

Nottingham Community Housing Association Limited

2-8 Orchard Street

Inspection report

2-8 Orchard Street
Hucknall
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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 14 May 2019.

About the service: 2 to 8 Orchard Street is a care home that was providing personal and nursing care to 12 people at the time of the inspection.

People's experience of using this service:

People felt safe at the service and the risks to their safety were well managed with clear strategies in place to reduce the risks for people. They were supported with appropriate numbers of staff. Their medicines, nutritional needs, and health needs were well managed, and they lived in a clean and well-maintained environment.

People were supported by staff who had appropriate training for their roles. Staff gained people's consent before providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice. People were able to express their views and opinions about their care.

People had formed positive relationships with staff who knew their needs and preferences. Their dignity and privacy was maintained by a staff group who also encouraged people's independence.

There was a positive culture at the service and people felt listened to, they could raise complaints or concerns and know they would be addressed by staff.

There was an open culture at the service and the quality monitoring processes undertaken maintained good standards of care for people who lived there.

Rating at last inspection: The last report was published as 'Good' (published 9 November 2016)

Why we inspected: We last inspected in October 2016, and the inspection was required to ensure the service was still 'good'. We routinely inspect services rated as 'good'. This is to ensure the service remains at a good level and care is safe. We had no concerns when we planned this inspection. It was planned in line with our usual timelines.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

2-8 Orchard Street

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: 2 to 8 Orchard Street is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run, and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the provider 24 hours' notice as this is a small service and we needed to ensure there was a manager in the office to allow access to inspection related documents.

What we did: We reviewed information we had about the service prior to our inspection. This included details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

During the inspection we spoke with three people at the service and one relative, to ask about their experience of the care provided.

We spoke with three members of care staff. We also spoke with the registered manager.

We reviewed a range of records. This included three care records, behaviour monitoring records, medication records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of abuse as the registered manager had systems in place to ensure any safeguarding concerns were managed safely. They were aware of their responsibilities in relation to reporting any incidents to ourselves at CQC and the local authority safeguarding teams. We saw evidence to show robust investigations had been undertaken following any concerns and the registered manager had worked to ensure lessons were learned.
- Staff we spoke with told us they received clear feedback following incidents or events at the service. This was done in a variety of ways. Through daily handovers, supervisions, staff meetings and a round robin email to staff. They told us the emphasis was on reflecting on events and looking at ways to reduce the risks of reoccurrence through changes in practice. We viewed minutes from staff meetings which showed how issues were discussed with the emphasis on learning from events.
- Staff had received training in safeguarding adults, they knew how to identify abuse and their responsibility to report any concerns. They were confident that the deputy manager and registered manager would act on what they reported and follow correct processes.

Assessing risk, safety monitoring and management

- The risks to people's safety were regularly assessed and there was information in their care plans to guide staff to reduce these risks. We saw some risk assessments required more detail and the registered manager told us this had been highlighted at a recent local authority audit. We saw the registered manager and staff team had begun to address this.
- However, we saw clear information in their care plans for staff on how they should support people with the different areas of their care. People at the service had a variety of both mental and physical health conditions and the support plans gave clear guidance of how best to offer support.
- For example, where required we saw people had appropriate mobility aids and had received appropriate support with their mobility. People who required support with finances had clear plans in place that addressed any risks but supported their independence.

Staffing and recruitment

- Staff and the registered manager told us the turnover of staff at the service was low, but two staff had left the service recently. This had meant both staff and the management team had been required to undertake extra shifts. One member of staff said, "When you see the managers doing their bit, you don't mind picking up extra shifts to cover."
- During our visit we saw the staff on duty reflected the numbers needed to support people. For example, one person needed support for an appointment; due to their recent changing needs the registered manager had allocated two people to support them. The registered manager told us they were assessing the level of

need following the changes. They said, "It's more a matter of ensuring both the person and staff have confidence when they are out in the community."

- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- People were supported by staff who were appropriately trained to administer their medicines. There were processes in place to safely store, order and check medicines. We saw if medicines errors had been made these were dealt with in an open manner to manage people's safety. Staff were offered support and processes were examined to try to reduce reoccurrence.
- People were supported with their medicines in an individual and person-centred way. People were supported to self-administer their medicines when they chose to and there were supporting assessments and checks in place to show they were able to do so.
- One person chose to go to their local chemist each day to receive their medicines and staff had worked with the chemist to make this possible. This showed staff worked to support people in a person-centred way and promote their independence.

Preventing and controlling infection

- People were protected from the risk of infection through the safe practices of the staff who supported them. The registered manager told us they had undergone an audit from the infection control team some months previously and they had worked to address the issues raised from this audit.
- Our observations supported this as the service was clean, and staff we spoke with understood their responsibilities in maintaining a clean environment. Personal protective equipment (PPE) was used appropriately, staff followed effective hand washing techniques and encouraged this in people who used the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- Arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. The assessments considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had the relevant training for their roles. Staff told us they enjoyed the different training sessions they had undertaken. One member of staff discussed the Cognitive Behavioural Therapy (CBT) training they had recently undertaken. They said, "It really made me think about how I approach people, the effect I have. It changed the way I respond to people."
- The member of staff also told us that they had received training on the different physical health needs people at the service had. They told us health professionals had come into the service to provide training which they had found useful.
- Staff also told us they had recently received training on developing more person-centred care plans, again they had found the training useful when reviewing people's care plans.
- Staff received regular support through supervision. The registered manager told us the company had recently reviewed this aspect of staff support. The supervisions were more focused on supporting staff develop in their roles and staff had personal objectives. Staff we spoke with told us they felt this was useful.
- However, staff also told us they were also supported with supervision if they just wished to discuss an issue or incident and this helped them reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives;

- People's nutritional and health needs were well managed. The registered manager told us people had consented to be weighed regularly so the staff could support them maintain healthy weights. Some people had been successfully supported with weight management programmes.
- Staff also introduced different nutritional initiatives at the service such as a breakfast club. This was to support people to eat a healthy breakfast. People had enjoyed the initiative and had suggested further healthy options and staff were supporting people with this.
- Where people had needed referrals to health professionals to support their nutritional needs, this had been undertaken. The guidance had been followed and when reviews were needed we saw these had been undertaken.

Staff working with other agencies to provide consistent, effective, timely care; access healthcare services

and support

- People had been supported with their health needs. There was clear information in people's files on the support they required to manage both their mental and physical health. The service had a good relationship with their local GP, community psychiatric nurse and psychiatrist. One health care professional we contacted following the inspection told us, "I have to say the care given at 2-8 Orchard Street is the best I see." They told us one person the staff at the service supported at the service had "flourished" under their care.
- Several people at the service had some changing health needs and we saw how the staff had worked with the GP to ensure people were monitored in a way that suited them. For example, one person required regular monitoring of a health condition, but they struggled to travel long distances, so the GP service had arranged for the monitoring to take place at the surgery. This had a positive effect on the person's wellbeing.
- When people required treatment, staff were quick to liaise with the relevant health professionals, so people were treated quickly. When they required this, people were supported to attend appointments with health professionals. Staff ensured people were aware of and understood the guidance they were given so treatments could be followed effectively.

Adapting service, design, decoration to meet people's needs

- The environment people lived in was suitable for their needs. There were several communal areas for people to sit in, both inside and outside the property. There was a well-established garden for people to enjoy, and on the day of our inspection we saw people taking advantage of this area.
- People were encouraged to take ownership of the service, making it more personalised and well maintained. For example, people who smoked had designated areas that they were encouraged to maintain. This allowed people who didn't smoke to also enjoy these communal areas.
- The company had an established process in place to ensure the environment and equipment used at the service was serviced regularly to ensure people lived in a safe environment.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- Staff were aware of the principles of the MCA. One member of staff said, "I was glad when it was brought in, people needed to have a voice." They went on to discuss how they had worked with health professionals, family and an advocate for one person who needed support with one aspect of their care. We saw information in the person's care plan that showed how the team had worked to find the least restrictive option to support the person. The member of staff told us, while they recognised the person needed support with this particular decision, they also knew that in most areas of their life the person had the capability to make their own independent decisions. This showed staff's understanding of how to use the principles of the MCA to support people in their care.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one living at the service required a DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and the relative we spoke with told us staff were kind and caring, they felt comfortable with staff. Some staff we spoke with had worked at the service for several years and told us they enjoyed their job. One member of staff told us they felt there was a caring culture at the service. Their colleagues would go the extra mile to make sure people were supported in the way they wanted.
- Our observations on the day of the inspection supported this. The interactions we saw between people and staff were relaxed and calm.
- Staff had good knowledge of the people they supported and how best to approach them, so they felt comfortable and confident. They were able to tell us about people's choices and how they like to receive care. Staff told us because they knew people's likes and dislikes they knew how to engage with them in a positive way.

Supporting people to express their views and be involved in making decisions about their care

- People told us their views on their care and their choices on how they lived their day to day lives were incorporated into their care plans. We saw information on people's views in some of the plans we looked at.
- Staff we spoke with told us some people found discussions around their care plans made them anxious, but they wanted their views known. Staff found different ways of ensuring people's choices and preferences were incorporated into their plans without causing any anxiety or distress. One member of staff who was a key worker for one person told us they would sit and chat informally about their likes and dislikes. They would then use this information to build a picture of the person's preferences in their care plan.
- Some people at the service used the services of an advocate. Both lay advocates and independent mental capacity advocates (IMCA) were used. An advocate is an impartial person who can support people express their views and ensure their voices are heard. Independent Mental Capacity Advocacy (IMCA) was introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. All the people we spoke with told us staff supported them to be as independent as possible but offer support when needed.
- Staff were aware of the need to maintain privacy when supporting people with personal care. They worked to keep people independent in a variety of ways. For example, encouraging people to cook meals and work with staff to keep their own bedrooms clean.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the care they received was personalised and they received care in line with their preferences. One person we spoke with told us they managed their own finances, medicines and took part in cooking the meals at the service. We saw their care plan reflected what the person had told us.
- A further person whose care plan we viewed showed the person had been struggling with a health condition that affected their pain levels. There was clear information on how the staff and GP had worked together to develop a pain management plan to support the person. Staff we spoke with were aware of the need to record the person's pain levels to allow effective monitoring to take place. We saw there was regular recording in the person's daily records and reviews of the person's progress was noted.
- People's needs, preferences and interests were regularly discussed at handovers and staff meetings. We saw minutes of the meetings which gave detailed information on how people were progressing and what they wanted to achieve.
- Staff we spoke with told us they worked to ensure people's care plans were individualised and personal to the person they supported. A member of staff was able to discuss how one person's independence was supported by working with the local community. It was clear the service had worked in a collaborative way to ensure the person was supported.
- We saw throughout the service, information provided was displayed in different formats to ensure it was accessible for people.
- People were encouraged to undertake social activities that reflected their interests. Some people enjoyed gardening and we saw they had small garden projects in progress. Other people enjoyed sitting in the garden and one person had purchased their own swing seat. Staff told us another person also planned to buy their own swing seat.
- People and staff told us of the different 'in house' clubs that had been set up to support people's interests. Such as a cookery club and flower arranging club.
- Several people were able to access the community independently, however they also liked to undertake activities with members of staff. One member of staff told us they would go with people to the library or out for a coffee. They told us it was important to people to have these activities to prevent isolation.

Improving care quality in response to complaints or concerns

- People were supported to raise complaints which were dealt with appropriately.
- People told us they knew who to raise complaints to and were happy with the responses from the registered manager if they did have concerns. We saw there was a 'grumbles and complaints' process and we viewed the different issues that had been raised. We saw the manager had responded in an open and positive way in line with their company's policy.

- Staff we spoke with were aware of the importance of listening to people's concerns and making sure they were followed through. One member of staff told us, "I would always make sure people could speak with the manager and I would help the person record their problem."

End of life care and support

- Although some people found discussing their end of life support distressing, we saw where people wished to discuss their preferences in relation to this aspect of care, this had been recorded in their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered manager worked to plan and promote person centred care into the daily activities of people's lives. They gave examples of how they and the registered manager had worked to achieve this. Such as the different ways they supported people with their diets, daily activities and independence.
- People and staff told us the registered manager was open, honest and approachable. All the people at the service were aware of who the registered manager was, and felt they were able to talk with them when they needed to.
- The registered manager was aware of their responsibility to maintain an open and honest culture at the service.
- We had received statutory notifications from the service. It is a legal requirement of the registered manager to inform us of events which had occurred.
- The registered manager also shared relevant information with the local authority and we saw they had acted in an open manner when issues had been raised to them. For example, following an infection control audit undertaken by the local authority the registered manager had developed an action plan and we saw the actions had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and arrangements were in place to monitor and improve the quality of the service were effective. For example, there was an up to date analysis of incidents and accidents at the service. The registered manager entered all incidents onto the company's computer system. This was analysed by the company's quality monitoring team who then worked with the registered manager to address any issues raised.
- There were regular audits relating to medicines management and monitoring of the environment. We saw how any errors or issues from these audits had been addressed by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff told us their views on the running of the service were listened to. We saw there were regular residents and staff meetings. The minutes we saw from these meetings showed people's opinions had been listened to and their ideas put into practice. For example, at the last resident's meeting we saw further suggestions for menu choices were discussed. There was detailed information on everyone's

preferences and how these would be incorporated in to the menu.

- The minutes from the meetings showed people were encouraged to express their opinions and what actions had been taken on a wide range of issues. Staff also told us they recognised some people did not enjoy speaking in a group setting so they would sit with these people and gain their views on a one to one basis.
- Staff told us they got a lot out of the staff meetings and gave examples of how their suggestions on improvements at the service had been introduced. This included the cookery club. One member of staff told us staff always tried to attend staff meetings as they were able to discuss issues and use some of the time for reflection on their work. They said, "I get a lot out of us sitting down and talking about things."

Working in partnership with others

- The registered manager and her team worked in a collaborative way with health professionals as well as people in the community. The example of the person attending the chemist each day to take their medicines shows the service working in partnership with their community.
- A member of staff gave us a further example of how the deputy manager had worked with a local hairdresser to support two people to attend the hairdressers on a regular basis. The people had not felt confident to attend the salon, so the hairdresser had come to the service to meet the people and form a relationship. The people now enjoyed attending the hairdressing salon. This shows the positive effect of staff working with the local community has had on the people at the service.