

Nationwide Community Care Limited

Nationwide Community Care Limited - 35 Mede Way

Inspection report

35 Mede Way
Wivenhoe
Colchester
Essex
CO7 9HW

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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

This inspection took place on 22 January 2018 and was unannounced. 35 Mede Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care for up to two people with a learning disability. At the time of our inspection two people were receiving support at the service.

At our last inspection in January 2016 and we rated this service good. At this inspection we found that the service remained good.

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.

This service was provided in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include supporting people with choice, promotion of independence and inclusion. People using the service were supported to live as ordinary a life as any other citizen.

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. Staff were aware of their responsibilities to keep people safe and we saw that they look steps to protect people and reduce the likelihood of harm. Medicines were safely stored and there were clear systems in place to ensure that people received their medicines as prescribed.

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. Recruitment procedures were thorough and reduced the likelihood of the service employing individuals who were unsuitable to work in this type of service.

People were supported by staff who had been trained and were well motivated and supported. Staff had a good understanding of healthy eating and we saw that they sought advice appropriately from health professionals and followed their recommendations.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff had been provided with training in the Mental Capacity Act (MCA) 2005 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.

People were supported by staff who knew them well and treated them with kindness. Care plans were

person centred, detailed and informative. Daily recordings were undertaken along with handovers to ensure good communication and continuity of care.

People were supported to have a full life and maintain relationships with those important to them.

The manager provided strong leadership and was visible and accessible. Quality assurance systems were in place to monitor the delivery of care and safety of the service. Actions were taken where areas for improvement were identified.

For a more comprehensive report regarding this service, please refer to the report of our last visit dated January 2016.

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

Nationwide Community Care Limited - 35 Mede Way

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 22 January 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we held about the service. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with one individual who used the service however not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We also spoke with a relative who regularly visited the service about their observations.

We interviewed two members of 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

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff received training on safeguarding and 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. There were clear financial procedures in place where the service was responsible for the oversight of people's money.

The service had a stable staff team and had sufficient numbers of staff to ensure that people needs were met. We saw that staff were used flexibly and people were supported to access the community on an individual basis. There was an effective recruitment process in place which included checks with previous employers and with the Disclosure and Barring Service (DBS). These checks were completed before new staff commenced employment.

There were risk assessments in place on areas such as accessing the community. Staff were aware of the contents and able to describe the actions they took to enable people to have control over their lives but also keep them safe and reduce the likelihood of harm. We saw that the manager worked with the intensive support team and other health professionals to promote people's wellbeing and reduce risks.

The building was in a good state of repair and we saw records to demonstrate that environmental risks were managed, for example certificates were in place to evidence checks on the gas safety and electrical items. Regular checks were undertaken on the premises and areas such as water temperatures. Individual plans were in place which identified the level of support needed in the event of an evacuation and an emergency grab bag containing key information about people's needs was ready if needed.

Records confirmed staff had undertaken infection control training and posters were in place to remind staff of their responsibilities in relation to infection prevention and control. The premises were well maintained and clean.

Incidents and accidents were monitored and analysed by the registered manager. Learning and actions for improvement following incidents were discussed at team meetings and with individual staff in supervision meetings when required.

As part of the inspection we checked prescribed medication and the amounts tallied with the records. Medication was securely stored and temperatures were recorded to ensure that medication was being stored within the recommended levels. There were PRN plans in place to guide staff on when they should administer medicines administered when needed, such as for anxiety. Staff told us that they undertook training on administering medicines and we saw records on staff files to demonstrate that their practice was observed to ensure that they were competent. Medicine audits were undertaken and where issues were identified these were followed up with individual members of staff.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People needs were assessed on an ongoing basis to ensure staff had the necessary guidance to provide care in line with legislation and nationally recognised guidance. Staff worked together with other organisations to deliver effective care, support and treatment.

People were supported by staff who were trained and supported to develop their skills. New staff were provided with an induction which included periods working alongside colleagues on a supernumerary basis, observing how care was delivered. Training was provided on a range of areas including health and safety, first aid and food hygiene. The majority of training was completed by eLearning but this was monitored by the manager to ensure that it was effective.

Staff received regular supervision and observations of practice were undertaken to check that staff were working to the required standard.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that people were being supported appropriately and in line with the legislation and guidance.

People were supported to eat a healthy diet and have choice. Menus were decided in collaboration with the people who used the service. Staff encouraged healthy eating and worked with health professionals such as dieticians. Support with eating was personalised depending on people's needs. People's weights were monitored to identify any changes in their wellbeing.

People were supported with their health care needs. We saw examples where staff had noted changes in people's wellbeing and arranged for further checks to be undertaken. We saw that individuals regularly saw health professionals such as dentists and staff supported individuals to attend hospital appointments. The outcome and advice given was recorded for other staff to follow.

The service had a homely feel and was well maintained and decorated.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff were kind and compassionate in their approach and had good relationships with the people they supported. People were provided with emotional support when needed. Staff demonstrated that they knew people well. They were able to tell us about individuals, how they communicated and how to promote their wellbeing. We observed staff using different methods to communicate as outlined in individuals care plan, this included the use of the wipeable board, and sign language.

Records were looked at confirmed the involvement of people and their relatives in their lives. The documentation was accessible to people and in both a pictorial and easy read format. Information was included on areas such as, 'I will let you know what I understand', 'Things I don't like, and 'Important people in my life.' This meant staff had the guidance to ensure people received individualised care. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided.

Staff were able to give us examples where they promoted peoples independence such as enabling people to plan activities and organising for grab rails to be fitted in one individuals room to enable them to better access the bathroom.

People's personal spaces were highly individualised and reflected their individual interests and needs. There were lots of photographs of days out and of friends and family. People moved between the communal and private areas independently depending on what they were doing. People had regular contact with family and loved ones who were able to visit when they wanted and there were no restrictions on this.

Staff had a good understanding of the principles of privacy dignity and human rights and we saw examples of where these principles were maintained. For example personal care was provided in a discreet way. One person told us that that they had a bell on their door and staff used this, another person had a flashing light as they would not be able to hear the emergency alarm.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

Staff knew people well and the care was underpinned by detailed assessments and care plans. Care plans documented how best to support people as well as details of people's choices and preferences, for example they covered areas such as the signs individuals used to communicate as well as preferences and wishes. One person's care plan for example noted that they, 'Liked sausages and watching cookery programmes.' The care plans were subject to ongoing review and reflected any changes in people's needs. We saw that one service user liked to know which staff were on shift each day so the service had created a photographic in/out board, they also included family photos which were used when family members visit .

Detailed daily records were maintained which outlined what support people had been offered and what they had done during the day. Staff told us that communication was good and we saw that information was handed over about people's needs.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, staff were aware of the issues and importance of helping people make their wishes known. One person had suffered a recent bereavement and staff were helping them to prepare for the funeral by going through cards explaining what was going to happen so they were fully aware of the process.

People were supported to follow their own interests and hobbies which reflected what they enjoyed. On the day of our visit we observed that both individuals went to the pub for lunch, they went to two different locations reflecting their individual preferences. One individual then went shopping for food for the evening meal while the other returned and spent time with a staff member, planning a day out. The individual subsequently told us that they were planning to go on holiday and had identified a specific member of staff to support them with this.

The complaints procedure was in place. This was in an accessible and easy to read format but no complaints had been made. People told us that the service addressed any issues quickly which meant that they did not develop into formal complaints.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The registered manager was new in post since the last inspection but had worked at the service for ten years, including most recently as the deputy manager. As well as Mede Way they were also registered as manager for another of the provider's services. The registered manager told us that they were assisted by a deputy manager in each service.

The registered manager was effective and was clear about their responsibilities. There was a clear vision and a commitment to provide a good quality person centred service. Our observations and feedback from staff and people using the service showed us that the registered manager had an open leadership style and worked in a collaborative way. Staff worked creatively to manage risks and we saw that people were enabled to retain their independence and lead full lives.

Staff told us and the records confirmed that team meetings were held to discuss operational issues and how best to meet people's needs.

There were systems in place to monitor the quality of the service and the registered manager conducted a variety of audits on areas such as medication. Where shortfalls were found actions were taken.

Quality assurance questionnaires were sent out yearly to staff members, families and outside professionals. Pictorial forms were given to people using the service to enable them make their views known. Information from the questionnaires were collated and assessed and any areas identified acted upon.

The registered manager told us that the provider supported them. Staff told us that the provider visited regularly to check on the quality of care. We saw that the registered manager met with the provider on a monthly basis to discuss the needs of people using the service, staff and environmental issues. Monthly visits were also undertaken by an individual who was independent of the provider to check on the quality of care.