

Mears Care Limited

# Nichols Court Extra Care Scheme

## Inspection report

Nichols Court  
Flaxfields  
Linton  
Cambridgeshire  
CB21 4AF

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09 January 2019

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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 of Nichols Court Extra Care Housing Scheme took place on 9 January 2019. Our visit to the office was announced to make sure the registered manager was available.

Nichols Court Extra Care Housing Scheme is a domiciliary care agency that provides personal care to people living in their own flats at Nichols Court. It provides a service to older adults. At the time of our visit 26 people were using the service.

Not everyone using Nichols Court Extra Care Housing Scheme received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at this agency who was supported by Customer Care Officers and the organisation's senior management. 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 our previous inspection on 15 April 2016 we rated this service as 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 ongoing 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.

Staff knew how to keep people safe, how to respond to possible harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were administered safely. Staff had enough equipment, such as gloves and aprons, to make sure that infection control was maintained. Lessons were learnt from accidents and incidents and these were shared with staff members to ensure changes were made to staff practice.

People's care was planned and delivered in line with good practice guidance. People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff helped people to eat and drink and to do so in a way that also supported their health needs. Staff had information if they needed to refer people to health care professionals and they followed the advice professionals gave them.

Staff understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the agency supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records provided staff with enough guidance in how to do this. A complaints system was in place and there was information so people knew who to speak with if they had concerns. Staff had guidance about caring for people at the end of their lives.

Staff were supported by the registered manager, who had identified areas for improvement and developed a plan to address these. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's, relatives and staff views were sought, with positive results.

Further information is in the detailed findings below

## 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.

# Nichols Court Extra Care Scheme

## **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 comprehensive (planned) inspection took place on 9 January 2019 and was announced. We gave the registered manager 24 hours notice of our visit to make sure they were in the office.

The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as the local authority contracts monitoring and the safeguarding teams for their views of the service. We took all of this information into account when we inspected the service and made the judgements in this report.

During our inspection, we spoke with five people using the service. We also spoke with two members of care staff and the registered manager. We checked four people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

# Is the service safe?

## Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe using the service. One person said, "I trust them implicitly, there's not one member of staff I wouldn't have in my flat." Staff knew how to protect people from harm, they told us they had received training and they knew who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. Environmental checks and such areas as fire safety and equipment used by people had also been completed.

People told us there were enough staff available to support them when they needed this. One person told us that if they had any problems they could ring their call bell and staff came really quickly. Staff members told us that there were enough of them and if they were not available they were able to cover shifts between existing staff. There was a system in place to assess staffing numbers and ensure they were at the level indicated by people's needs. We found that these staffing levels were high enough to provide people with the care they needed.

A safe recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role. Records showed that identity and Disclosure and Barring (DBS) checks were completed before new staff started working at the service. DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from being employed.

The service remained good at managing people's medicines. One person told us, "They help with my medicines, they give me mine all the time." Records to show that medicines were administered were completed appropriately. Staff had received training and their competency was checked to make sure their knowledge and skills were up to date.

People told us that staff wore personal protective equipment (PPE) Staff told us that they had enough personal protective equipment (PPE) and cleaning equipment available and they had received training in infection prevention and control.

We saw that incidents and accidents were responded to appropriately at an individual level and a brief analysis had been completed to ensure recurring issues, such as falls, were identified.

# Is the service effective?

## Our findings

People's needs were fully assessed prior to receiving care and support from staff. Staff received training that included equality, diversity and human rights. They worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. This included information about the correct application of medical support equipment. People were provided with pendant alarms so that they could call staff from wherever they were, thereby encouraging their freedom.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. Staff confirmed they had received updated training and this, together with individual supervision, provided them with the support they needed to carry out their roles. Training records showed that staff members had received training in subjects relevant to their role, such as health and safety, and moving and handling. The registered manager confirmed that staff practice was checked during observations when visits to people took place.

The service remained good at providing and supporting people to eat and drink. Staff monitored people at risk of not eating or drinking enough and took action to address this. This included making sure people received prescribed nutritional drinks.

The service remained good at ensuring people had advice and treatment from health care professionals. People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own homes, these applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether these were being met. Staff had received training in MCA and were able to show they understood this. MCA assessments had been completed and where people were not able to make a decision, a best interest decision had been recorded. This showed that people would not have their freedom restricted in an unlawful way.

## Is the service caring?

### Our findings

The service remained good at caring for people. People told us that staff were kind and caring. One person described staff as, "They're lovely, bright and cheery. They have a chat, you can have a laugh." People were happy to be supported by staff from the agency. Staff were kind and thoughtful in the way they spoke about and with people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

Staff knew people well and were able to anticipate people's needs because of this. Their descriptions of people's needs showed this and it also showed that staff members had a great deal of affection for the people they cared for. One person told us, "Their last words are always, 'Anything I can do before I go?'."

People were aware of their care records and told us staff spoke with them frequently about how they wanted their care given. One person said, "They always ask what I want, tablets first or shower first." They said that staff were very adaptable and they were able to change the way their care was given to what suited them each day.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke with people and in their comments to us about how they would do this. They told us they knocked before entering people's houses and made sure people were covered as much as possible when giving personal care. People confirmed that staff did this and also took other actions to make sure people's privacy and dignity was respected.



## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "They're wonderful." Staff had a good knowledge of people's needs and explained how they provided support that was individual to each person. One person described to us how a health condition affected them and how staff were considerate of this, even though they did not have to manage the condition. Staff explained how they had worked together to find the best solutions for problems. Staff also knew people's preferences, such as those relating to support and care needs.

People's care and support plans contained relevant details about their life and medical history; their likes and dislikes, what was important to each person and how staff should support them. Plans were written in enough detail to guide staff. We saw the plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. People told us that they were aware of the care records but never looked at them as they always received the care they needed. Daily records provided enough detail to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager if they were worried about anything. There were copies of the agency's complaints procedures available in records kept in people's flats. We found that appropriate actions had been taken to investigate complaints and to resolve these.

Some guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. Additional guidance was available in the agency's end of life policy, which was available to staff. Training was also available in this area and staff described the changes that were made when they cared for people during this period of their lives.

## Is the service well-led?

### Our findings

There was a registered manager in post, who was supported by the provider's senior management team and by senior care staff.

Staff told us they were able to provide good quality care and support to people because they were given enough time to be able to do this. They told us they felt the registered manager and other members of the office staff brought a positive working environment to the agency which enabled staff to work well together.

One staff member told us their feelings about working for the agency as, "A lovely place to work." There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the agency. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or discuss their performance. The registered manager also monitored the culture of the agency through these discussions to make sure that a positive working environment was maintained. Staff told us that morale overall was good.

The views of people, their relatives and staff were obtained through an annual survey or through review meetings. The most recent survey of people using the agency was carried out in 2018. The survey results showed a high overall satisfaction rate, with some very positive comments that described how staff made sure people were supported no matter what their needs were. Staff told us that they were regularly asked for their views in staff meetings or short surveys and that action had been taken to improve areas identified as issues.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service provided to people. These included audits of the different systems, such as care records and medicine management, which identified issues and the action required to address them. This information was stored and shared electronically so that trends and themes could be identified, and so that the provider had an overview of the service.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority commissioning team. Other organisations were contacted appropriately.