

Quality Care Home (Midlands) Limited

Nelson House

Inspection report

1-3 Nelson Road
Dudley
West Midlands
DY1 2AG

Tel: 01384237717

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12 April 2018
13 April 2018

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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

Nelson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Nelson House is a care home without nursing, which can accommodate up to 21 people. At the time of our inspection 14 people were using the service and these were older people requiring personal care. Some people living in the home had conditions such as Dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 12 and 13 April 2018 and was unannounced. The inspection took place in response to some concerns raised with us around people's safety and that people were not receiving appropriate support to keep them safe. During the inspection we found no evidence that people were not being adequately cared for.

There was a registered manager in post and they were present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive care that made them feel safe and they received medicine as required. Staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were assisted to access appropriate healthcare support and received an adequate diet.

The care people received was provided with compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions about their support needs. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their

needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to speak openly with staff and tell them if they were unhappy or wanted to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the registered manager. Arrangements were in place to obtain views on the service from people, staff and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Nelson House

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was completed by two inspectors and an expert by experience on 12 April 2018, the lead inspector returned alone on 13 April 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was in response to information that we had received about staffing numbers, care provided by staff and people's safety around the home.

The provider had 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with six people who used the service, nine relatives, two members of care staff, the registered manager and the two providers. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at three people's care records, four medicine administration records and three staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

When asked if they felt safe a person told us, "I'm not worried about anything. I wouldn't change anything." A second person said, "I am happy that I am safe". A relative shared with us, "We are confident when we leave that [person's name] is safe". A staff member told us, "People are kept safe and well here". Staff confirmed to us they had received training in safeguarding and described how they would report any concerns they had about abuse to the registered manager for her to then follow the procedure in place.

We found that any risks were managed well and that risk assessments were in place. Risk assessments contained an action plan, which detailed the process involved and who had been involved in any actions, such as district nurses or the falls team. Staff were aware of who may be at risk and gave us examples of people at risk of falls and what equipment had been utilised to minimise the risk. We saw evidence that some staff members and the registered manager had enrolled to attend a course run by the local authority in order to expand their knowledge of the risk related to falls. We saw that where records were required to be kept, such as turning charts to provide pressure relief to people and fluid intake records these had been completed.

Overall people felt there were enough staff on duty. A person said, "Anything you want done they [staff] are there. Nothing's too much trouble." "If you ring your bell they come straight away. They are marvellous". A second person said, "If you want anything they [staff] get it for you." Some relatives told us that they felt that not enough staff were available for people with one relative saying, "The staff are nice, but there aren't enough of them". It was noted by some relatives that they felt that extra staff had been brought in for the duration of the inspection, however when we checked rota's this was not the case. We observed that there were adequate staff on duty to provide the support people needed. When people required them staff came to people's assistance at the earliest opportunity. The registered manager told us that they only used bank staff known to people and that no agency staff were used. Staff recruitment was carried out appropriately with safeguarding checks in place prior to staff members starting work.

People were happy with how staff supported them with their medicines. One person told us, "I get my medicines at the same time each day". A relative said, "[Persons name] medicines are always given correctly". We saw staff administering medicines in a calm and relaxed manner, explaining to people what the medicines were for. We found that whilst people had received their medicines as required, the carrying over of amounts and new medicines coming into the service had not always been recorded correctly, however the registered manager informed us that this would be remedied immediately. Medicines were stored and disposed of safely.

The registered manager was able to share with us where they had been able to learn when incidents occurred. An example being that not all staff members had been aware of the action to take when a specific directive was in place and as a result staff were given further information on how to react in such a circumstance. The development plan also asked the question, 'What did we learn from 2016-2017 Quality Assurance'? One example of this was related to discovering what training may be required for staff.

We found that the environment was clear from any hazards and people were protected by the prevention and control of infection. Whilst there were some need for minor cosmetic updating there was a plan in place for this. Checks to keep the environment safe were all completed as required.

Is the service effective?

Our findings

People told us that they felt staff were trained and competent. One person said, "The staff know how to look after me, they are trained". Relative's comments included, "The staff are well trained", and "The staff know the residents inside out". Staff spoke to us knowledgeably about people's needs and how to meet them and a relative told us, "When I rang up they always knew how my [relative] was, whoever it was and whatever time it was". Staff told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. One staff member told us, "We can ask for specific training if we feel it will help us in our role and the manager tries to sort it out". We saw that the training matrix evidenced training staff had completed and were due to complete. Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. We found that staff had completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us and we observed they were asked for their permission before staff supported them and that their liberty was not restricted. At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities, but these were subject to approval. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff told us that they gained people's consent prior to any action being implemented and we saw that where people were unable to verbalise, the use of a communication aid in a pictorial format was in place. Where any decisions had to be taken in a person's best interests this was completed and recorded appropriately.

People told us that they were happy with the meals that they received and that they enjoyed the food on offer. One person told us, "The other week we had tomato soup and the taste, it was delicious." We observed staff assisting people appropriately at lunchtime. Most people ate all of the meal and we heard them complimenting staff following the meal. People told us that they were able to make choices regarding their food and we saw staff asking people if they were still satisfied with what they had chosen. A relative told us, "[person's name] enjoys the meals". Kitchen staff were aware of people's likes and dislikes and told us that although there was nobody on a special diet they remained vigilant to any changes in eating patterns and sought advice from a dietician if needed. We saw records to show that this had taken place.

People were supported to access the health care they needed. A person said, "I see the doctor if I need to". Staff told us that they were able to observe if people's health was failing and if so they would call the doctor. We saw records to verify this. Both people living in the home and staff members told us that the registered manager regularly accompanied people to hospital appointments if they so wished. We saw evidence that dentists, opticians and other health professionals were seen by people as required.

We found that decoration around the home had been updated and that the home was clean and tidy and people were able to move around the home freely. People's bedroom doors displayed a number, but there was no specific dementia friendly detailing. We saw that thought had gone into the displays around the home giving people information. In the lounges we saw large colourful signs giving the day, month and year, season and weather. People commented that they found this useful and we heard one person telling others that, 'Today is Friday'.

Is the service caring?

Our findings

People told us they thought the staff were friendly and caring towards them. One person said, "The staff are nice here, everyone is friendly and helpful". Relatives commented, "They're great [staff]. They have got patience and they are golden with my relative" and, "The staff are like a second family. They couldn't look after [my relative] any better if it was their own mom". A staff member told us, "We have time to sit and have a chat with people. I love to hear their stories". We saw that staff were aware of people's likes and dislikes and their preferences. Bedrooms had been decorated in line with people's choices and reflected their interests. For example one person who liked animals had an animal themed duvet and a football fan had their team's colours and branding on their duvet cover. We observed many friendly interactions and saw that staff were compassionate towards people.

Some people told us that they had been asked their opinions as part of developing their care plan. Not everyone could recall if this was the case, but relatives we spoke with told us that they had been asked for their views where their loved one was unable to contribute and we saw this recorded within the plans. People shared with us that they were able to make their own choices and decisions and one person told us that they liked to choose their own outfit each day, but if they couldn't decide then staff would assist them. A relative told us, "[Person's name] chooses where they want to spend time. If she wants to stay in the room she can or she can come downstairs". Staff told us that they encourage people to make choices and we saw choices offered to people, such as what activity to do. One person was using the services of an advocate and the registered manager explained how she had been able to support this. An advocate is a person who seeks to ensure that people are able to have their voices heard on issues important to them.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person shared, "Staff are always respectful, they ask what you want and respect what you say". A relative told us, "When they help people they are always covered up properly". A staff member said, "We always treat people with dignity, we shut the curtains when dressing people and make sure they are fully dressed before leaving their room". People shared with us that they were encouraged to remain as independent as possible. One person said, "I like my independence, I can go out anytime I like". A staff member told us, "We encourage independence, a lot of people can do little things for themselves". We saw that visitors were made very welcome and that some relatives continued to visit people in the home following the loss of their own loved ones. A number of relatives told us they visited every day and felt welcomed.

Is the service responsive?

Our findings

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. Staff told us that care plans were updated as required and that any new information on people's needs was shared with them and recorded. We saw that care plans also included information on people's personal history and their likes and dislikes. Cultural requirements were observed in meals given to people and support offered to aid their customs. People were supported to fulfil their religious needs by attendance at places of worship or by visiting clerics spending time with them, with one person telling us, "I go to church on a Sunday."

People told us that they enjoyed activities that took place. Comments included, "I enjoy it when the arts and crafts lady comes in", "I like the dancing" and "I sit out in the garden when it is warm". A relative told us, "Most days they have someone come in to do things [activities] or the staff do something. For example staff switch the television off and put some music on for dancing". The registered manager showed us evidence of trips to theatre shows and of Pets as Therapy groups visiting. We saw people enjoying games of indoor bowls and listening to music.

People we spoke with said knew how to make a complaint or raise a concern. One person told us, "I would tell them [staff] if I had a problem". A relative told us, "They've [staff] gone beyond their duties here with [my relative] we have had no complaints". A staff member told us, "If people living here or any staff members had any complaints I am sure the registered manager would listen and do something". We saw that there was a complaints policy in an accessible format in place and people and their relatives were aware of it. We found that there had been no official complaints since the last inspection. The registered manager told us that the use of an informal 'open door' policy and grumbles book "nips issues in the bud before they escalate". We saw that any issues raised had been dealt with to the satisfaction of the person involved.

We found that care plans looked at people's end of life wishes in a detailed manner. The end of life plan considered the care of the person during terminal illness and their wishes prior to death. Considerations into dealing with matters following the death and input from loved ones was also detailed.

Is the service well-led?

Our findings

People spoke positively about the leadership and running of the service. People and staff told us they had regular contact with the registered manager and knew her well and we saw positive interactions taking place. We found we received notifications of incidents as required, however on one occasion we hadn't been given the information we needed in relation to an incident. The registered manager told us that this would be sent in retrospectively and that we would receive all others in future.

People were asked if they would recommend the service to others and they told us, "I love it here, wouldn't want to be anywhere else". A relative told us, "[The registered manager] was always very good at ringing me up if there were any concerns, I would recommend this place without question." Staff told us they enjoyed working at the home and that they had a good level of support available to them at all times. One staff member said, "[Registered manager's name] is a good manager and we are listened to". The staff member gave an example of recommending a piece of equipment for use in supporting a person and this was arranged. We found that supervisions took place, but these were very informal and most were not recorded. The registered manager told us that she understood the importance of recording and would ensure this was done in future.

The registered manager told us they encourage open and honest communication with staff. We saw evidence of this where staff confirmed that they received constructive feedback and praise from the registered manager and although supervisions were not always structured and recorded the conversations that took place were very helpful to them.

We found that feedback on the service had been sought from people and their relatives in the form of questionnaires. The responses were displayed on a specific board in the corridor and detailed how they had been addressed. We found that meetings both for staff and people living in the home were carried out and were an opportunity to raise issues and put forward comments.

We saw that the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. An example being, working with district nurses to provide pressure relieving equipment, such as mattresses and cushions.

Relatives also told us that they felt that their loved ones health and wellbeing had improved since they came to the home.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.

We saw that the provider carried out detailed checks and audits of the service and that appropriate action was taken where required. However, we found that in the last three months there had been omissions in the amount and quality of the auditing carried out. The registered manager's detailed knowledge on the service

informed us that they were still identifying and acting on issues, despite the lack of recording. The registered manager told us that recent staffing issues had impacted on the time she was available for recording, however now this issue had been resolved audits would be brought back to their previously high standard. The registered manager told us that they were well supported by the provider and we saw that people were familiar with the provider. We found that the previous inspection rating was displayed as required.