Nottingham Community Housing Association Limited

134 Ashland Road

Inspection report

134 Ashland Road West
Sutton In Ashfield
Nottinghamshire
NG17 2HS
Tel: 01623 516641
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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

134 Ashland Road provides accommodation and personal care for up to 10 people with learning disabilities. 10 people were living at the home at the time of our inspection. This was an unannounced inspection, carried out on 5 and 6 May 2015.

A registered manager was in post at the time of our 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 living at the home were safe. Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated. Staff supported people in a safe way. Risk assessments were completed regarding people's care.

Summary of findings

The building and equipment were safe. People received their medicines in a safe way. However, written protocols were not always in place for PRN 'as required' medicines when needed.

There were enough staff present during our inspection to provide safe care. Robust recruitment checks were completed. Staff felt supported and had received an induction, supervision, appraisals and training. Staff were due to attend some refresher training and arrangements were in place for this.

The provider applied the principles of the Mental Capacity Act 2005. The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards.

People received enough to eat and drink. Care staff knew about people's eating and drinking needs. People were supported to maintain good health and referrals were made to health care professionals for additional support when needed.

Staff treated people in a caring way and promoted people's dignity and respected their privacy. People were involved in day to day decisions about their care. Staff knew people well and offered them choices and respected people's decisions. People were supported to take part in social activities.

A complaints procedure was in place. Staff felt comfortable to speak with the registered manager if they had concerns. The registered manager was very approachable and knew people well who lived at the home.

There was a positive and open culture in the home. Effective systems were in place to monitor 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?

Good

Staff told us they would report safeguarding concerns. Systems were in place for making safeguarding referrals.

People received support in a safe way. Risk assessments and guidance to manage risks were in place.

There were enough staff to provide care in a safe way.

People received their medicines in a safe way. However, there were a small number of gaps regarding written protocols for 'as and when required' medicines.

Is the service effective?

Good

The service was effective.

Staff received induction, supervision, training and appraisals.

Staff were able to demonstrate an understanding of the Mental Capacity Act 2005.

People were supported to meet their nutritional needs.

Referrals were made to healthcare professionals for additional support when needed.

Is the service caring?

Good

The service was caring.

Staff were very kind and caring and respected people's dignity.

Staff asked people about their preferences and respected people's choices.

People were involved in day to day decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and acted in a person-centred way.

People were supported to take part in activities that reflected their interests.

A complaints procedure was in place. Staff told us they would report complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the safety and quality of the service.

Staff felt listened to and were positive about the registered manager. The registered manager was very approachable.

134 Ashland Road

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 was unannounced and took place on 5 and 6 May 2015. The inspection team consisted of two inspectors.

During our inspection we spoke with three people who lived at the home. We also spoke with the registered manager, deputy manager, three care staff, two visiting professionals and a representative from the head office for the provider.

Before our inspection, we reviewed the information we held about the home. We also contacted the commissioners of the service to obtain their views about the care provided in the home. We did not request a Provider Information Return (PIR) on this occasion. The PIR 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 used the Short Observational Framework for Inspection (SOFI) during part of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at relevant sections of the care records for seven people, as well as a range of records relating to the running of the service including staff training records and audits.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. One person said, "Yes safe, staff are good and I like it here." Staff told us they felt people were safe. One staff member said, "I think people [staff] are great here." Staff had a good understanding of what constituted abuse and told us they would report concerns. They and the registered manager told us that staff received safeguarding training. Effective procedures were in place for ensuring that safeguarding concerns about people were appropriately reported and outcomes recorded. A safeguarding policy was in place.

A visiting professional told us they felt a person we discussed with them was safe at the home. We observed staff supporting people in a safe way, for example, when supporting them to move to different areas of the home. People had care plans on many different subjects with related documents that showed risks had been considered and actions identified to control risks. These mostly contained appropriate detail and were regularly reviewed.

Some written information regarding the risk of developing pressure ulcers and managing this risk was unclear in the records for one person. We saw a risk assessment and care plan stated they required regular changes in their position. However, records did not always show these were taking place in accordance with instructions. We saw nothing was recorded for most of one week on the repositioning charts. We discussed with the registered manager that this person's repositioning charts were not always completed and they said staff had been instructed to do so but there were omissions on occasions. The registered manager told us they were implementing a new form for recording changes of position and would complete additional monitoring. The registered manager told us that no one living at the home had a pressure ulcer and that people had pressure relieving equipment such as pressure relieving cushions and mattresses when required. Care records also highlighted the importance of referring to district nurses for advice if needed. A visiting professional told us they had no concerns regarding how the home were managing a person's pressure area care and told us the registered manager had been really proactive in arranging a meeting with a tissue viability nurse.

Staff told us they felt the building was safe and our observations from when we were in different areas of the building supported this view. Staff told us they could contact a maintenance team for the provider if repairs were needed and action was taken quickly. We saw work was taking place to make improvements to the emergency lighting during our visit. The registered manager told us the need for this had been identified during a routine check. Staff also told us they felt there was enough equipment and this was safe and checked and serviced.

We saw there were enough staff present during our inspection. The registered manager told us that staff turnover was low and only one vacancy existed, which was in the process of being filled. They told us the rota was determined by the needs of people living at the home. For example, the rota would be varied if staff were required to support a person to attend a hospital appointment. The registered manager told us an increase had recently occurred regarding the hours of staff time available. Staff told us they felt there were enough staff to provide safe care and cover was arranged when needed. One staff member worked at night who was awake. Another staff member was asleep on the premises and could be woken if additional staff support was required. The provider also had an out of hours service that staff could contact if concerns arose.

The recruitment process was robust. Staff had been screened as far as possible for their suitability to care for the people who lived at the home. Staff told us appropriate checks had been completed before they started working at the service. The head office for the provider undertook checks such as reference and Disclosure and Barring Service checks. The registered manager also interviewed applicants. We saw a form about a staff member that showed that appropriate checks had been completed.

People's medicines were managed so that they received them safely. A staff member told us they waited with people to check medicines had been taken. We observed a staff member administering medicines in a safe way. We looked at a sample of the charts used for recording when medicines had been administered and saw these were completed appropriately. Medicines were stored securely. Staff recorded the temperatures of the area where they were kept and these were within an appropriate range. There was a policy in place for reporting medicines errors and a staff member told us they would take appropriate action if an error was made. The registered manager told us

Good

Is the service safe?

only support workers who had received training were authorised to administer medicines. A staff member told us they had completed a training course and an annual review paper.

There was a procedure in place for counting and recording the medicines that people received 'as and when required' (PRN). However, written protocols were not in place for two people who had PRN medicines. The home had been advised by an external pharmacy review to put these in place but staff confirmed these were not available. We discussed the lack of protocols with the registered manager. They told us staff knew people well and could assess whether they needed their medicines. Staff told us they knew when to give a PRN medicine to a person we discussed with them. However the lack of protocols meant staff did not have access to written guidance to describe the circumstances in which it was appropriate to offer the medicines and to help ensure the PRN medicines were given consistently.

Good

Is the service effective?

Our findings

A person living at the home said, "They [staff] look after you well." We observed that staff had the skills to support people appropriately.

An induction programme was in place for new staff. A staff member told us they were completing their induction and this had included a three day training event and shadowing staff. Other staff members told us they had completed an induction. We looked at three staff files and saw records of induction. This meant new staff were supported to gain the knowledge and skills to assist them to provide effective care.

Staff told us they had completed a lot of training and could ask for more. The registered manager told us that training was organised by the training department for the provider who would notify them if staff had not completed the required training. We looked at some training records and saw training had taken place on many subjects. The registered manager told us staff had completed the mandatory training courses. They told us staff were also up-to-date with refresher training in accordance with the provider's schedule, except for a very small number of courses where a small number of staff required update training. However action was being taken to address this. For example, the registered manager was arranging for staff to complete refresher infection control training if they required this.

Staff told us they received regular supervision and felt supported. One staff member said they felt "absolutely 100%" supported" and said, "I think the support system not just here but in NCHA [Nottingham Community Housing Association] as a whole is brilliant. There is always someone you can turn to." The registered manager told us they operated an open door policy and supervision was regularly provided. We saw records of supervision in the three staff files we saw and on the supervision matrix. Most staff had received supervision during the month before our inspection. Staff also told us they received an annual appraisal. The registered manager told us these were up-to-date. We reviewed three staff files and saw personal performance plans and records of annual review meetings.

The provider applied the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The registered manager told us the MCA was covered in inductions and discussed in staff meetings. Staff were able to explain the MCA to us. We observed staff acting in accordance with people's wishes. We saw, for example, a staff member explain to a person that they wished to change their position so that the person could take their medicine. They checked that the person consented before adjusting the person's chair. We saw a MCA policy was in place.

We saw individual assessments relating to people's mental capacity to make specific decisions, for example, regarding their medication and finances. These were accompanied by checklists recording the decisions made in people's best interests when appropriate. The registered manager had also completed some other assessments. We saw some that listed many different topics under headings of health and safety or healthcare and well-being. However, a small number of the topics listed required their own specific assessment because of the nature of the decision. For example, we saw that 'bed rails' was listed as part of a general health and safety assessment, but this required a specific assessment because bed rails place restraints on people. This showed us that the service had considered the MCA, but some additional individual assessments and accompanying best interests decisions were required about specific decisions relating to people's care. Care plans referred to ensuring that appropriate persons were involved in the decision making process when people were not able to make their own decisions. We also saw information about offering choices and support to people to help them make decisions, for example, through using the menu choice book.

The registered manager understood their responsibility in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, trained professionals assess whether the restriction is needed. The registered manager had submitted DoLS applications to the local authority DoLS team. A DoLS policy was in place.

A person living at the home said the food was, "Lovely." People told us they received enough to eat and drink. We observed staff supporting a person with their breakfast and drink. They understood the person's needs and provided appropriate support. We observed lunchtime in the

Good

Is the service effective?

kitchen/dining room. We saw people were provided with enough to eat and drink and staff provided support when needed. We saw that a person had a specialist type of cup to enable them to drink more easily.

Staff knew about people's nutritional needs, including when they required blended food or thickened drinks. They told us people were weighed regularly and we saw specialist weighing scales. Staff told us how they met people's cultural and religious needs regarding meals. A staff member told us people had choices and could have something else if they did not like what was on the menu. One staff member told us how they accompanied a person to the pantry and showed them different items to obtain the person's food preferences.

Staff and the registered manager told us different agencies were involved in relation to meeting people's nutritional needs such as speech and language therapists and dieticians. Eating and drinking care plans were in place. Food diaries were kept and the registered manager told us food charts would be used when appropriate, for example, if requested by dieticians. A visiting health professional told us that the home had made referrals to their service. Staff had been receptive to the offer of training they were arranging to increase staff members' knowledge regarding supporting people who required thickened drinks and had swallowing difficulties.

People were supported to have their health needs met. A person told us the doctor would be contacted if they were unwell. The registered manager and staff told us how health professionals provided input, for example, district nurses, GPs and physiotherapists. Staff told us they would report concerns about people's health. We attended a handover session with staff and heard how different healthcare professionals had been involved. A visiting professional told us how the registered manager had involved different professionals regarding a person living at the home and said, "[The registered manager] is incredibly proactive."

Care plans were in place on different health subjects. We also looked at three health action plans, which would be taken to health appointments. We saw a lot of information. However, some information was not complete. For example, we saw on one plan that the section for recording when the plan was checked was blank. Another had a date in 2013, although appointments were listed after this date. We saw that another plan had been reviewed, but some other sections had not been completed. This showed there was a risk that some health action plans might not have always been appropriately checked to ensure they contained sufficient and up-to-date information about people's health needs. We fed this back to the registered manager during the inspection.

Good

Is the service caring?

Our findings

A person told us they were happy living at the home and staff were kind and caring. They also said that the registered manager was, "Very nice."

We observed positive interactions between staff and people living at the home. We saw that the atmosphere was relaxed and staff were very kind and caring towards people. We saw, for example, that staff were engaging well with a person and the person was smiling. We saw that another person, who was unable to communicate using words, was smiling and moving to the sounds of a staff member singing. The staff member had good eye contact with the person and spoke with them in a very warm way. We saw the registered manager interacting with people at different times during our inspection and saw they were very kind.

Staff talked with kindness about the people they were supporting. One staff member said, "We all want the best for everybody that lives here and we try and support them to do what they wish to do." Another staff member said, "I love it [at the home] and I love everybody in it." The way the registered manager spoke with us about people clearly showed they also cared about people living at the home. A staff member said, "[The registered manager] has a lot of empathy with people." A visiting professional told us they felt staff were kind and caring.

We saw staff responding to people when they were distressed. For example, we observed staff showing compassion and reassuring a person who was speaking about a topic that caused them distress. Staff also told us how they observed people's body language and listened to verbal sounds to help them recognise how people were feeling when people were unable to use words. For example, a staff member told us how a type of body language a person expressed showed them that the person might be feeling unwell and they responded to this. We also observed staff acting to make people feel comfortable. For instance, they provided a fan for a person to help prevent the person from feeling too warm.

We saw that staff promoted people's independence. A person living at the home told us how they helped other people in the home and had jobs to do at mealtimes. Staff told us how they promoted people's independence. For example, they told us how they asked a person if they wanted to wash pots and supported the person to do this. They told us they supported other people to make their own sandwiches. A visiting professional told us how the support provided to a person since they had moved to the home had increased the person's wellbeing and enabled them to do more activities. We saw records in a book regarding how a person had been involved in activities such as helping to clean and tidy their room and helping with dinner. This showed us how staff had promoted the person's independence.

A person told us staff treated them with respect. We saw that staff promoted people's dignity and respected their privacy. A visiting professional told us they always saw people being treated with dignity and respect when they visited. The registered manager told us staff completed dignity training during their induction. They told us how the service was committed to positive interactions between staff and people living at the home. We saw a 'great interaction' board displayed on the wall in the dining room/kitchen, which provided information about what good interactions were. Staff we spoke with had a good understanding of how to respect people's dignity and privacy.

We saw staff supported people at people's preferred pace. They explained what they were doing and offered people choices. A person living at the home told us staff respected the choices they made. We saw people were involved in day to day decisions about their care. For example, we saw a staff member asking a person about their bread preferences and they respected their views. We saw another staff member check where a person wished to have their chair positioned and acted in accordance with the person's response. Staff told us how they offered choices to people and used different ways to understand people's wishes. For example, a staff member told us how they showed items to people. They also told us how they observed people's body language and listened to verbal sounds to recognise what people preferred. Another staff member told us they used picture cards. We saw information in care plans about offering choices and using different techniques to ascertain people's preferences such as showing people pictures of options.

A visiting professional told us how staff had spent a lot of time with a person living at the home to complete a review form before a meeting. This was confirmed by the registered manager after the inspection who told us how

Good

Is the service caring?

the person had provided their views regarding the service they received and what they wanted to happen in the future. They also told us an easy read document had been produced about the actions arising from the review meeting. This meant accessible information was available to the person living at the home about what had been agreed.

The registered manager told us they invited relatives to be involved in review meetings and provided regular updates to them. Staff told us relatives could visit when they wished to.

Good

Is the service responsive?

Our findings

A person living at the home said, “They [staff] look after you well.” They told us staff asked them about their preferences and respected their choices.

We observed that staff treated people as individuals and knew what people needed. For example, we observed staff interacting with a person. Staff understood their needs and checked they had understood correctly before providing support. Staff we spoke with had a good understanding of people’s needs and preferences.

A visiting professional told us they felt staff were, “Incredibly passionate” and committed to doing their best for people. They told us how staff knew what was important to a person living at the home we discussed with them. They said, “What they have done right from the start is know [name of person] as a person and what really is important to [person].” They told us they felt the service was person-centred.

A person told us how they were supported to visit a person who lived in a different place. Another person told us they could choose the activities they did and they felt there was enough to do. Two people living at the home were away on holiday with staff when we visited. Two other people had been at a day centre during part of our inspection.

We observed some activities taking place in the home. For example, we saw a staff member singing and a person was moving to the music. A staff member said, “You liked that one didn’t you?” and, “What else do you like?” We heard a staff member reading a story to people. We saw that the atmosphere was very relaxed. A staff member told us how people enjoyed this activity and our observations supported this view.

Staff told us they felt there were enough activities taking place. One staff member told us about the activities that a person enjoyed and they knew the person well. Another staff member said, “We have a lot of activities.” The registered manager told us that all care staff were responsible for activities and staff supported people to take part in activities in the home such as cooking. We saw a picture taken of a person cooking and staff told us how the person had enjoyed this. The registered manager provided information about activities provided by visitors to the home, for example, singing and a mobile zoo. They also told us how staff supported people to take part in activities outside the home, for example, holidays, visits to relatives and shopping. They told us how staff provided choices and obtained people’s preferences. For instance, they told us how a person had visited a working farm with staff support and the person had been shown different activity options beforehand to ascertain their preferences.

We saw a sensory room. A sensory room is a room designed to focus on people's senses, for example, through special lighting, music and objects. We saw different lights and musical instruments were available. We saw bedrooms in the home were personalised. A person living at the home told us how they had chosen the colour and furniture for their bedroom. The registered manager also told us how a person had chosen the colour of the walls and their curtains.

Staff and the registered manager told us that the care plans and risk assessments were regularly reviewed and changes were made if people’s needs changed. We saw care plans and risk assessments on many subjects and saw they were reviewed regularly. We saw information about people’s preferences and about offering choices. For example, we saw a leisure and holidays care plan stated that the person should be supported to choose where they would like to go on holiday. We saw a personal care care plan that talked about supporting the person to choose their clothes and included some information about what the person did not like. We also saw information about respecting people’s religious and cultural needs. We looked at some ‘This is Me’ books and ‘All about me’ folders and saw information about what people liked and disliked. The registered manager told us staff sat and talked with people about what was important to them.

Staff told us they had read the complaints policy and would inform the registered manager if people wished to make a complaint. A staff member also stated that ‘Praise and Grumble’ forms were in the reception area for people to complete. We saw a complaints policy was in place. This required all complaints to be logged and acknowledged within three days and outlined the process for investigating. It also stated that the complainant would receive a full written response. We saw a letter from a person who had raised a concern. We saw this had been investigated and discussed at a staff meeting. This showed us action had been taken. However, we did not see that the complainant had received a formal response. The registered manager told us they provided updates to

Good

Is the service responsive?

relatives about their family members and the home. We saw a letter sent to a relative that reminded the relative about the complaints procedure and the 'Praise and Grumble' form. This showed us the service had encouraged the relative to raise concerns.

Good

Is the service well-led?

Our findings

Two people told us they were happy living at the home. We saw that the atmosphere was very relaxed at the home. Staff were positive about the atmosphere. One staff member said it was, "Nice" and, "It's like a family [at the home]." Another said, "I think it's a really happy place."

The registered manager recognised the importance of an open and transparent culture. They and staff members spoke with people in a very respectful way. The registered manager highlighted to us the 'great interactions' initiative, which was designed to promote positive staff interactions with people. They also told us how assessing applicants' values was an important part of the staff recruitment process. It was clear from discussions with the registered manager that they wanted to keep improving the service. They knew people well who lived at the home and had regular contact with them and staff. The registered manager said, "I am very proud of Ashland Road."

We saw the registered manager interacting with people in communal areas and people were comfortable with them. A person living at the home said the registered manager was, "Very nice." A visiting professional said, "Communication from [registered manager] has always been fantastic." Staff told us the registered manager was approachable and they would be listened to. One staff member said the registered manager was, "Very approachable." Another said, "They're always approachable [registered manager and deputy]."

A staff member told us regular meetings for people living at the home took place where people could contribute their views. We saw some records of meetings that confirmed what we were told. The registered manager told us that surveys had been completed the month before our inspection to gather people's views on the service. The information had gone to the head office for the provider. The registered manager told us feedback was also obtained during review meetings.

The registered manager told us they had written to relatives to provide updates on the service a few months before our inspection and encouraged relatives to provide feedback. We saw a letter sent to a relative in March 2015 that included information about the 'Praise and Grumble' feedback forms, complaints procedure and information about the local safeguarding team. The information encouraged the relative to discuss any issues with the management team. A suggestions box was also in the reception area for people to share their views.

Staff told us they felt supported and felt the home was well-led. One staff member said, "I think it's very well-led" and, "It's led with a lot of enthusiasm, a lot of passion, a lot of care and support." A 'Speak Out' policy was in place that provided guidance for staff if they wished to raise a concern about the service. Staff told us they would feel comfortable to raise concerns and told us they felt they could contribute their views. One staff member said, "Input is never turned away." Staff told us and records showed that regular staff meetings took place.

The registered manager told us that different areas of the service were audited each month by representatives from different services for the provider. They told us that if actions were needed, action plans were produced and these were sent to a representative for the provider to agree. Actions were recorded and these were checked at the next monthly monitoring visit. We looked at some audits and saw they had covered different subjects each month such as the care and welfare of people, the management of medicines, the safety and suitability of the premises and staffing issues. We saw a box on audit forms for recording that any completed action plans had been reviewed. We saw that an action plan had been completed following one audit and actions had been taken. Records showed that this had been checked when the service was audited again the following month. We also spoke over the phone with a representative for Nottingham Community Housing Association Limited who had a monitoring role. They confirmed that checks were completed to make sure actions had been taken and this was monitored at several different levels within the organisation. The registered manager also told us that a representative from the head office for the provider reviewed any safeguarding information.

The registered manager told us that two new quality monitoring support officer posts had been created shortly before our inspection by the provider, and staff appointed to these posts would be completing future quality assessments. They told us that meetings also took place every month where managers from different services for the provider met together and this enabled good practice to be shared.

Good

Is the service well-led?

We saw that the registered manager had audited some care plans. We found a small number of issues regarding care records during our inspection, such as gaps on a person's repositioning charts and incomplete health action plans. This meant the monitoring process had not always fully addressed these issues. The registered manager told us they had plans to complete more frequent care record audits and for these to be more detailed. We saw an action plan they had devised regarding completing more audits within the home.

We saw that the home had completed other checks to monitor the service. For example, staff signed handover sheets to record they had completed medication audits and daily visual checks such as checks on equipment. We saw a form that recorded that a member of the management team had looked at handover sheets. We saw forms used to record tasks completed at night and saw an example of how management had checked the forms to monitor staff had undertaken what was required. We saw health and safety monthly checks were completed on rooms to ensure they were clean and tidy and to identify any potential risks. We also saw information about other checks on the building and equipment.