Nonoy Capina

Nonoy Capina - 31 Sach Road

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 14 and 18 August 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day. At our last inspection on 8 April 2014 we found that the provider was meeting all of the requirements of the regulations we checked.

Nonoy Capina is a residential care home for five adults with learning disabilities. The home is privately owned and is located in a residential area.

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.

People were not always protected from risks to their health and wellbeing because the quality of risk assessments was inconsistent and they were not always up-to-date. Furthermore, people were not always protected from environmental risks.

The provider had not always discharged their duty to inform the Care Quality Commission of significant events at the service.

Summary of findings

We found that the provider's approach to protecting people from avoidable harm and potential abuse was inconsistent. Care staff were aware of how to report potential abuse, however guidelines for reporting abuse were not always followed.

There were sufficient staff deployed at the service and the provider was in the process of recruiting a waking night member of staff to provide extra support to a person whose needs had recently increased.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. The staff developed caring relationships with people using the service and people appeared happy and relaxed. Staff promoted people's independence.

Medicines were stored, administered and disposed of properly. Staff had received training in medicines and completed accurate records. Staff received training relevant to their roles and staff felt confident requesting additional training to help them better support the people they worked with.

The provider followed the latest guidance and legal developments when obtaining consent to care. Staff used a range of communication methods to support people to express their views about their care. There was evidence that people and their relatives were involved in planning their care. In the event of a change in someone's needs staff were informed of the changes and we observed these changes had been implemented.

People had good access to healthcare because the provider made prompt referrals. Staff supported people to eat and drink enough and followed recommendations made by healthcare professionals.

There was an open and positive culture at the service and people, relatives and staff were able to feedback about the quality of care. The provider demonstrated that they acted on feedback to make improvements in the service.

We found two breaches of regulations relating to safe care and treatment and notification of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

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?

Aspects of the service were not always safe. Safeguarding and risk assessment practices were not always effective to protect people from the risk of harm.

Medicines were managed safely by competent staff.

There were sufficient staff deployed at the service who were recruited safely to help ensure that they were suitable to work with people who used the service.

Requires improvement

Is the service effective?

The service was effective. Staff received training and support relevant to their roles and were able to request additional training where necessary.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff supported people to eat and drink enough and to receive care from health and social care professionals.

Good

Is the service caring?

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected and people's independence was promoted.

Good

Is the service responsive?

The service was responsive. Care records were regularly reviewed and people had input into planning their care.

There were a wide range of activities made available to people.

Relatives felt able to raise complaints should the need arise.

Good

Is the service well-led?

Aspects of the service were not well led because the provider did not always inform the relevant authorities about significant events as required.

The service had an open and collaborative culture.

The service was set up to ensure the care delivered was of a high quality.

Requires improvement

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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 14 and 18 August 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for a second day.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received.

During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke to one person using the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the owner of the service, and two health care workers.

We looked at two people's care records, and four staff files, as well as records relating to the management of the service.

Following the inspection we spoke with two relatives of people using the service.

Requires improvement

Is the service safe?

Our findings

People were not always protected from risks to their health and wellbeing because the quality of risk assessments was inconsistent and they were not always up-to-date. For example, one person's mobility risk assessment stated that they did not have a risk in this area when this was not the case. Others did not provide sufficient detail for staff about how to manage specific risks.

People were not always protected from environmental risks. For example, we noted that a pan of hot water was left unattended on the stove causing risk of harm. The provider could not be assured that people did not eat food that was out of date because food items in the fridge, such as mayonnaise and jam, were not always labelled with an opening date. The first aid kit on site contained out of date medical supplies putting people at risk of inappropriate care in the event of an accident.

The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Steps had been taken to manage other risks effectively. For example, electrical installation, gas safety and legionella certificates were in place.

People reported they felt safe at the service. One person said, "Yeah" when asked if they felt safe and told us they felt "happy". Relatives we spoke with stated that it was safe.

Despite these positive comments we found that the provider's approach to protecting people from avoidable harm and potential abuse was inconsistent. Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Staff felt they could approach the registered manager if they had concerns about the way people were treated and the service had produced an easy read document about abuse. Staff were aware that they could raise concerns about poor practice to the relevant authorities.

However, safeguarding concerns were not always responded to satisfactorily because relevant professionals were not always appropriately involved. For example, we found an incident record relating to an unexplained bruise on a person using the service. The service had concluded that it could have been the result of one of two things unrelated to potential abuse but the incident had not been reported to the local safeguarding team. However, the service did inform the person's GP and physiotherapist.

There were sufficient staff deployed at the service during the day. Relatives told us that they felt there were enough staff on duty and a person told us that there was always a member of staff available when needed. There were two members of staff on duty at the time of our inspection and they knew how to contact the registered manager in an emergency. We reviewed the rota for the previous two months and found that this was consistent practice. There was one member of staff on duty at night but the provider was in the process of recruiting a member of staff to provide waking cover during the night following an increase in needs of one of the people using the service.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed four staff files that contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references.

Medicines were managed safely. People told us that they got their medicines each day and relatives did not report any concerns in this area. Medicines were stored and disposed of appropriately. Medicines administration records (MAR) were completed accurately. Staff had received training to administer medicines properly and their competency at doing so had been assessed.

Good

Is the service effective?

Our findings

Staff were supported to obtain the necessary skills and knowledge for their roles. A relative told us, "They have the right training and know what they are doing." We reviewed the training records of three members of staff and found that their training was up-to-date. Staff we spoke with found that they could request extra training if they felt it was required. For example, the provider was arranging for staff to attend training about dementia to better support someone whose needs had changed.

Records demonstrated that staff received supervision sessions every other month and underwent an annual appraisal. Staff reported they found these useful and we noted they were used as a forum to discuss development plans for individual staff members.

The Mental Capacity Act 2005 (MCA) provides the legal framework to protect and support people who do not have the capacity to make specific decisions. We noted that the provider had carried out mental capacity assessments when required under the MCA in all of the care records we looked at.

Care staff had completed relevant training and had an understanding of the principles of the Act. For example, staff understood people's right to make their own decisions whenever possible. One member of staff told us, "We support them in what they want." The service had involved appropriate professionals and advocates to support people to make decisions about their care.

The registered manager had a good working knowledge of current legislation and guidance around the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. The registered manager had submitted DoLS applications where it was deemed that restrictions were in place to protect people. Staff understood that DoLS applications were decision specific and people were still able to choose how they wanted to live their lives in other areas, such as their daily routine.

People were supported to eat and drink enough. People's likes and dislikes were recorded in their care records and staff were observed offering a choice of meals and drinks throughout the inspection. A bowl of fruit was available and the fridge was well stocked. Staff told us that menus were not fixed and staff would accommodate people's choices on the day, such as having a curry or getting a takeaway. A person we spoke with confirmed this. We observed that recommendations by professionals were followed and food and fluid intake was monitored where required. Staff were knowledgeable about how to support people to eat and drink the right amounts and pictures were used on menus to aid people's understanding.

People were supported to maintain good health because they had good access to healthcare services for ongoing support. A person told us, "[the registered manager] takes me to see the doctor." A relative told us, "[My family member] always gets to see the doctor. They've been good and got everyone involved because [my family member] needs more help now." There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as GPs and dietitians. Staff had a good understanding of the health needs of the people they supported and followed guidance from these professionals. Staff monitored people they supported for signs that someone may need medical input and there was evidence in people's care records that the provider made appropriate referrals.

Good

Is the service caring?

Our findings

Staff had worked at the service for a long time and had developed caring relationships with people using the service. We observed staff treating people with gentleness. People told us that the staff were "nice." Relatives told us, "This is the best place [my family member] has been. It's their home. We are really happy [they] are there. The staff are really friendly and helpful." We observed that staff were patient and did not rush tasks such as when supporting someone to eat.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. A relative told us, "They ask [my family member] what [they want] to do." A staff member told us, "I talk to them and listen to them, it is important." Staff knew how to communicate with people who could not verbalise their views to ensure they had understood what they wanted to do. For example, we observed staff using signs and pictorial aids and we observed staff offering choices to people such as different types of drinks. The provider had involved advocates to best support people to raise their views about their care.

Relatives told us that staff treated people with respect by being courteous. We found that staff were matched with people based on the person's preferences and we observed staff asking people who they would like to support them with certain tasks, such as administering medicines. People's privacy was respected. Relatives told us that staff promoted people's right to privacy and we observed people being supported to carry out hygiene tasks sensitively.

We observed staff supporting people to maintain their independence. For example, taking part in domestic tasks and cooking meals. Staff were aware of what people could and couldn't do and understood how to monitor changes. Staff had a positive attitude towards their role in promoting independence. One member of staff told us, "[A person using the service] can do it [themselves] so we are just there to support [them]."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People using the service had been living there for a long time. There had been a consistent staff group supporting them for a number of years which meant they were familiar with people's preferences and routine. Staff were aware of their likes and dislikes and we observed staff providing care in line with their preferences. Care plans contained a 'personal history' of each person including personal information such as their family life and what they liked. We noted in one care plan that this had not been updated following a change in the person's needs which impacted on their preferences. However we found that, in practice, staff were aware of the person's needs and responded to them promptly.

Staff demonstrated that they acted quickly when someone's needs changed so that they could receive ongoing support from professionals and make the appropriate changes to the service such as making adjustments to the bathroom. We observed that recommendations from professionals were implemented promptly in practice.

The provider had worked with relevant professionals to support people whose behaviour challenged the service. Staff were provided with information on how to support people if something occurred that triggered a change in their mood. The provider had investigated what caused someone to display certain behaviours. This meant staff could identify that the situation was causing distress and try to rectify it or prevent it from happening in the first place.

People were involved in planning their care. People using the service helped plan their care via a pictorial survey but no meeting records were seen to suggest staff had explained care given on an ongoing basis. Relatives told us that they were able to have some input into their family member's care and were kept updated about changes in their needs. Care records were regularly reviewed and we saw evidence of input from health and social care professionals was included.

People were supported to maintain their hobbies and interests. Relatives felt there were enough activities taking place, both in the community, and at the service. One told us, "Yes, there are enough activities going on." During our inspection, people were supported to attend the day centre and to do group activities in the afternoon. We reviewed people's daily logs and noted that people were taking part in a range of activities such as karaoke and a recent trip to the seaside.

People were not isolated from those that mattered to them. Relatives told us that they were able to visit whenever they liked and staff said that they would drive people to see their family. One person happily told us that they were supported to see their relatives once a week.

The provider gave opportunities for people to feedback about the service. People and relatives we spoke with told us they had not needed to make a complaint but felt confident they could raise concerns with the provider if such a situation should arise. A relative told us, "They will phone me up if there are any problems. If I needed to I would definitely call." People were supported to make a complaint as an easy read complaint form was available at the service.

Requires improvement

Is the service well-led?

Our findings

The registered manager ensured safe care and a multi-agency response by maintaining good working relationships with other health and social care professionals. However, the obligation to inform outside agencies of incidents was not always discharged. For example, there were several instances where the service had not submitted statutory notifications of significant events to the Care Quality Commission. The registered manager was unable to demonstrate a full understanding of when notifications should be made.

This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

There was an open and positive culture at the service. People and relatives were aware of who the registered manager was. One relative told us, "The manager is very good. He always keeps me updated with things going on." Staff were supported by the registered manager who told us he felt responsible for the running of the service.

The provider supported staff to feedback their views. Regular support and supervision sessions were in place and team meetings were held on a monthly basis. Staff felt able to feedback their experiences of working at the service and to suggest ways to improve the care people received based on their knowledge of the person's wellbeing. One member of staff told us about this open partnership, "He's good, he is there for you and he listens." In turn, the registered manager received professional support via supervision sessions from an external independent consultant who had previously managed the service.

The service was organised in a way that promoted safe care through effective quality monitoring. Whilst formal spot-checks were not undertaken by the registered manager, he continued to work shifts at the service and provided feedback about staff performance at supervision sessions. A wide range of audits, such as medicines audits, infection control and home audits were regularly carried out and associated action plans were drafted and trends were monitored.

The provider obtained feedback about the quality of care and used this to make any necessary improvements. For example, regular residents meetings were held to listen to people's views. Furthermore, questionnaires were given to people, visitors and professionals and their responses had been overwhelming positive. A suggestions box was available for anonymous feedback to be given.

Accident and incidents were investigated and recorded appropriately and improvements in care were put in place in practice, even if documentation was not always updated following the incident. This demonstrated that the service learnt from incidents and could adapt to prevent a reoccurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents Notification of other incidents The provider did not submit statutory notifications of significant events as required. Regulation 2(e) and 4