

# Nottingham Community Housing Association Limited

# 134 Ashland Road

## Inspection report

134 Ashland Road West  
Sutton In Ashfield  
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

134 Ashland Road provides accommodation and personal care for up to 10 people with learning disabilities and physical disabilities. At the time of our inspection eight people were living at the service.

At our last inspection in May 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good' for being safe, effective, responsive and well-led, however 'Outstanding' was identified for caring.

People remained safe. Staff were aware of their role and responsibility in protecting people from avoidable harm. They had attended appropriate safeguarding training and had policies and procedures to support them. Risks associated to people's needs including the premises and environment, were regularly reviewed and staff were aware of how to reduce known risks. Staffing levels were sufficient and regularly reviewed to ensure they were appropriate. Staff were appropriately recruited. The storage and management of medicines were found to be safe. Some minor concerns were identified that included one topical cream being out of date, and some records were not consistently completed as required, and immediate action was taken to address this.

People continued to receive an effective service. Staff received an appropriate induction, ongoing training, support and opportunities to review their work. Staff understood the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards that protected people's human rights. People were supported to maintain good health and nutrition and received support to access primary and specialist healthcare services.

People received excellent care. Staff went above and beyond to support people at the end of their life. They ensured people experienced a dignified and peaceful end to their life where their wishes and religious needs were met. Staff supported people to fulfil their dreams and gave them opportunities to enrich their life. Good communication was used by staff that reflected people's preferred communication methods and independence and involvement was promoted as fully as possible.

People continued to receive a responsive service. Assessments were completed and support plans developed to support staff to provide a personalised service based on people's needs, routines and interests. Some information and records were not as detailed as others or consistently completed. People had access to the complaint policy and procedure. Where concerns had been raised they had been responded to appropriately.

The service continued to be well-led. The provider had arrangements in place for monitoring and assessing the quality of care people experienced. These included seeking and acting upon the views for people who used the service and others. The registered manager was aware that some improvements were required with record keeping.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service was Outstanding.

People received excellent end of life care from staff, ensuring they were supported with dignity and respect at the end of their life.

Staff went above and beyond in providing people with a service that was caring and personalised to their individual needs and preferences.

People were actively supported to access independent advocacy services when they required additional support.

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 134 Ashland Road

## 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 checked 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 was a comprehensive inspection that took place on 19 July 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

On the day of the inspection visit we spent time in the company of five people who used the service. Due to people's communication needs we were unable to get direct responses from them about their experience of the service they received. We used observation to help us understand people's experience of the care and support they received. On the day of the inspection visit we spoke with one visiting relative.

We spoke with the registered manager, assistant manager, four support workers and one contract domestic person. We looked at all or parts of the care records of five people along with other records relevant to the running of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with one relative to obtain their feedback about how the service met their family members' needs. We also received feedback from external professionals including a speech and

language therapist, an independent advocate, a social worker, a community care officer and clinical palliative nurse specialist.

## Is the service safe?

### Our findings

People were protected from avoidable harm and abuse. Relatives were positive that their family member was supported to remain safe. One relative said, "Yes this is a safe home." Another relative said, "[Name of family member] doesn't understand but we know if they are happy, we'd know if they weren't happy, we are happy because they are happy."

Staff were clear about their role and responsibility in protecting people from the potential risk of abuse and ensuring people did not have undue restrictions placed upon them. One staff member said, "I would report any concerns, I know about the whistleblowing policy and wouldn't hesitate to use it." A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Records confirmed staff had received adult safeguarding training and there were safeguarding policies and procedures available to support staff.

Risks associated with people's needs and the environment had been assessed and planned for. Staff had sufficient and up to date information to support them in meeting people's needs safely. Staff told us how they checked equipment before they used it to ensure it was safe to use. One staff member said, "If there are any concerns with the environment or equipment it gets sorted straight the way." We saw records that confirmed equipment was regularly serviced and health and safety issues were checked and monitored.

People were supported by sufficient numbers of staff who had the right mix of skills, experience and knowledge. Relatives were positive about staff competency and staffing levels.

Staff told us they had no concerns about staffing levels and that people received the support they required to keep them safe. The registered manager told us they regularly reviewed people's dependency needs and adjusted staffing levels according to people's needs. Records also confirmed the provider had effective recruitment procedures. These helped the provider in making safer recruitment decisions.

People received their prescribed medicines safely. Relatives had no concerns about how their family member's medicines were managed.

Records confirmed staff had received appropriate training in medicines management. Checks and systems were in place for the ordering, storage and administration of medicines. We identified that one person's topical cream was out of date. Body maps were not always used to show the application site for creams. We also noted that there were some gaps in the medicine administration records that we concluded was a recording issue only. We discussed these issues with the registered manager who agreed to take action to make improvements.

## Is the service effective?

### Our findings

People received effective care and support from staff that had completed an appropriate induction, received ongoing training, and opportunities to discuss their work. Relatives were positive about staff, describing them as competent and knowledgeable. One relative said, "Staff are well trained and know [name of family member], I can talk to them, they've taken everything on board about them."

Staff were positive about the support they received. One staff member told us about their induction when they commenced their role and said it was helpful and supportive. Another staff member said, "We have supervision meetings every six weeks, there is an 'open door' policy though, you can speak to the managers anytime they're both really good." Staff also said they received regular staff training that included first aid, epilepsy, learning disability awareness, moving and handling and Dysphagia (difficulty in swallowing).

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 are called the Deprivation of Liberty Safeguards (DoLS). A relative told us about best interest meetings they had been involved in, when important decisions had to be made on behalf of their family member.

Staff showed they understood the principles of the MCA. One staff member said, "We support people to be as fully involved in their care and decisions as possible. We constantly talk to people, give them choices and consider how best we can support people to be involved."

Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. Where people had DoLS authorisations in place that restricted them of their freedom and liberty, this information was available and known by staff. Some people could experience periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs and had clear information to support people at these times.

People's nutritional needs had been assessed and planned for, their food intake recorded and weight monitored for any changes. Relatives were positive that healthy meal options were encouraged and any dietary needs were met. One relative gave an example where external healthcare professionals had been asked to provide support and guidance due to concerns about nutritional needs and saw this support as very positive.

We observed people were offered choices of meals and drinks and staff provided appropriate and unrushed support with people's eating and drinking needs.

People had their healthcare needs assessed and monitored and they were supported to attend both primary and specialist health services as and when required. Relatives were positive that their family members health needs were known, understood and met by staff.

## Is the service caring?

### Our findings

People were supported by a dedicated, caring staff team that went above and beyond in providing people with exceptional end of life care. Staff were committed to being present when people passed away, ensuring they received dignity and respect at the very end of their life. They ensured people's personal wishes and religious and cultural needs and preferences were understood and met.

Relatives were overwhelmingly positive about the level of care provided and the approach of staff. One relative said, "I can't fault the staff they are so fabulous and dedicated."

An external professional told us of the support provided to a person at the end of their life. Comments included, "I found the service to be extremely caring and person centred. My person had a very personal service, their dignity was maintained and they were still experiencing trips, social inclusion and excellent contact with family." And, "The home made sure that end of life plans were in place and all staff knew what to do in any eventuality. When [name of person] was admitted to hospital, the staff went over and beyond their duty to ensure that they were never alone."

Another external professional also spoke very positively about the caring approach of staff. They said, "The home always seems nurturing and happy whenever I have visited over the last few years: it's certainly one of the homes I enjoy going to and witnessing the excellent care delivered by the staff team."

A third health care professional told us, "The service have supported individuals at the end of their life which was delivered with the highest care and compassion to the person and family concerned, the service goes further by sharing their story nationally to help improve end of life care for individuals with learning disabilities on a national level."

The registered manager told us about a person who passed away in 2016. The registered manager described meeting with the person's relatives and producing an end of life plan which reflected the person's wish to die at home. Despite the efforts of the registered manager and family, unfortunately the person was admitted to hospital. In order to respect the person's wishes as much as possible and ensure they were with familiar people, the registered manager ensured a member of staff was always with the person. This included staff voluntarily visiting at the end of their shift or on their days off. The person passed away in the arms of their keyworker. A keyworker is a member of staff with additional responsibility for a person and who knows them well and how they liked to be cared for. The registered manager, having been with the person for the previous 16 hours before their passing, returned to the hospital immediately on the news of their death to ensure the person's cultural needs were met. Due to the person's religion it was important that certain procedures were followed as part of their religious custom and the registered manager advocated on behalf of the person and their relatives to ensure these were met. Staff also attended the person's funeral and again respected the person's religion where they had to follow strict protocol.

Following this person's death a healthcare professional sent a letter (seen by inspector on the day of the inspection visit) of condolences sent to the staff team and thanking them for the support they had provided.



Comments included, "Thank you for putting [name of person] needs first and foremost to ensure their death was as dignified as possible including meeting their final spiritual need."

The registered manager and staff told us about another person who passed away three months prior to our inspection visit. This person's health slowly deteriorated and they were able to remain at the home at the final stage of their life. Staff described being constantly at their bedside ensuring they were comfortable and pain free. The day before the person passed away an interactive animal show visited and animals were taken to the person's room to enable them to stroke the animals. Stories were also read to the person and staff sang and music played throughout the day and night. This person passed away in the arms of the registered manager and the person's two keyworkers, peacefully and with dignity.

Following on from these two people passing away a small memorial area was developed in the garden and in an area in one of the communal rooms. Staff also supported other people who used the service at this time giving explanation and reassurance. Due to one person's death being at Easter, staff supported other people to create an Easter egg in the person's memory and butterflies were used to record some people's messages or coloured in by people showing they had participated.

Staff showed us a person's photo album of activities they had enjoyed in 2016. This person's health had started to deteriorate and staff supported the person to identify their 'bucket list' of activities they wanted to achieve. This included having more holidays, and staff told us and records showed the person went on two holidays of their choice. They attended a football match and enjoyed additional activities, which included, a visit to a zoo, a ride on a train, to meet a superhero, to have a big birthday party and feed ducks at the park. A staff member told us how dedicated the staff team were and said, "Yesterday three staff came in on their non-working days to take people to an open day at Willow Wood (day service)." This told us staff provided care and support that was individualised and based on people's personal interests and hobbies. Staff showed they were highly committed in providing excellent care and opportunities for people.

The assistant manager gave an example of a person who had a dream to read and write and said, "Two staff sat down with (name of person) week in week out." The assistant manager then showed us an example of handwriting that the person had written and told us, "They wrote their own postcard on holiday." Staff went 'above and beyond' in supporting the person to realise their dream.

An external advocate said that staff were supportive in enabling people to be involved as fully as possible in decisions about their care and support. Comments included, "My client's quality of life has been considerably improved since being at the home and the manager and the care team work in a caring, person-centred manner that really puts my client at the heart of the decision-making process." This told us that people were supported to access external advocacy services when required to ensure the views of the person were sought and considered when decisions needed to be made.

Relatives told us they felt involved in their family members care. Although not all the relatives we spoke with had seen their family member's support plans they were not concerned about this. One relative said, "Yes, they (staff) have discussed (name of family member)'s care plan with me but I've not seen one, changes are discussed."

Throughout our visit staff interacted very well with people including them in choices and decisions and involved them in activities. For example, one person was working with a staff member to prepare potatoes, the staff member was peeling and cutting and the person was putting the potatoes into a bowl. Staff were animated when describing what they were doing, as they did it. People used different communication methods including pictures, signs and symbols and staff were seen to respect people's communication

preferences. A staff member told us that they used social stories to support people's understanding about significant events. We saw a staff member supported a person with the use of pictures to explain about a hospital appointment the person was due to attend.

Staff told us that people were supported with their religious and spiritual needs. They said one person would often choose to attend church and the staff rota was changed to enable staff to support the person to do this.

People received care and support that was dignified and respectful. One relative said, "Staff are kind and caring and respectful all the time."

We found staff showed great respect when talking about the people in their care; they had developed meaningful relationships and understood people's needs, routines and what was important to them. For example, we observed three people living at the service being supported and encouraged by a member of the support team using friendly banter. The level of engagement was high and people looked relaxed and happy, smiling in response to the interactions with staff.

## Is the service responsive?

### Our findings

People experienced care and support that met their needs and preferences. Before people moved to the service an assessment of their needs was completed to ensure they could be met. A relative confirmed they were involved in the pre-assessment of their family member before they moved to the service.

After the assessment stage, support plans were developed to support staff to understand what was important to the person, what their routines, needs and preferences were. On the whole we found staff had clear and informative information and guidance to support them. We did however, find information provided in some communication support plans was not always easy to understand and contradictory in places. We also found some supplementary records that staff completed to confirm people had been supported with personal care, repositioning for their skin care and fluids recorded to check they were adequately hydrated had not always been completed as required. We discussed this with the registered manager who agreed these records required reviewing and that they would discuss this with the staff team. After speaking with staff and observing the delivery of care we concluded this was more of a recording issue than people's needs not being met

Relatives told us their family member was supported with activities, interests and hobbies and said staff supported people with an annual holiday. One relative said, "The keyworker is fantastic, they suggested [name of family member] purchased a mobile phone. It's great because staff use it too, to take photos of activities then they forward them to me and a photo album has been created." Another example of staff being responsive was supporting a person to attend a family wedding. The relative said, "Staff arranged the taxi (which needed to be wheelchair friendly) and supported [name of family member] to be a part of the celebration it was lovely."

People had various information books in their bedrooms that supported staff to provide a responsive and effective service. Information shown to us included; "Listen to me", this gave a description of needs and wishes but also included important communication information that was not included in the communication plan. "What I like to do", described the activities the person liked and was important to them and "My life book", this included a history of family, certificates of achievement and photographs. This told us that staff had important and meaningful information to enable them to provide a personalised service based on people's individual needs and interests.

Information was available for people about how to report any concerns or complaints. Relatives said they had no hesitation to raise any concern or complaint. One relative told us of a concern they had raised with the registered manager and the action that had been taken to address this. The complaint policy and procedure was seen to include all the required information. Where a complaint had been made we saw this had been documented and responded to in accordance with the complaint policy. This told us people could be assured any concerns or complaints were taken seriously and acted upon.

## Is the service well-led?

### Our findings

The service had a registered manager. 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.

People had opportunities to share their experience about the service. Monthly meetings were held and we saw examples of these records. These were presented in an easy read format to support people's communication needs and were bright, colourful and contained a lot of detail. Included were discussions and pictures used to support people's understanding around different topics such as safety when crossing the roads. Other information included discussions about holidays and celebrations and photographs were used to show what activities people participated in and was used to support conversations and discussions. Annual surveys were also completed and newsletters to share information and seek feedback. Feedback was analysed and any action required was added to the services strategy action plan. This told us that the service was continually taking action to improve the service provided.

The registered manager provided staff with opportunities to be involved in developing the service at staff meetings and through 'one-to-one' meetings with staff. The staff meetings were also used to support staff to reflect on, and develop their practice.

Staff were positive about the leadership of the registered manager and assistant manager. One staff member said, "The assistant manager is brilliant at letting you try out ideas, and they let you try and then give you credit if something works." Records showed us staff meetings were used to promote the values of the service. Staff received opportunities to meet to discuss the service people received and areas for development. Staff were positive about the support they received and clear about their roles and responsibilities.

The registered manager had systems and processes in place to monitor the quality and safety of the service and specific checks were completed, daily, weekly and monthly. These included the safety of the environment, medicines management and care records. Concerns we identified at this inspection in relation to record keeping, the registered manager was already aware of and had taken action to improve this. However, issues we identified with medicines and care plans had not been identified by the registered manager but they assured us they would take action to address this. The provider also visited the service and completed audits. This robust quality assurance process meant senior managers had continuous oversight of the service.