Four Seasons Homes (Ilkeston) Limited

Nottingham Neurodisability Service Hucknall - Fernwood

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

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This inspection was unannounced.

Nottingham Neurodisability service Fernwood is part of Huntercombe Services Nottingham. It is a high dependency unit and provides care for up to 20 adults with acquired brain injury and other complex neurological conditions.

Summary of findings

A registered manager is currently employed at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At the last inspection which took place on 8 July 2013 we asked the provider to make improvements to 'Respecting and involving people who use services' and to 'Staffing'. We found at this latest inspection that the provider had made the improvements in line with the action plan they provided us with. Nineteen people lived at the service at the time of our inspection.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were proper policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that people were encouraged to make decisions for themselves where they were able to. Where people were unable to do this the service considered the person's capacity under the MCA. We saw records that showed a person's relatives and health care professionals had been involved in a best interests decision process for that person.

The registered manager and unit manager provided good leadership and support to the staff. They were also involved in day to day monitoring of the standards of care and support that were provided to the people that lived at the service.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed by the service after all essential safety checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed. Records viewed confirmed this to be the case.

The provider had good systems in place to keep people safe. Assessments of the risks to people from a number of foreseeable hazards had been developed and reviewed. We saw that staff followed these guidelines when they supported people who used the service. An example of this was where people required a hoist to transfer them, staff used a dedicated sling that was for the person's sole use.

People's needs and choices had been clearly documented in their care plans. We saw that regular activities had been provided for people and were suitable to meet individual identified choices and preferences.

During our observations over the course of the day we saw that people were treated with kindness and compassion. Visitors we spoke with and people that we contacted by telephone, all told us that the people were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests.

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

Good

People were safe because staff knew them well and responded to their needs.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 and what they were required to do if someone lacked the capacity to understand a decision that needed to be made. Staff also knew about the Deprivation of Liberty Safeguards (DoLS), and what the legal requirements were if someone's freedom was to be restricted.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed with the home after all essential safety checks had been satisfactorily completed.

Is the service effective?
The service was effective

Good

Staff had the skills and knowledge to support people appropriately.

During direct observations of care, the qualified nurse and the care staff displayed professional, considerate and compassionate skills. Those we spoke with had a sound knowledge base of people's physical, psychological and social needs.

We observed that people looked to be clean and well cared for and interactions between them and the staff were seen to be professional and respectful. We found that care was given in a manner that promoted people's dignity and individual needs.

Is the service caring?
The service was caring

Good

People had access to external professionals such as doctors, dentists and specialist nurses. Staff gave examples of where they had identified a person's health had deteriorated and the action they had taken as a result.

We saw staff treating people in a caring manner. People were spoken to respectfully and in the way that was detailed in their care plans. We observed that staff interacted well with people. We observed staff treating people with dignity and respect.

Is the service responsive?
The service was responsive

Good

We observed that information had been provided to people in a suitable format. This meant that people who used the service and their relatives, had access to information in an appropriate format to meet people's needs.

There was information about how to make a complaint available in the reception area and in the service user guide that each person had received.

Summary of findings

Where accidents or incidents had occurred, the unit manager had completed a detailed investigation and action had been taken to reduce the likelihood of a similar occurrence.

Is the service well-led?

Good

The service was well-led

The staff we spoke with were very complimentary about the support they received from the registered manager and the unit manager within the organisation. Staff told us they were able to discuss issues with the registered manager at these meetings, or at any time if they had a concern.

Staff also told us that the unit manager worked alongside them and was very knowledgeable about the people who used the service. This meant they could always discuss any concerns they may have with confidence.

Overall, staff morale was positive and this was reflected in the way they worked with people.

Nottingham Neurodisability Service Hucknall - Fernwood

Detailed findings

Background to this inspection

This inspection was completed by one inspector and a specialist advisor. A specialist advisor is a person who has experience of this type of service.

Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions we always ask.

We spoke with one person who was living at the home, two relatives, seven members of the care staff team, including the unit manager and the registered manager.

Not everyone who used the service was able to speak with us. This was because some people had complex care and communication needs.

We looked at four people's records and other records that related to people's care. We also looked at other records relating to the running of the service, such as service user quality assurance survey questionnaires, staff recruitment and supervision records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We spoke with one person who used the service and they told us they felt safe. Relatives we spoke with told us they believed their loved ones were safe and received the care and support they needed.

Staff we spoke with had a clear understanding of what to do if safeguarding concerns were identified. This meant that people could be confident that staff would report any safeguarding to the appropriate authorities.

Detailed risk assessments were in place to ensure people were safe within the service. We saw there was a good structural approach in place for completing risk assessments including waterlow's (Pressure ulcer risk assessment tool), dysphagia (choking) assessments, nutrition, malnutrition universal screening tool (MUST) scoring, bed rails and safeguarding. All of these were being regularly reviewed and gave information to staff on how to manage the risks in relation to this.

None of the people who used the service were able to use the nurse call system but we observed staff to be vigilant to the needs of all the people using the service. This was done by staff making very frequent observations of people.

There were appropriate monitoring documents in place at the end of each person's bed which staff completed regularly throughout the day. These included pressure relief turning charts, enteral feeding, fluid monitoring, and daily records. This showed us that the care people had been provided was evidenced with records.

Staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA), and what they were required to do if someone lacked the capacity to understand a decision that needed to be made. Staff also knew about the Deprivation of Liberty Safeguards (DoLS), and what the legal requirements were if someone's freedom was to be restricted. The DoLS are part of the MCA which aims to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The provider had good systems in place to keep people safe. Assessments of the risks to people from a number of foreseeable hazards had been developed and reviewed. We saw that staff followed these guidelines when they supported people who used the service. An example of this was where people required a hoist to transfer them, staff used a dedicated sling that was for the person's sole use.

We asked the manager how they decided the number of staff needed on each shift. They told us this was done by assessing people's needs and ensuring there were sufficient numbers of staff to meet those needs. We saw from staff rotas and our observations, that there were enough staff on each shift to meet the needs of people who used the service.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed with the home after all essential safety checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been completed. Records viewed confirmed this to be the case.

We saw that the unit was clean and equipment such as commodes were clean and labelled appropriately. Other equipment such as wall mounted suction, oxygen and emergency equipment was of a high standard and was regularly maintained. We saw there was a good range of moving and handling equipment which had also been regularly checked from a safety perspective and it was clean.

Good

Is the service effective?

Our findings

We spoke with staff providing people's care and found they were knowledgeable about the needs of the people they were supporting. We spoke with one person who was very happy with their care and had no complaints. This person told us the staff had gone to great lengths to try and meet their wishes as well as their needs.

Records we looked at showed us that staff received the necessary training to support people. This included training to use the equipment required by each person. Although there were no people who displayed challenging behaviour, staff had received training in the management of behaviour that may challenge others who used the service.

We saw that regular meetings (supervision) had taken place between individual staff members and the registered manager. Staff told us they were able to discuss issues with the registered manager at these meetings, or at any time if they had a concern.

All staff completed e-learning mandatory training. New staff attended a period of induction working alongside senior staff members. They had a competency based program in place which ensured staff were able to perform necessary tasks to a high standard.

We saw that senior staff had completed a mentorship course enabling the service to have student nurses. Staff were supported with appropriate qualifications which enabled them to support less experienced staff.

We found the care plans to be clearly indexed so that information could be found easily and the information that was recorded was detailed. It was possible to understand the care that each person required and there was clear evidence of implementation, updating and re-evaluation. Information about medicine and social history was also very detailed and appropriate. There was also evidence of good communication with other services, for example, chiropody, GPs and neurologists as well as people's family and friends. All records were securely locked away.

Records we looked at showed that people had access to external professionals such as doctors, dentists and specialist nurses. Staff gave examples of where they had identified a person's health had deteriorated and the action they had taken as a result. This showed that staff identified when a person was unwell and took appropriate action which ensured the person received treatment quickly. Examples seen included referrals to other professionals such as doctors and speech and language therapists (SALT).

We saw clear, detailed care plans for tracheostomy management including tube changes (dated). Cuff pressures were recorded and documented. Tracheostomy tube (size and type) were documented. This demonstrated to us that people's breathing needs were effectively managed.

During our direct observations of care, the qualified nurse and the care staff displayed professional, considerate and compassionate skills. Those we spoke with had a good knowledge base of people's physical, psychological and social needs.

We asked staff what they would do in the event of any adverse incident such as choking or neurological deterioration and it was evident to us that they had the necessary knowledge to manage those events.

Good

Is the service caring?

Our findings

We were unable to ask people detailed questions as people's ability to communicate with us was severely impaired. However, one person was able to tell us they thought staff were very caring and always had time to sit and talk with them. During the day we saw staff treating people in a caring manner. People were spoken to respectfully and in the way that was detailed in their care plans. We observed that staff interacted well with people. Relatives we spoke with told us they thought the staff cared for their loved ones. One person said, "My relative is treated with the utmost care and consideration even though they can't say anything."

During our observations over the course of the day we saw that people were treated with kindness and compassion. Visitors we spoke with and people that we contacted by telephone, all told us that the people were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests.

The service employed two physiotherapists and an assistant, one occupational therapist, one psychologist and a speech and language therapist in order to provide on-going support and treatment for people.

There was a comprehensive training plan in place for each staff member. Staff had received training to enable them to meet the individual needs of people they supported.

The service had policies and procedures in place that gave guidance to staff about how to respect people's privacy and dignity. Staff we spoke with had read these and had undertaken training about respect and dignity.

We observed that people looked to be clean and well cared for and interactions between them and the staff were observed to be professional and respectful. We found that care was given in a manner that promoted people's dignity and individual needs.

People's bedroom doors were left open in order for staff to hear and respond to any change in a person's breathing, but beds were out of sight of anyone walking past the room, to ensure people's privacy. Doors were always closed when staff were attending to a person's needs.

Good

Is the service responsive?

Our findings

One person told us staff were responsive to their needs. They were able to give us examples of things they had asked for that had been provided straight away.

On observing care and reviewing people's daily records, we found it clearly recorded where people or their relatives were asked for their views about their care and support. This supported people with their care needs which were updated where required.

Plans of care we looked at showed us that where people's health condition had changed appropriate steps had been taken to put measures in place to meet those changes. An example of this was where a person had shown signs of increased awareness, staff had worked with the person in order to encourage their continued improvement.

Records we looked at showed that before a person moved to the service, their needs had been assessed to ensure the service would be able to meet those needs. Care plans were regularly reviewed and up-dated by nursing staff. A range of assessments were in place which provided information to staff on how to support people. Specialist assessments were in place where people had specific risks, for example, risks associated with PEG feeding and tracheostomy management. People's care needs were responded to in a timely manner to ensure that people were provided with care based upon their most up-to-date care needs.

The information in the care plans we looked at was personalised and specific to the individual in order to guide staff to deliver appropriate care. This meant that people received care and support in the way they preferred. People's needs and choices had been clearly documented in their care plans. We saw that regular activities had been provided for people and were suitable to meet individual identified choices and preferences.

A number of activities were arranged for people who used the service. They were structured to meet people's specific needs, which enabled some people to undertake meaningful activities, such as reading daily newspapers.

Mental capacity assessments had been completed for people who lived at the service. This, and staff's understanding of the Mental Capacity Act 2005 meant that people were supported appropriately. Best interest meetings had been held where a person had been assessed as not having the capacity to make specific decisions and people were assured that they would be provided with care only where they had provided a valid consent or where this was in the person's best interests.

Relatives we spoke with told us they had regular communications with the unit manager and that any changes or improvements did not have to wait for a formal meeting. One relative said, "I can't remember the last time I had to suggest something. The manager knows our (family member) very well." Two relatives we spoke with confirmed they had not had to raise any concerns.

Good

Is the service well-led?

Our findings

We spoke with one student nurse who was shortly to be recruited to a permanent post once they had a registered Personal Identification Number (PIN). They confirmed their super numeric status and said they felt that they were not used to make up staffing numbers. They had been allocated two mentors and said they felt very well supported. This meant that the manager provided staff with appropriate support and guidance in order for them to fulfil their role.

All staff stated that they found the unit manager and registered manager very supportive and said they always listened to their concerns. The provider promoted a positive culture for staff to work in. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were. One staff member told us they were there, "To meet the needs of the people we support." They told us that the registered manager's door was 'always open' to them and they felt confident to raise any issue they may have, with them.

During the day we saw the registered manager and the unit manager were in constant contact with the staff to ensure they were able to meet people's needs.

Emergency plans were in place, for example, around what to do in the event of a fire. The service had a business continuity plan in place and instructions on how to evacuate people from the premises. The unit manager was able to describe how people would be supported in the event of an emergency.

The provider completed a number of checks to ensure they were providing a good quality service. For example the provider carried out regular visits to the service to speak with people and staff, and check that records had been completed correctly.