

# Nottingham Community Housing Association Limited

## 14-17 Palmwood Court

### 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 ●

# Summary of findings

## Overall summary

What life is like for people using this service:

People we spoke with said they felt safe living at Palmwood Court. They said it was a homely place and staff were kind and caring. People were protected from harm and they described how staff kept them safe. Where people took known risks, these had been assessed and identified to ensure the people were fully aware of how to reduce these. There was sufficient staff who had followed a robust recruitment processes. Medicines were administered, stored and destroyed in line with the providers policy and procedures. The environment was clean, tidy and infection control measures were in place. Issues of concern were managed and dealt with in a timely manner.

People's needs were assessed and reviewed. Care was planned and delivered to reflect people's needs. Staff received sufficient training to support them in their role to provide effective care. People had sufficient to eat and drink to ensure they had a nutritious diet and were hydrated. Staff provided consistent care where necessary, equipment was used to ensure people were independent. Staff and the provider participated in the principles of the Mental Capacity Act. People and their families had access to accessible information, suitable to their needs.

People were treated with dignity and respect. People were supported by staff who were knowledgeable about their care needs. People expressed their views and were involved in their care planning.

People experienced a positive impact on their health and wellbeing when participating in activities out in the community that were tailored to their needs. People knew how to raise a complaint or concern. There were robust complaint systems to monitor themes and trends. End of life care plans were in place to ensure people's beliefs and wishes were respected to at the end of their life.

Support was planned and reviewed regularly. Care was provided over a 24-hour period. There were clear monitoring systems to support the service and ensure it was run well. There was an open and transparent culture throughout the home. The registered manager submitted notifications to CQC in a timely manner. Positive feedback on how the service was managed was received from people, family and other healthcare professionals. When necessary people had access to healthcare professionals, such as, GP, dentist and hospital appointments.

Rating at last inspection: Good (report was published in April 2016)

About the service: Palmwood Court is a complex of four bungalows. The service specialises in providing care and support for people who live with a mental health condition. At the time of the inspection there were 11 people using the service. People live at the service permanently.

Why we inspected: this was a planned inspection based on the rating at the last inspection. The service remained Good overall.

This comprehensive inspection took place on 29 November 2018 and was unannounced. The inspection was carried out by two inspectors.

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# 14-17 Palmwood Court

## Detailed findings

### Background to this inspection

The 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.

Inspection team: Two inspectors visited the service

Service and service type: Palmwood Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider. We used all this information to inform our inspection plan.

We spoke with six people that were using the service. We also spoke with the registered manager and four support staff.

We looked at five people's care records to check that the care they received matched the information in their

care plans. We reviewed three staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes.

- The provider had systems and processes in place to make sure people were kept safe from avoidable harm. Staff had a good understanding of how to keep people safe. They had received appropriate training and could access the system to ensure they followed step by step instructions if and when they identified issues of abuse. The registered manager gave us an example where staff had identified concerns between two people who used the service. Staff acted promptly to safeguard the individual.

- People explained how the staff maintained their safety. One person said, "Yes I feel safe, there is always someone [staff] around." Another person told us there were two people that could be challenging to others. They said, "The staff help and support them during their difficult times."

Assessing risk, safety monitoring and management.

- Detailed risk assessments were in place and reviewed regularly. Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, if a person smoked there was a risk assessment to ensure the person was fully informed of any risk to their health and safety. Staff understood where people required support to reduce the risk of avoidable harm.

Staffing levels.

- People told us they received care and support they wanted and in a timely way. One person said, "The staff are great, I don't have any problems there". Staff confirmed there was a good staff team structure. One staff member said, "I love how supportive everyone is. We work well together". There were sufficient staff working and they were deployed appropriately throughout the day.

- Robust recruitment processes were in place to ensure staff were safe to support people. The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

- The registered manager told us there was one staff vacancy, which they had recruited to. This was to make sure there was sufficient staff on shift at all times.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required this was recorded appropriately on the medication administration record (MAR). People were encouraged to manage their own medicines where they had the capacity to do so.

- People told us they received their medicines at the relevant time. We found the management and administration of medicines followed national best practise guidance. Staff responsible for medicines had received training and were following the medicines policy. One person said, "Staff look after my medication and give it to me when I need it."

- We observed staff follow the correct process for administering medicines. Staff demonstrated good knowledge of the medication process. The registered manager told us staff had completed a competency test for medication. We saw a staff member undertaking a competency test during our visit.

Preventing and controlling infection.

- The service was clean and hygienic. Staff were aware of the prevention and control measures required to manage risks associated with infections and cross contamination. A housekeeper was seen to be cleaning during our visit. Staff had received infection control training, including food hygiene and hand washing.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were monitored to identify any lessons learned and make improvements where required. There was a robust system to identify incidents, why they happened, what could be done to prevent them happening again.

- When issues occurred, we found the registered manager responded appropriately and used any incidents as a learning opportunity. For example, when people showed behaviour that challenged others, measures and contingency support plans were put in place, so staff could manage this.

# Is the service effective?

## Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed and reviewed regularly. This included outcomes that people wished to achieve, for example, people who had difficulty in engaging with others or their treatment, had measures put in place to support them achieve their goals and be more independent.
- Care was planned and delivered to reflect people's needs. People's care plans identified when they attended appointments or when other professionals were involved with their care.
- Staff applied their learning and best practice to recognise individual support and good outcomes for people to ensure they led a good quality life.

Staff skills, knowledge and experience.

- Staff were competent and skilled in their roles. Staff told us they had received sufficient training. One member of staff told us how they used different techniques of communication when supporting a person who was sensory impaired, they spoke to the person by touch of hands.
- Staff had completed a robust induction and training plan. Staff told us they had received supervision and yearly appraisals. Systems were in place to identify when staff required supervision or refresher training. All staff felt supported. One staff member said, "The registered manager works with us and is always there to support us". We observed staff were very skilful and had knowledge about the people they cared for.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were offered choices and access to different food options. People told us "The food is good." One person said, "We make a list each week and can put down what we want from the supermarket". Another person said, "I help make the evening meal, we can help ourselves to drinks and snacks whenever we want". We observed people helping themselves to lunch and drinks during our visit.
- Where people required their food prepared differently because of their culture, medication or dietary needs this was accommodated. The registered manager gave an example of one person who was supported by staff to purchase certain food for their cultural needs. Information we found in their care plan confirmed this.

Staff providing consistent, effective, timely care.

- People experienced positive outcomes from their care and support. The registered manager shared a few of the people's case studies where the outcomes had a positive impact on people's life. One person struggled to gain trust and build relationships, but with staff perseverance this person and the way they were living had improved. Healthcare professionals confirmed there had been a visible difference in the way the person lived their life since being at the home. The person's family member also gave positive feedback and commented on the improvements made. Another person had been unsettled and had a history of low moods. However, since living at the home their mood changes have stabilised. The person attended appointments at the local hospital with staff support on a regular basis, something that they had failed to do

before.

- People were supported 24 hours a day. Staff provide support where needed, such as, appointments to the GP or dietitian. The registered manager told us one person had an excess weight problem, but was now more mobile out in the community and had lost a large amount of weight. The person now attended relevant courses to help support their illness and took part in their healthcare reviews which helped them to manage this much better.

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

- People were involved in decisions about the environment. The service consisted of four bungalows where people had their own items in their room and were actively encouraged to give their views when any communal areas were changed or decorated.
- The premises had sufficient amenities such as bathrooms and communal areas. Small lounges were well used and people had made them homely with their personal items.
- The garden areas were well maintained, so people could be proud of its appearance. There were areas for people to sit and interact with each other. There was easy access to the outside space.
- The use of equipment and technology was used for people to do things more independently. For example, walking aids and computers.

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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. They fully understood about consent and people's mental capacity was always assessed when applicable.
- Where restrictions had been put in place these were done in the least restrictive way. Care plans were in place to support these decisions. The registered manager worked with the local authority where people were deprived of their liberty to ensure this was authorised and lawful.
- People had access to information in an accessible format suitable to their needs. This could also be accessed by family, friends and advocates where appropriate.

## Is the service caring?

### Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People received care and support from staff who were particularly sensitive to their needs. Staff they provided caring and compassionate support. One person told us that staff always tell them that this is their home. They said, "That makes a real difference from where I used to live."
- People were supported by staff who knew them well and had a good knowledge about things that were important to them. One person said, "My church come here to see me, the staff help support me with this, they [staff] are like family to me." Staff were aware how people spent their time, they knew about their preferences and life history. The registered manager and his staff team shared their knowledge of people they cared for during handovers between shifts and team meetings.
- A healthcare professional gave positive feedback on how well the staff had supported one person. The healthcare professional said they wanted the staff team to carry on with the support they had in place, as this had a positive impact on the person's life.

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

- People were supported to make decisions about their care and treatment. People told us they were involved in their care planning. One member of staff said, "When we review care we explain step by step to each person what we need to review. We regularly check with the person that they have understood what has been discussed. We ask them to read through the support plan and any changes they agree verbally, then they sign to confirm they have agreed."
- We observed good interaction with people and staff. Staff had meaningful conversations about people's day to day needs and aspirations. We found the home to be friendly and people got on well together. People shared their opinions with us. Some people were very vocal in relation to what they liked or disliked.
- Where there had been disputes or concerns between people living in difference areas of the home, support plans were in place to identify what the outcome should be for people involved and they could express their views to make sure appropriate action was taken.
- Each person had a communication plan in place to ensure they were fully supported should they need help with their communication needs.

Respecting and promoting people's privacy, dignity and independence.

- People told us that staff respected their dignity and privacy. One person said, "The staff are very respectful, I have my own room key and the staff don't come in without permission."
- We observed staff treating people with respect. Staff were friendly, relaxed and caring. People who wanted to stay in their rooms were respected to do so.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People accessed community groups and social activities where they had opportunities to develop their friendship group. People were supported to maintain and develop relationships with those close to them, social networks and the community.

- People were independent and this was encouraged by the staff team. For example, where possible people prepared their own breakfast and lunch, but needed support preparing evening meals.
- People were able to come and go as they please.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Personalised care.

- People were empowered to make choices and have control and independence of how they wanted to be treated and live their life.
- People's needs were identified, including those related to protected equality characteristics. People's choices and preferences were met and reviewed. For people with a disability such as, sensory impairments, reasonable adjustments were made. For example, one person had a wrist activated fob, because they had difficulty pulling the assistance alarm on the wall.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community. One person said, "We go out to the pub sometimes for lunch." Another person said, "We have a greenhouse, I grow vegetables and staff help me." Another person told us about an exercise class they did with staff. The person said, "The music distracts me when I am not feeling well.". The registered manager said, "We saw the benefits of the role and the positive impact it had on people. We have been successful and recruited two new volunteers. We hope to build on the work that had taken place at the start of the year. People with mental health conditions can engage and be involved in a planned and progressive way. This will lead to great self-satisfaction for people in a personalised way."

Improving care quality in response to complaints or concerns.

- There was a robust complaint system that dealt with complaints in line with the providers policy and procedures.
- People told us they knew how to raise a concern or complaint. One person said, "The manager is always around. If I am not happy I tell the manager." We looked at a recent complaint and found the registered manager clearly identified the concern, carried out an investigation and appropriate action was taken. The registered manager told us they monitored all concerns raised from minor issues to major concerns. We saw the system used to monitor these issues. Where issues were a risk to people's health there was discussions and advice given to ensure any risks were reduced.

End of life care and support.

- All people had end of life care plans in place and discussions had taken place about arrangements they wanted in place at the end of their life.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

# Is the service well-led?

## Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management.

The provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People's support was planned and reviewed regularly. Support plans contained detailed information on how a person should be supported, including consideration to their needs and wishes. For example, when people had a dip in their mental health changes in need could be spotted early due to the 24-hour staff cover. This meant extra support could be put in place at times when people experienced high levels of stress.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated. To ensure that there was a consistency in staff team, who knew people and their needs well, staff were promoted within the service.
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required lessons were learned if errors had occurred.

### Engaging and involving people using the service, the public and staff.

- People and staff spoke positively about the registered manager. One person said, "The manager is always around, they spend time with me". Another person said, "We have meetings; all the residents and we can say what we think about things."
- Other professionals gave positive feedback on how well the staff supported people. One relative commented that there had been improvement to their relations health and wellbeing since living at the home.
- The registered manager told us people had participated in activities out in the community. They said that they wished to make an improvement in this area and encourage people to engage more in community based activities. This may motivate people more and encourage them to consider trying something new.

### Continuous learning and improving care.

- Staff were confident to report and deal with any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them.
- One member of staff told us the registered manager worked with the staff team and had an open-door policy, so staff could discuss any issues or concerns. Another member of staff told us there was always a shift handover, weekly audit, team meetings and a financial audit which they felt was a positive move for an open culture at the service.
- The registered manager shared some case studies with us to show how people had experienced more positive outcomes since living at the home. Staff told us about a person they supported who had spent a lot

of time in hospital prior to coming to the home. However, since they had been at the service they had not needed to go to hospital for their condition. This was confirmed with information in the persons care plan.

Working in partnership with others.

- People were supported to access healthcare professionals We saw that people attended GP and hospital appointments. We saw evidence in the comments book and running records from numerous health professionals that had visited people to make sure they kept healthy.