Nabida Care Management

Nabida Care Limited

Inspection report

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Date of inspection visit: 15 May 2015
Date of publication: 15/07/2015

Overall summary

This inspection was carried out on 15 May 2015 and was announced. Nabida Care Limited. Had been inspected previously in April 2014 and found to be non-compliant due to lack of quality monitoring and lack of feedback from service users (Regulation 10). An action plan had been submitted 6 June 2014 where provider stated they would be compliant by 5 September 2014. We found that there had been improvements made however, the improvements had not been embedded.

The service provided accommodation in 13 self-contained flats for people between the age of 18 and 65 who have high levels of need or risks are supported to gain skills which will enable them to eventually move onto a permanent place of residency. People who use the service had previously required in-patient mental health support.

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 encouraged to make their own decisions about their lifestyle choices that would protect them from avoidable harm, they were assessed for their risk to others and risks to themselves; people's human rights were respected. People were encouraged to maintain a recovery programme and staff worked with other agencies to monitor for substance use.

People were encouraged to become independent. People were helped to budget and manage their finances and staff facilitated people to find meaningful activities and people received care that was individual to their needs.

There was sufficient staffing to provide for people's needs and staff received regular supervisions and appraisals. The staff team worked well together and respected the manager.

Staff were supportive and developed therapeutic relationships with people who used the service.

When people were discharged from the service they were able to access the support of staff for an agreed period.

Quality monitoring systems were in place however these were in their infancy. There was not an effective system to gain people's feedback about 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?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Nabida Care Limited

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 provider was given 48 hours' notice because the location provides a supportive care to promote independence for adults who are often out during the day; we needed to be sure that someone would be in when we visited. The inspection team comprised of two inspectors.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

During our inspection we spoke with one person who lived at the service, three staff including the registered manager. We also looked at records and charts relating to 11 people, three staff recruitment records and we observed the way that support was provided.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People's human rights were respected as people who used the service were facilitated to become independent. People were encouraged to make choices that would protect them from avoidable harm. We saw evidence that people would use social media to make and meet friends and staff would help people to talk through the consequences of meeting with strangers. We saw that people had been assessed for their mental capacity to make their own decisions and the staff did not deprive people of their liberty. Staff had a good working knowledge of safeguarding vulnerable adults; they demonstrated that they could identify different types of abuse and reported alerts to the manager who raised safeguarding alerts with the local safeguarding team.

People were assessed for their risk to others and risks to themselves. Where there had been a risk identified, people were assessed monthly and plans to avoid their risks were recorded. For example one person did not have road safety awareness and staff helped them to stay safe when crossing the road. People were encouraged to integrate themselves into the community which included having visitors stay in their flats overnight; people would inform staff when this occurred and staff carried out risk assessments.

People who used the service had been discharged from hospital under section 41 of the Mental Health Act. Staff had a responsibility to ensure that people adhered to the directions of the section; we saw that staff monitored people coming and going from the flats and maintained contact logs to ensure that every one had been seen at least once on every shift.

There was sufficient staffing to provide for people's needs. There was a member of senior experienced staff on duty during the day with support staff; people had access to staff at any time and at planned one to one sessions. There was a waking support worker on duty overnight. The manager and senior workers also provided on-call cover at all times. There were systems in place to ensure that staff had an effective verbal handover in addition to access to the computerised and paper records which they used on every shift to record people's daily notes.

People were assessed for their responsibility for their own medicines and they were helped to become more independent as their rehabilitation progressed. Medication was stored in appropriate locked cabinets and people's medication allergies were recorded. One person had emergency medication available in case of an allergic reaction to food and staff were aware of how to use this in a case of emergency. As part of their rehabilitation people were helped to visit their GP for prescriptions and obtain their medicines from a pharmacy.

Is the service effective?

Our findings

People were cared for by sufficient numbers of staff who were experienced and knowledgeable about people who are rehabilitating into the community following in-patient care in a mental health facility. Staff received regular supervisions and appraisals.

People were allocated care in relation to their individual needs in relation to their rehabilitation into the community. Care packages varied from a few hours in the day, to support day and night, but all people had at least one hour of support a day.

People were admitted to the service following substance or alcohol misuse. People were able to use the service on the understanding that they would not use the substance they had previously used. People who used the service had agreed to comply with substance testing and staff had guidelines they followed to ensure that peoples' rights had not been violated. We found that health professionals provided substance testing on a random basis and the results were reported to the staff. The provider was creating new engagement contracts for all of the people who used the service, to enable them to understand their restrictions and the importance of substance testing.

People were encouraged to take up a recovery plan. Staff had undergone training in the Recovery Star training and the provider had received accreditation to use the programme, however the implementation of this recovery programme was in its infancy and had not been embedded.

Those people who had not engaged with the programme were encouraged to make their own plans with staff for how they perceived how they would make their recovery to independence.

People who used the service were encouraged to make their own decisions about their lifestyle choices such as the types of food they bought and prepared and to arrange health appointments; staff provided support for people to access healthcare services. We saw evidence that staff had facilitated people to record when their appointments were, and how to get to them. One person had asked for a member of staff to attend a GP appointment with them, and this had been carried out.

People were encouraged to become independent. We saw evidence of staff providing one to one sessions with people to prepare for their independence, such as helping to budget, choose and buy items for their future new homes.

Is the service caring?

Our findings

Staff developed therapeutic relationships with people who used the service by daily contact and building on trust. Staff encouraged people to make plans and take steps towards independence including their development of their social skills.

One person we spoke with told us “it’s the best place I have ever been”, they described the process of their rehabilitation as “coming along in leaps and bounds”. They also described the staff as supportive.

We observed staff interacting with people who used the service and saw that they were respectful and provided people with their own space to carry out their lives. For example one person liked to repair their bike, space was provided for them to do this and we saw that support workers were interacting in a friendly way with people.

Is the service responsive?

Our findings

People who used the service had care that was individual to their needs. We saw that people required different levels of supervision and guidance and saw that people had gradually gained their independence with the support of staff. Staff demonstrated that they understood the needs of people by giving examples of people's individual requirements to become independent.

Staff facilitated people to find meaningful activities such as volunteer work. We saw that staff assisted people to think about their own life in the future and plan to become independent. For example one person had recently secured voluntary work locally and another was engaged in the Prince's Trust.

People were not always compliant with their medication; we saw that where people's behaviour had changed or their health was deteriorating that staff involved people's GP and community teams to assess them. Where people had been prescribed a change in their medication we saw that the staff worked with the community teams to help monitor their health.

People were helped to budget and manage their finances. We saw that staff assisted with decision making in buying groceries and mobile phones, with increasing independence, people were able to do this for themselves. For example, we saw in one person's assessment that they had topped up their mobile phone balance without prompting.

When people were discharged from the service they were able to access the support of staff for an agreed period. We found that this enabled people to establish themselves in the community as staff helped them to set up payment of their bills, buy essential items for their new homes and learn how to use heating.

Is the service well-led?

Our findings

The staff team worked well together and respected the manager. The staff told us about the regular team meetings and the good communication between them all.

There was an implementation strategy to ensure that the practice of using the Recovery Star would be embedded. We saw that most of the people had engaged with staff to commence the Recovery Star programme.

A governance system was set up to review each person's care regularly which worked well to pick up on trends and themes in their rehabilitation. We saw that the quality monitoring systems were in place however these were in their infancy. The systems require a more rigorous test to pick up when records were not complete.

People had been asked for their feedback in April, and as yet they had not received any. The service may have to achieve feedback by other means.

The service worked closely with other agencies such as the community mental health teams and the multi-agency public protection arrangement (MAPPA). We saw evidence of regular meetings and correspondence which confirmed this was in place.