and encouraged to take an active role in decisions relating to their care.
- A relative told us, "My [family member] is encouraged to be part of the interviewing process, this is essential, it means they only get the right people at the home and it's created such a good, positive environment."
- The service went above and beyond in supporting people to spend time how they wanted. One person described to us how the range of activities they had participated in had improved their confidence and were now engaging in new activities.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the provider's culture and values.
- A relative told us, "Staff treat [family member] as a person, they are so much more relaxed, happy and independent since moving to this service." This shows people were achieving positive outcomes from the care and support they received.
- The equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People had their own key for their bedroom and told us people were not allowed in without their permission. This demonstrated respect for people's privacy and ensured high levels of independence and responsibility were promoted and developed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

- People, their families and/or carers were involved in developing their care, support and treatment plans.
- One relative told us, "[family member] has come on leaps and bounds since living here, it's fantastic, our relationship has improved, they never wanted to talk before and now they are always telling me about what they have been up to".
- Care plans were regularly reviewed, and health and social care professionals were involved. Care planning focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health ensuring people retained choice and control.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of the initial assessment and continually reviewed.
- Information could be made available to people in a variety of formats, such as easy read or large print, as required.

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

- The service supported people to maintain relationships and part take in activities and social events relevant to them.
- The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. We witnessed people who live at the service meet with friends to engage in group activities. This reduced the risk of isolation to people and promoted social engagement.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place. At the time of inspection, no formal complaints or concerns had been received.
- People and their relatives told us although they had never needed to raise a concern, they knew how to do this and believed the provider would respond in a timely manner.

End of life care and support

- At the time of our inspection no was in receipt of end of life care. However, the provider had policies and

procedures in place should this be required.

- Advance care planning was detailed within care plans and staff knew who people wanted contacting if an emergency arose.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider's visions and values were person centred and distinctive. Relatives said it was well led, and people were at the heart of the service.
- Staff told us they enjoyed working at this service and felt valued. One staff member said "This is definitely the best place I have worked. I get the time to listen to people and understand them so I can meet their needs. I am very proud of what we do."
- On the day of inspection one person took pride in telling us about all the activities they participated in, and how they have tried new activities since living at the home. This showed how the service was empowering people to make decisions about their care and promoted good outcomes.

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 provider had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.
- Relatives told us that the provider was very open and responsive. They stated communication was consistently good and not just when there was an issue.
- The registered manager was supportive of the inspection process and receptive to all suggestions offered. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

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

- The provider had ensured all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- The registered manager promoted an open and honest relationship between staff and management supporting an open culture. Staff told us, "We are supported, and they [service] really care. We are kept updated and have our supervisions".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to

do this ensuring every voice could be heard.

- Regular auditing of the quality of the overall care provision was carried out. Action plans were in place to address any shortfalls.
- The service continued to work collaboratively with external professionals and commissioners, which ensured people's needs were met.
- Staff told us there was clear and consistent communication. This ensured people received person centred care but also encouraged continuous learning and development.