

Nottingham Community Housing Association Limited

280-282 Wells Road

Inspection report

280-282 The Wells Road
Nottingham
Nottinghamshire
NG3 3AA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The service provides accommodation and personal care for up to six people living with a learning disability and or autistic spectrum disorder. At the time of our inspection there were six people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Staffing levels provided, did not ensure people's dependency needs were continuously met; this was particularly at weekends. Where people had additional needs and required one to one staff support, we were not sufficiently assured this was being provided. Staff had not received training in learning disability and autism awareness, despite the registered manager assuring us at the last inspection this would be provided. Inconsistencies were also identified in record keeping. National best practice guidance in the management of medicines were not always followed.

Staff recruitment procedures were in place to ensure only staff suitable to care for people were employed. Risks associated with people needs had been assessed and planned for.

The internal and external environment was clean, well maintained and met people's individual needs and choices.

Staff were knowledgeable about people's needs and what was important to them and were described by people and relatives as being kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in day to day choices.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were active citizens of their local community and received opportunities to pursue their interests and hobbies.

People's individual communication needs had been assessed and staff used effective communication and listening skills and provided information in easy read to support people. People's end of life wishes had been discussed with them and plans reflected their end of life care wishes.

Systems and processes were in place to monitor, analyse and manage complaints, however, no complaints had been received since our last inspection. Whilst staff were clear about their role and responsibilities, accountability needed to be improved upon.

Audits and checks were in place to monitor the quality and safety of the service. People received opportunities to give feedback about the service they received. The provider and registered manager had met their registration regulatory requirements.

Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring .

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

280-282 Wells Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

280 -282 Wells Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. However, at the time of the inspection they were not managing the service, an acting manager was managing the service and was present during our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations. We reviewed statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners and local Healthwatch for any feedback. Healthwatch is

an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one visiting relative about their experience of the care provided. We spoke with five members of staff, this included the acting manager, an apprentice manager (on placement) and three care staff. We reviewed a range of records. This included parts of five people's care records. We reviewed how medicines were managed and staff were recruited, trained and how incidents were managed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted two relatives by telephone and have included their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The staffing levels provided did not consistently meet people's assessed needs. For example, two out of six people had additional needs, which were supported by additional funding to provide a total of 56 additional care staff hours a week. The acting manager told us people received their additional hours, but this was not always recorded. From speaking with staff and reviewing people's care records we were not sufficiently assured these people were receiving their additional care hours. We shared this with the local authority commissioner. The acting manager told us they would improve how one to one hours would be recorded.
- We had concerns in relation to the level of staffing on a weekend. Whilst the acting manager told us three staff were sometimes allocated to work a weekend if activities or appointments were planned this was not frequent. For example, the staff rota for August and September 2019 showed three staff were allocated to provide care during a weekend for seven out of 18 days. All people living at the service required staff support and monitoring for their safety. Two staff impacted on people receiving flexible and person centred care. The acting manager told us they would review how weekend staffing was provided.
- People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support.

Using medicines safely

- People's medicines were not consistently managed in accordance with national best practice guidance. For example, medicines are required to be dated when opened. We found two bottled medicines were being used without being dated. The medicines audit showed these medicines had been checked a week before our inspection and stated open dates were recorded. However, it was clear these medicines had been used for more than a week.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'.
- Staff told us they had completed training in the safe administration and management of medicines, this included having their competency assessed by the acting manager. The provider also had a medicines policy and procedure to support staff. We observed a staff member administering people's medicines. They stayed with the person to ensure they had safely taken their medicines.

Learning lessons when things go wrong

- Behavioural incidents were not consistently recorded. For example, we noted a person had some injuries to their arm which looked red and inflamed. Staff on duty were unable to advise how these had occurred. We reviewed this person's care records and found there was no recording in the person's daily care notes,

no incident form had been completed and handover notes for the previous three days had no information recorded.

- The acting manager established from speaking with a third staff member, when the incident happened, what had occurred and how the person had been supported. They confirmed whilst a verbal handover had been given to night staff there were no records. This impacted on how the incident was reviewed and analysed to reduce the person experiencing further harm. The acting manager agreed to further investigate the incident with staff.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family member was cared for safely by staff. A relative said, "I have no concerns about safety at all."
- Staff had received training in safeguarding and staff spoken with demonstrated a good understanding of how to identify possible abuse and were clear of the action they would take to protect a person from harm. The provider also had a safeguarding policy and procedure to support staff. A staff member said, "On the whole people get on well together, sometimes a bit of falling out but this is easily managed."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks associated with people's needs had been assessed and planned for. For example, a detailed catheter care plan provided staff with guidance of how to support the person to manage this. Including the signs and symptoms that may indicate an infection and the action required to respond to this.
- Staff had received accredited training in positive behavioural support and managing behaviours that could be challenging. Staff told us, and care records confirmed, physical intervention was not used. People were supported at times of heightened anxiety, by staff using diversional techniques individual to the person that was known to effectively and safely reduce any risk. A staff member said, "We know people very well and can manage behaviours by using distraction, behavioural incidents are very infrequent."
- Risks to the internal and external environment were assessed and monitored. This included both fire and legionella risks. For example, personal emergency evacuation plans provided staff with guidance of how to safely support people to leave the building. Fire alarm testing and fire drills were completed. Water monitoring and testing was completed to ensure people were not exposed to any risks.

Preventing and controlling infection

- People were supported against the risk of infection and cross contamination. Staff had received infection prevention and control training and had a policy and procedure to support their practice. Staff used personal protective equipment such as disposable gloves and aprons.
- Cleaning procedures were in place and followed to ensure the environment was maintained to a clean and hygienic standard. We found the service to be visibly clean and free of malodour.
- The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

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.

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection, whilst staff had completed mandatory training the provider identified as required, this did not include learning disability and autism awareness training. Staff told us they would benefit from this and the registered manager agreed to arrange this. At this inspection, we found learning disability and autism awareness training had not been provided. We discussed this with the acting manager who took immediate action and enrolled staff on this training. They also agreed to discuss this with the provider to add to the mandatory training for staff.
- Staff told us they were up to date with their training and how they received opportunities to discuss their work, training and development needs. A staff member said, "The manager is kind, listens and supports us."
- The acting manager told us how staff had received training in 'active support' this is a method of engaging people in their daily lives. We saw an example of this, in how people were fully encouraged and supported in choosing and preparing their own lunch.

Supporting people to eat and drink enough to maintain a balanced diet

- We found food stocks were good but dating of food when opened was not consistently being completed. This is important in the monitoring of food and is best practice guidance. The acting manager team took action to address this issue with staff.
- People received sufficient to eat and drink and were involved in menu planning. Staff told us they used pictures of food to enable people to choose the menu. However, we noted the menu was displayed on a blackboard in the kitchen in written format and not pictures to support people. The acting manager agreed people would benefit from this being a visual menu and agreed to change this.
- Where people had specific health conditions that needed their food and fluid intake recorded, this was monitored by staff to ensure people experienced good health. People's weights were monitored to enable staff to take action if concerns were identified with either weight gain or weight loss.

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

- People received an initial assessment of their needs pre- placement. Assessments considered the protected characteristics under the Equality Act. For example, people's needs in relation to their age, gender, race, religion and disability were identified and planned for. This was to avoid discrimination.
- The provider's policies and procedures reflected current legislation. The acting manager told us the use of guidance such as NICE - National Institute for Health and Care Excellence was something that could be used more of, to increase their and staff's knowledge and awareness.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were shared across agencies where required. For example, each person had a health action plan that recorded their health care needs, appointments attended and outcomes. These were taken on health appointments and enabled an effective way of sharing information with external clinicians.
- Hospital assessment documents were also used to share information about a person's health and care needs, with the ambulance or hospital service, in either a medical emergency or hospital admission.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were assessed and monitored. Staff were provided with guidance of the support people required and health needs were monitored.
- People were supported to access healthcare services such as the dentist, opticians and GP and to attend any specialist outpatient appointments.
- Staff had received training in supporting people with oral health care.

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

- The internal and external environment met people's individual needs. An external ramp had recently been installed to support people with their mobility needs.
- People's individual bedrooms reflected their personal preferences. A person told us they were happy with their bedroom and was pleased to show us their bedroom that had been personalised.
- People had access to a spacious garden with seating areas. We saw how people had been involved in developing summer flower pots.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had an authorisation to restrict their freedom and liberty these had no conditions. Whilst staff were aware of DoLS authorisations, there was no care plan that provided guidance to staff about the DoLS and expiry date. The acting manager agreed this would be supportive to staff told us they would develop DoLS care plans.
- Staff had received MCA and DoLS training and had a good understanding of the principles of this legislation. A staff member said, "The first thing is, we assume a person has capacity and if not, an assessment is required, and a best interest decision has to be made."
- Mental capacity assessments and best interest decisions had been completed in accordance with legislative requirements. This was in areas such as medicines and finances and others had been involved in best interest decisions, such as a person's relative and external professional.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind, caring and compassionate care from staff who knew them well and had developed positive relationships with. From people's relaxed interaction with staff, smiles and jovial exchanges we saw people were comfortable with staff.
- Relatives were very complementary about the caring approach of staff. They told us they were confident staff knew their relative and what was important to them. A relative said, "The staff are very nice and helpful, they do more for [name] than I ever could."
- The staff we spoke with had worked at the service a considerable length of time, as had the majority of people who lived at the service. Staff clearly had a good understanding and awareness of people's diverse needs, past history and what was important to them. Staff were observed to have a positive, respectful and sensitive approach. A staff member said, "I enjoy my role and the fact I've been here so long speaks for itself. I treat people as I do my family."

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

- People were involved in day to day decisions and we saw examples of how people had been involved in the review of their care. We saw people were supported to make choices of how they spent their time and the activities they did. For example, we saw a person watching a clip of trains on their electronic tablet. Staff picked up that they had disengaged with this activity and asked them what they wanted to do. The person requested they went to their bedroom to relax and staff supported them to their bedroom.
- A person's care plan was presented in easy read to enable them to be involved in their care. This person confirmed staff spoke to them about their care plan. Relatives also told us they were aware of people's care plans and were able to contribute to them.
- House meetings were arranged to enable people to share their views and feedback about the service.
- Information about an independent advocacy service was available for people. An advocate is a person who represents another person's interests. Where people had a DoLS authorisation, they had an independent mental capacity health advocate to support them.

Respecting and promoting people's privacy, dignity and independence

- People received care which respected their individual needs, preferences and lifestyle choices. For example, people told us staff respected their choice about their preferences of their morning and night routines. A person chose to smoke and was supported to do this. Where people required support with personal care needs, staff were sensitive and discreet.
- People's independence was promoted, they were encouraged and enabled to do as much as they could

for themselves. For example, people were supported to clean their individual bedrooms. They were encouraged to make drinks and snacks followed by cleaning up after. We saw a person collected and distributed the post and checked visitors signed in and out.

- Staff were seen to treat people with dignity and respect. They were polite, treated people as individuals and used good communication and listening skills. The use of pictures, signs and gestures were used effectively and ensured people were involved as fully as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples' needs, preferences and what was important to them in how they received their care was assessed and planned for. Following an assessment of a person's needs individual care plans were developed and reviewed with the person as fully as possible.
- A relative and visiting social care professional were positive how staff had supported a person to gain and maintain a stable weight. Two other relatives gave positive feedback how staff met their relations needs. Comments included, "Staff know [name of relation] very well and will follow up on anything that's a concern. They will push for appointments with the doctor or hospital to be brought forward if they think it's needed."
- Staff were provided with guidance to support them to provide responsive and personalised care based on people's individual needs. Staff told us guidance was detailed, supportive and was up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a positive and inclusive approach to meeting people's communication and sensory needs. People were supported with their preferred communication preferences. Staff had guidance of people's individual communication and sensory needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to participate in interests and hobbies and had opportunities to develop social links and form new friendships. A person told us how they and another person, had been supported by staff to have a holiday. They told us they had enjoyed this and the activities they had participated in. Other people had enjoyed day trips and other holidays were being arranged. Another person enjoyed going to the beauty salon and hairdressers, staff knew this was important to them and facilitated these opportunities on a regular basis.
- People accessed their local community with support. A person told us how they liked to go shopping to their local shopping centre and how staff supported them to do this. Some people participated in a fun and friends social group, where they were supported to join in social activities with people from other services within the organisation.
- People were supported to maintain contact with their relatives and there were no restrictions on when

people could have visitors.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure and this had been provided in an easy read format. A person told us they would speak with staff if they had any concerns or complaints and knew who the acting manager was.
- Relatives told us they had not had to raise a complaint but felt confident to do so if necessary and that it would be responded to positively.
- The acting manager told us no complaint had been received since we last inspected the service.

End of life care and support

- At the time of our inspection no person was receiving end of life care. People had been asked about their end of life care wishes and this had been recorded, to ensure staff knew what their wishes were.
- Staff had not received training in end of life care. The acting manager told us end of life training would be provided when it was required.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor quality and safety were not as effective as they should have been, and staff did not consistently follow procedures or were accountable.
- The deployment of staff at weekends had not been consistently and effectively managed, to ensure staffing levels met people's assessed needs.
- People's care records, including incidents had not been consistently maintained to ensure they were accurate, complete and how care and support was provided.
- Staff training in learning disability, autism awareness and communication needs had been identified as a training need at the last inspection. Despite the registered manager assuring us at the last inspection this would be provided, this had not been, and staff repeatedly told us they would benefit from this training.
- The audit to monitor medicines had not been accurately completed. Whilst the audit identified open dates on medicines were recorded, this was found to be in correct.

This was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider submitted notification of incidents to CQC when required. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgements. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service, relatives and an external professional were positive about the care provided. People told us they were happy living at the service and relatives were confident their relations needs were known, understood and met by staff.
- Examples of positive outcomes people had achieved, due to the care they received was evident. This included a person whose weight had been a continuous concern. Their weight had increased and was stable, and the use of food supplements had been withdrawn.
- Staff's approach to care in the use of active support was enabling people to be more involved in their daily care and support. The acting manager told us the introduction of technology was also having positive

outcomes for people. People had their own electronic tablets they used to watch programmes, listen to music and take photographs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they found acting manager approachable, supportive and kept them informed about their relative's care.
- Staff were positive about the support they received from the acting manager and felt involved in opportunities to develop the service. There were regular staff meetings and staff told us they felt valued and listened to.
- Accidents and incidents were reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received opportunities to feedback about their views and wishes about the service, through house meetings, and by speaking with staff. An annual survey was also sent to people and relatives and feedback was reviewed and any improvements identified, and an action plan was developed. Examples of involvement and action taken in response to feedback included, people being involved in decisions about decoration, activities, holidays and menus.

Continuous learning and improving care

- The acting manager told us in addition to in-house audits and checks the provider's internal quality assessor, visited monthly and completed a focussed audit on a particular topic. Any shortfalls an action plan was developed. At the time of our inspection the acting manager told us there was no current action plan.
- The acting manager attended internal and external meetings and forums with partner agencies and peers to share best practice.

Working in partnership with others

- The acting manager and staff told us how they worked with external health and social care professionals in meeting people's needs. This included seeking additional advice, guidance and support when people's needs changed.
- There was a positive approach of supporting people to access their local community. People were supported with a variety of activities, community opportunities and holidays.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured the systems and processes to assess, monitor and improve quality and safety were effective.</p> <p>Care records had not been maintained for accuracy and completion.</p> <p>Regulation 17 (1)</p>