

Nationwide Community Care Limited

Nationwide Community Care Limited - 3 Cracknell Close

Inspection report

3 Cracknell Close, Wivenhoe, Colchester
Essex CO7 9PY

Tel: 01206 825508

Website: www.nationwidecommunitycare.co.uk

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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

The inspection took place on 21 January 2016 and was unannounced.

The service provides residential care and support to two people with a learning disability.

There was a registered manager in post. 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.

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. Risk assessments were in place to guide staff how to manage risks and reduce the likelihood of harm.

Summary of findings

There were sufficient numbers of staff available to keep people safe and meet their needs. The staff team was stable and they worked in a flexible way, according to people's needs and preferences.

Relationships were good and staff were well motivated and supported. Staff had a good understanding of healthy eating and people told us that the food was good. Staff sought advice appropriately from health professionals and followed their recommendations.

Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS) and understood the principles of

consent and best interests. The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process

Care plans identified people's particular preferences and choices and were regularly reviewed. People's independence was promoted and they were supported to play an active part in their local community and follow their own interests and hobbies.

The manager was visible and accessible. Quality assurance systems were in place to monitor the delivery and safety of the service.

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.

Staff understood how to identify and respond to allegations of abuse.

Risks were identified and steps taken to reduce the likelihood of injury.

Staffing levels met the needs of the people living in the service.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

Staff received induction and training to ensure that they had the knowledge that they needed to fulfil their roles and responsibilities.

Staff received training on the Mental Capacity Act and understood the importance of consent.

People were supported to have a balanced diet and to access health care services to meet their needs.

Good



Is the service caring?

The service was caring.

People had good relationships with the staff who supported them.

People's independence was promoted and were actively involved in making decisions about their care.

Staff had a good understanding of the principles of dignity and respect.

Good



Is the service responsive?

The service was responsive.

Support was provided in a way which met people's individual needs and choices.

People were supported to follow their interests and access the community.

Good



Is the service well-led?

The service was well led

Staff were motivated and clear about their roles and responsibilities.

The manager was visible and accessible.

There were systems in place to audit and drive improvement.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 January 2016 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service.

We spoke with two individuals who used the service, a relative, two care staff, the deputy manager and the registered manager.

We reviewed two care plans, medication records and staffing rotas. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Is the service safe?

Our findings

There were systems in place to reduce the risk of abuse and to ensure that staff knew how to identify the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. They expressed confidence that matters of concern would be taken seriously by the manager and provider. Body maps were in use and used by staff to record any marks or bruising. Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and financial balances were regularly checked.

We saw that risks had been assessed and actions taken to reduce these risks. Risks associated with health issues such as choking and falling had been assessed and strategies put into place to help reduce the likelihood of injury. Guidance was provided as to potential triggers which may result in distressed behaviour and how best to support the person to keep the individual and others safe from harm.

The building was in a good state of repair and staff told us that repairs were completed quickly and we saw records to demonstrate that environmental risks were managed effectively. Regular checks were undertaken on fire safety equipment such as emergency lighting and alarms. Individual plans were in place which identified the level of support needed in the event of an evacuation and emergency grab sheets containing key information about people's needs were in place. First aid boxes were checked and replenished where necessary.

The service had a stable staff team and was fully staffed. Shortfalls due to sickness and holidays were covered by the existing staff team. Agency staff were not used and the manager told us that it was important that the people living in the service were supported by staff who knew them well.

The people who used the service spoke positively about staff and we saw that the availability of staff promoted people's independence. The staff told us that they felt that there was enough staff to keep people safe and enable people to lead full and interesting lives. Additional staff had been provided in the evening in a response to a need that had been identified and staff told us that that this had a positive impact. There was a member of staff on duty each night and one to two staff available during the day. Photographs of who was on duty were displayed so that people knew who was on duty. Staffing was used flexibly to support people who used the service to access the community and go on holidays if this was their wish. An on call system was in place for staff to seek guidance and advice out of office hours. There was a lone working policy which was informative and worked alongside the risk assessments; however the manager agreed that it would benefit from further detail.

We saw evidence that recruitment processes were followed and checks undertaken on prospective staff's suitability to work with this client group. References and disclosure and barring checks were undertaken prior to the commencement of employment.

People's medicines were managed safely. Staff who handled medicines had been provided with training and told us that their practice had been observed to check that they were competent to administer. We observed a member of staff administering medication and saw that they provided the individual with a drink and gave them the time that they needed to take their medicines. The staff member signed the medication records after the medicines were given. We checked a sample of stock against the records and this tallied. Records were maintained of topical medicines and guidance was available to support staff make judgements about medication given on an as and when basis (PRN). One person told us that, "The staff ring a senior, these tablets calm me down." Medication was securely stored and temperatures were recorded to ensure that medication was being stored within the recommended levels.

Is the service effective?

Our findings

The people who used the service told us they were happy with the care and support they received. We observed that staff supported people in a skilled and competent manner and demonstrated that they knew people well. One person told us, “We get enough help.” A relative told us that they were very happy with the care team and that staff were, “Well trained and attended all sorts of courses including one of dental care.”

The manager told us that new staff were in the process of completing the new care certificate which is a national induction programme designed to ensure that new staff have the knowledge that they need. Staff told us that the training was helpful and provided them with the guidance they needed. One member of staff told us that the training was a combination of distance learning and face to face teaching and they had completed National Vocational Qualification level 3. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. We saw that staff meetings were held and staff told us that they received regular support and supervision from their managers. One member of staff said, “We get pulled up if we have done something wrong.”

We noted records to show that people had been asked and had given consent, such as for staff to accompany them to medical appointments and photographs. A staff member gave us an example of where an advocate had been arranged for one person in the past.

Management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of liberty (DOLS) Staff told us that they had undertaken training and they were aware that people’s capacity could fluctuate according to people’s mental health conditions. Staff supported people’s decision making and gave advice where people were making an unwise choice. A staff member told us “We don’t always

agree but try and work with people.” One person gave us an example and told us that they had decided that they didn’t wish to continue to attend a local club and staff had respected their decision.

Menus were decided in collaboration with the people who used the service and were individual reflecting their tastes and preferences. One person had a fish pie for their evening meal which was freshly cooked and the other a baked potato with a cheese topping. People told us they were happy with the food provided and one person showed us a book that they had compiled with their favourite recipes. Staff demonstrated a good knowledge of people’s likes and dislikes. We saw that the fridge and freezer were both well stocked with a good variety of fresh items as well as prepared meals. Items in the fridge were dated and clearly labelled. Fresh fruit and healthy snacks were available and we saw that the service encouraged healthy eating. People’s weights were regularly monitored.

People were supported with their healthcare needs. One person told us “I see the dentist regularly and the chiropodist every six weeks.” One relative told us that the staff were observant and noticed if their relative was not well, seeking medical advice appropriately. Records were maintained of when people had been supported to access healthcare professionals and attend appointments. For example, with their GP, Speech and Language therapy and dietician. Records were maintained of the outcome and when follow up was required. Support plans included details how to support people to maintain their health and we observed staff following the advice when they were supporting an individual to take their medicines. One person had been identified as being at risk of skin damage and we saw that regular checks were being undertaken to monitor the condition of their skin. It had also been recommended that one person had daily relaxation sessions and we saw that these were taking place. Staff spoke positively about the sessions and how it had improved the individual’s wellbeing.

Is the service caring?

Our findings

One person told us that, they were happy and one person told us, “This was the best place they had lived in.” They told us that they had good relationships with staff but found change hard and sometimes struggled with some of the newer staff. They said, “I trust people that I know for a longer time.”

We observed positive interactions between staff and the people who used the service. People were at ease and comfortable when staff were present. Communication was respectful and appropriate.

People’s personal histories and life stories were documented within their support plans. People were supported and encouraged to maintain links with their family, friends and the local community. We saw that one person regularly visited their parents in their home and there was a communication book in place to ensure that they were informed about any changes or developments. One person told us about having their friend around for tea and another person told us how they valued being able to visit their relatives grave.

People were involved in planning their own care. People told us that they had choice about how they spent their time and what they did. Care was person centred and staff demonstrated they knew people and their preferences well. They were able to outline how best to communicate with people and what was effective. One member of staff told us that “This is a nurturing place. “ They gave us a number of examples and told us that one individual had “Flourished since being here and was able to make decisions... It is nice to see the progression. “

People’s personal spaces were highly individualised and reflected their individual interests. People moved between the communal and private areas independently depending on what they were doing.

Staff had a good understanding of the principles of privacy dignity and human rights and we saw examples of where these principles were maintained. One person told us about how they were supported with their personal care and told us that they were able to choose if and when they liked to shower. They told us, “I just have females to help me and this is respected.”

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner.

Is the service responsive?

Our findings

Staff knew the people they were supporting and caring for well. Care plans documented people's choices and preferences. They included information such as, 'things that are important to me', 'what I like and don't like about where I live'. They made clear what people's skills were as well as the areas they needed support with. Information about people's specific needs were documented and strategies to defuse situations were outlined. We saw that one person was having one to one sessions to discuss their needs and they showed us a book which they used with staff to help them express how they were feeling. They told us that they thought that this helped them.

Care plans were subject to ongoing review and reflected any changes in people's needs promptly. Detailed daily records were maintained which outlined what people had been offered and what they had decided to do. Staff told us that communication was good and information was handed over about people's needs when shifts changed. This was supplemented by a correspondence book where staff recorded appointments and other messages.

People were supported to follow their own interests and hobbies. Both individuals had an individual planner which set out what their plans were for the forthcoming week and the staff member who was on duty to support them. Plans were very different reflecting people's individuality. One person told us, "It lets us know who is on with us in advance." One person told us that they attended a number of structured sessions each week and showed us a scrap book with pictures of them having fun and doing a wide range of activities, including cooking and crafts. We saw

that in the warmer weather they went carriage riding and once a week they went with two staff to the hydrotherapy pool and did a range of exercises to improve their mobility. They said that this "Helps me and works well. "On the day of our visit they had been out with a staff member for lunch and to the hairdressers.

Staff involved and supported people with developing their independent living skills. For example, with food preparation, and one person proudly showed us a picture and said, "The first thing I made was meringue and then a Victoria sandwich." People told us staff supported them to access and be involved in the local community and that they had their own car. One person told us that they were looking forward to the evening as they had planned a trip to the pub with the manager.

A complaints procedure was in place which was in different formats. No complaints had been made. A relative told us "we are very happy with everything, if we are ever worried about anything we speak to the manager and they sort things out. The manager told us that group meetings would not be appropriate for the people currently living at the service, as it was small and discussions about how things worked were held on a daily basis. Reviews were held on a six monthly basis.

Questionnaires in different formats were given to individuals, families and visiting professionals to ask for their views on the quality of care provided. The findings had been analysed to identify any learning although they were very positive. One person had written, "As always I have only praise for the care and compassion that my relative receives."

Is the service well-led?

Our findings

There was a positive and open culture which was centred on the people who used the service.

Staff were clear about their responsibilities and one staff member told us that the manager was, “Open to new ideas.” And described how people had “flourished” since moving into the service. They said, “I am proud to be a member of the team.”

The registered manager and the deputy manager worked occasional shifts at the service and were well known to staff and people living there. Staff told us that they appreciated that the management team were hands on and that they were very supportive providing advice and guidance when they needed it. The manager and deputy manager were aware of the need to drive improvement and reflect on the quality of the service provided. They told us about changes they made to the service after listening to staff and the people living there. A new senior staff member had been appointed to work alongside staff and a raised bed had been set out in the garden to grow vegetables.

Staff meetings were held regularly and staff told us that experience was shared and used as a way to develop their knowledge.

The registered manager understood their responsibilities. There was a clear management structure in place, with the registered manager in day to day charge and supported by a deputy manager and senior staff. The manager told us that they spent time in each of the three services they managed each week as they were all located close to each other. The registered manager told us they felt well supported by the provider who was actively involved in the service and visited regularly. Staff and people living in the service knew the provider and staff told us that their work were valued.

There were systems in place to monitor the quality of the service. The provider held monthly meeting with the manager and deputy manager which were documented and reviewed the care, and areas such as staff, training and the maintenance of the service. Documents such as a training matrix and supervision gave an overview of the staffing support at the service. Regular audits were carried out by the manager to monitor the quality and safety of the service which included checks on areas such as cleanliness, activities and medication.