East Living Limited

2 3 and 4 Nightingale Close

Inspection report

2 3 and 4 Nightingale Close
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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 8 January 2015 and was unannounced.

2, 3 and 4 Nightingale Close provides care and accommodation for up to 18 people who have a learning disability. Accommodation is provided in three separate bungalows.. The service does not provide nursing care. At the time of our inspection there were 18 people using the service.

A registered manager was in post at the service. 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.

At the last inspection on 14 November 2013 the provider was in breach of Regulation 20 HSCA 2008 (Regulated Activities) regulations 2010. We asked the provider to take action to make improvements to incident recording and

Summary of findings

updating people's care records. The provider sent us an action plan on 27 November 2013 stating they would meet the legal requirements by 10 December 2013 and this action has been completed.

People were safe because staff supported them to understand how to keep safe and staff were aware of their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways that they preferred.

People's health and emotional needs were well managed by staff who consulted with relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well and who values their views.

People were encouraged to follow their interests and hobbies and were supported to maintain relationships with friends and family so that they could enjoy social activities in the wider community.

There was an open culture and the management team demonstrated good leadership skills. Staff felt values and they were keen to provide good quality care and support.

The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were taken into account to make improvements and develop 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.

There were enough staff with the correct skills who knew how to manage risks and provide people with safe care.

There were processes in place to listen to and address people's concerns

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Good

Is the service effective?
The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's health, social and emotional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided care and support.

People were treated with respect and their privacy and dignity were maintained.

People were supported to maintain important relationships and relatives were involved and consulted about their family member's care and support.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of the importance of supporting people to maintain social relationships with people who were important to them.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The service was run by a strong management team that promoted an open culture and demonstrated a commitment to providing a good quality service.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements

2 3 and 4 Nightingale Close

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.

This inspection took place on 8 January 2015 and was unannounced. The inspection team consisted of two inspectors.

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 reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service. Other people were unable speak with us directly because they had limited verbal communication and we used informal observations to evaluate people's experiences and help us assess how their needs were being met; we also observed how staff interacted with people. We also spoke with a relative, a social care professional, the registered manager, two co-ordinators who each had responsibility for co-ordinating care in one of the bungalows, two care staff and the area manager.

We looked at five people's care records and looked at information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Following the inspection visit we spoke with another two relatives.

Good

Is the service safe?

Our findings

Relatives told us that they were confident that their family members were safe living at Nightingale Close. One relative said, "I would say [our relative] is 100% safe. I have absolutely no concerns." Another relative said, "I feel that the staff look after [my family member] very well, I feel [they are] safe here."

There were procedures in place to assess people's care needs and identify any areas of risk either to the person or to others. Comprehensive, detailed risk assessments were carried out as part of the individual care planning process. The provider had developed a process that clearly linked people's individual needs assessment to support plans and risk assessments; one of the key areas of this was about being safe. Risks to people's safety and wellbeing were identified and measures were put in place to minimise the risk. Members of staff were able to give examples of specific areas of risk for individuals and explain how these were managed.

The co-ordinators in the three bungalows each had a specific role in the provider's procedures for keeping people safe. One co-ordinator had completed a course with the local authority as a safeguarding trainer and had developed a workshop for the people who lived at Nightingale Close to reinforce what they should do if they encountered abuse. This training session was planned and delivered in a way that met the communication needs of individuals who wished to take part and an additional workshop was planned for family members. Another co-ordinator had responsibility to involve people in health and safety tasks around the service so that they had a better understanding of dangers within their home environment.

Members of staff knew how to keep people safe. They understood the different kinds of abuse and the processes for reporting abuse or poor practice. Staff were confident that any issues they raised with the manager or team co-ordinators would be dealt with appropriately and they said that keeping people safe from harm was their priority.

Staff also understood the processes in place to keep people safe in emergency situations. There were on site emergency plans to cover situations such as fires, floods, electrical failures and gas leaks. Staff also demonstrated a good understanding of the importance of learning from any incidents or accidents to make sure appropriate action was taken to prevent further occurrences and improve the service.

We saw that all three bungalows had sufficient staff for people to receive the support they required. People were supported to go out individually and their needs were attended to promptly. The co-ordinators told us how they assessed staffing levels to ensure there were sufficient staff and explained how they used staff flexibly to take into account people's individual one-to-one hours.

Staff were also able to tell us how staffing levels were managed flexibly to meet people's needs. When people were taking part in regular planned activities such as going swimming or to the gym, there were extra staff on duty to take them to their chosen activities. Staff explained how some people had additional one-to-one hours as part of their care packages and how people benefitted from the personal, individual support. Co-ordinators were meeting with the contracting authority to negotiate additional funded hours for some people so that they could have more individual support and the quality of their lives could be enhanced.

There was a clear recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. The start of the recruitment process was a telephone interview with questions that were linked to attitudes and values. Shortlisted candidates had a formal interview that included one of the people who lived at the service because their views were valued. Checks on the successful applicants included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. Medicines were stored securely and we saw that medicines administration record sheets were in order. Although people did not have the capacity to fully self-medicate, they were involved in managing their medicines to the best of their ability and understanding. For example, one person went out with support to pick up their medicine from the chemist.

Good

Is the service effective?

Our findings

Staff were confident that their training provided them with the information they needed to carry out their role. Staff received a range of training that was updated yearly and they demonstrated a good understanding of how the training related to people's care and support. Staff had up to date knowledge of areas that included health and safety, manual handling, medication, assessing mental capacity and what was meant by depriving someone of their liberty.

The manager was actively recruiting more staff and, until that process was completed, co-ordinators were integrated into the rota and had less supernumerary hours for their management duties. They told us that it was a temporary solution to ensure people received consistent support from staff who knew them well rather than use agency staff. Co-ordinators were carrying out their management role as well but they understood that the priority was to make sure people received good quality care and support from staff who knew about their assessed needs and had the necessary skills to meet them.

Staff told us they felt well supported. They had a face-to-face supervision every other month and in between these individual support sessions there was a co-ordinators' meeting where views could be shared and any issues or changes to people's support could be discussed. The provider had processes in place for managers of different services to meet and share good practice. Co-ordinators explained they attended wider team meetings for all staff where issues such as information about changes to legislation could be rolled out.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

The registered manager and co-ordinators understood the process for making DoLS referrals where required. Staff understood about people's capacity to make decisions. There were DoLS authorisations in place for some people and appropriate procedures had been followed to put these in place.

People's wishes around their health needs were respected and their views were taken into account when making decisions that impacted on the care and support they received. A relative told us about how the manager and staff supported them when a Do Not Attempt Resuscitation (DNAR) form was put on their family member's hospital notes without consulting either the person or their relatives. They explained that they had discussed situations with their family member about what this meant and the person was very clear about their wishes. With the support from the management team they were able to challenge the decision successfully.

A relative told us that staff and management communicated very well with them. They told us about a situation when their family member had some health issues. "They got help immediately and as soon as all the medical assistance was sorted they were straight on the phone to us."

People's health needs were monitored and they received input from relevant health professionals to meet their individual needs. Staff understood people's specific health conditions and explained about how they provided care based on best practice. For example, where people had epilepsy their seizures were monitored and recorded. Care was planned with input from community nurse specialists. Staff had a clear understanding of the referral process to community nursing services and people's care records showed input from epilepsy specialists, GP practice nurses and dieticians. People had health checks with the GP and the service was working in partnership with the surgery to make health checks more personalised and relevant for people. One of the processes being developed was the use of OK health checks designed for use with people with learning disabilities.

People said they liked the food and they were encouraged to get involved in planning menus. We saw that staff explained to people what was on the menu for lunch and showed them different plates of food so they could make an informed choice about which meal they would prefer. Where a person had specific needs around diet or nutrition, input was sought from relevant health professionals so that they received appropriate support with their condition. For

Good

Is the service effective?

example there was input from dietician services for conditions such as coeliac and Phenylketonuria which required a specific diet. There was clear dietary advice which staff understood and followed for people who required a soft diet or pureed food.

When people required assistance to eat, this was given sensitively and good practices were followed. Some people chose to eat in their rooms rather than with others and staff took their meals to them and made sure that they were all right. After the meal staff checked with people whether they had enjoyed lunch, if they had enough and whether they wanted anything else.

Good

Is the service caring?

Our findings

A relative said, “The staff are kind and caring. They have supported [our family member] when [they were] taken to hospital and they stayed with [them] and kept us informed.”

A relative told us they were confident staff consulted with their family member on a daily basis to find out to establish what they wanted to do or how they were feeling. They said, “The way staff care is absolutely amazing. We trust every single one of them. They are asking [our family member] all the time what they want.”

We saw caring and supportive interactions between staff and people in all three bungalows and staff treated people with kindness and respect. There were many small exchanges that showed us how staff made people feel valued and gave them quality time. One person took a member of staff’s hand and kissed it. The member of staff commented that the person was, “a charmer” and they chuckled with evident pleasure. During lunch members of staff gently encouraged people to eat and we saw kind and caring support being given when people needed assistance.

A relative told us that they felt that people mattered to staff. They said that staff always, “go the extra mile” and gave an example of a recent family outing. “We had a meal out and a brilliant day. [Our family member’s] keyworker came as well.” The relative said they found out later that it was the member of staff’s day off but they still came along.

A relative said that staff listened to their family member, who also had an advocate to speak on their behalf or support them to make their views known.

Staff had a good understanding of what they needed to do to relieve distress if people became anxious. Staff explained about people who required specific support when they became anxious and gave specific examples of how they supported people when they were distressed. Staff understood that being vigilant and picking up the signs early meant that they could provide relevant support to reduce their anxiety at and early stage. One care plan examined had very detailed information to guide staff on the early signs of raised levels of anxiety and the measures to help reduce this.

A relative described a situation that could make their family member anxious; they said that staff understood how to relieve the person’s distress and acted promptly to comfort them. They told us, “Staff are very aware and keep an extra eye on it. They are so good at the way they manage it. There is no big drama, they [provide the support] and always offer a cup of tea and a bit of cake afterwards to take [our family member’s] mind off it.”

People were treated with dignity and respect, for example staff were discreet when they asked if people required support with personal care. Any support required was given in private to maintain the person’s dignity. Staff were polite, kind and caring when speaking with people.

Good

Is the service responsive?

Our findings

The information in the care plans reflected all the details that staff had discussed with us. There was good personal, individual information about who the person was and how they preferred to receive support. There was an emphasis on what support people needed to enable them to maintain independence and build on skills. In particular the focus of the care plans was about what was important to the person as well as what made them sad or caused them to be anxious. In addition to the main care plans there was a separate quick reference guide for new staff or agency staff. This contained a synopsis of people's usual day as well as their current medicines and protocols for the use of 'as required' medicines such as pain relief. New and agency staff worked alongside established members of staff to ensure people received the support they needed in ways that they preferred.

Staff explained how they reviewed care plans to make sure that they were up to date and reflected any changes in the person's needs. Care plans were reviewed at least monthly or when there were changes. Staff had daily handovers where information was passed on to other staff about anything that had affected the person such as illness, if they had not eaten well, any anxiety or changes of mood and any health needs. Where people had health needs that needed to be closely monitored, such as epilepsy, there was good detailed recording and this was shared with all staff.

Staff on duty spoke with confidence and an in-depth knowledge and understanding of people's likes, dislikes and preferences. People were asked what they would like to do and staff also made suggestions so that people understood there were choices and alternatives. A member of staff explained that one person did not use any vocal communication at all and on a daily basis it was their most challenging task to make sure they were getting things right for the person. They gave us examples of how the person managed to convey what they wanted, for example, by taking the member of staff's hand and leading them to a cupboard or by pushing an item away. In this way staff were able to develop a greater understanding of the person's views and preferences.

Staff were able to demonstrate a good understanding of people's emotional and mental health needs. They explained the specific support they provided when people were anxious and described a particular situation and how they approached it. Staff understood the need to be sensitive to people's moods and give them additional reassurance and time to talk about their feelings.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and supported and, where possible, people were taken to visit family members or they received visits from relatives. One person was celebrating a special occasion and went out for lunch with a relative.

Where families lived a considerable distance away or if they were unable to visit, staff supported people to have regular telephone contact. One relative told us that staff were supporting their relative to buy a 'tablet' device to connect to the internet so that they could have face-to-face communication with their family.

People were supported to follow their hobbies and interests individually. Staff told us that the

things people do, whether at home or in the wider community, were centred on their choices and interests. We saw that people were coming and going during the day to do things that they wanted. The things that people liked to do included using the computer to send and receive emails, going out for lunch and clothes shopping. One person went swimming another for a walk and to do some shopping. One person said they wanted to get a newspaper and staff supported them to do that. Some people had complex physical needs and used wheelchairs; so that they were able to enjoy preparing food and cooking, the kitchen had been adapted to make it more accessible so that they could use equipment more easily.

Staff explained that some of the people in one of the bungalows had increasing needs due to their age and were becoming less active. They continued to be involved in the day-to-day running of the service where they were able by doing things like the washing up. They also enjoyed participating in more gentle activities such as visiting garden centres.

People and their relatives told us that they knew how to make a complaint if they should need to. One relative said that staff were good at listening to any concerns and they were confident their family member's voice was heard.

Good

Is the service responsive?

Staff listened to people and gave them the time they needed to respond and talk about any concerns. Information about how to raise concerns was prominently available throughout the service. The leaflets were clear and they included an 'easy read' version that helped people to understand how they could complain as well as leaflets to provide information for relatives and visitors.

Relatives told us that they are involved in any decisions about their family member's care. One relative said, "The manager has been really good and we get invited to reviews. Last time we were unable to come because of work commitments so the manager suggested we put some comments in writing so that our views were known."

The service had processes in place to seek the views of people who lived at the service as well as relatives or others acting on the person's behalf. There was a monthly one-to-one meeting with people to discuss their care; reviews were carried out every three months or when there were changes to a person's needs. As part of the review process all care plans were checked and updated where necessary.

Good

Is the service well-led?

Our findings

At the last inspection on 14 November 2013 the provider was in breach of Regulation 20 HSCA 2008 (Regulated Activities) regulations 2010. Improvements were required to recording of incidents and some care plans had not been reviewed and updated. We asked the provider to take action. They sent us an action plan telling us how they would meet the legal requirements and this action has been completed.

Relatives made positive comments about the open culture of the service; they praised staff and management for the way they communicated and for the way people were treated as individuals. They were complimentary about how the home was managed as well as the commitment and enthusiasm of staff. One relative said, "The manager is absolutely brilliant. The staff and manager go above and beyond what you would expect."

There was an established and strong management structure in place that consisted of a registered manager with overall responsibility for all three bungalows and a co-ordinator in each of the bungalows who organised the day-to-day management. Additional support was provided by the regional manager, who visited weekly.

The provider sought feedback from people and their relatives to improve the quality of the service. The manager and regional manager explained the systems in place to obtain the views of people, relatives, staff and professionals. This information was used to identify areas for development. Staff said that people's views and opinions were important and were valued. They gave an example of how people were involved in choosing the décor when improvements were planned to the service. People were shown samples of colours, for example for the kitchens, and everyone who was interested was involved in the decision making process.

Staff were complimentary about the co-ordinators, registered manager and senior management. They felt well supported and said that the management team listened to their views. There were regularly monthly staff meetings to give staff the opportunity to raise concerns or make suggestions for improving the service. Staff said they were encouraged to raise issues.

The service had an open door culture and staff said they could share concerns at any time with the management team. Staff also said that the on-call system worked very well should they require any advice or support at any time such as evenings or weekends. One member of staff said, "The manager is very supportive she is always contactable for advice and support."

The management team had good systems in place for monitoring the quality of the service. There was a wide range of audits in place to monitor different aspects of the service including areas relating to health and safety, medication and care records. All aspects of people's care was also audited such as falls prevention and pressure area care and any issues identified were dealt with promptly.

The open culture meant that staff were encouraged to be involved in and take responsibility for some of the audits and staff told us they felt involved in the day to day running of the service. For example, the co-ordinators and staff carried out weekly audits of medicines. Co-ordinators also visited the provider's other locations to carry out audits. Staff explained that it was really useful to get feedback from staff from other services as it gave them a different view on what they were doing and they were also able to share experiences of different approaches.

There were robust systems in place for managing records, which were well maintained, contained a good standard of information, were up to date and stored securely. People could be confident that information held by the service about them was confidential.

The provider had schemes in place to celebrate staff's hard work and achievements such as the 'You've been noticed' award. Staff told us that they had received recognition of their "exceptional work" over the previous Christmas period. Staff morale was high and they felt that the good work they did was recognised and valued.