A Mungur

NAS House

Inspection report

370 Bensham Lane
Croydon
CR7 7EQ
Tel: 020 8684 3165

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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

This inspection took place on 8 July and was unannounced.

NAS House provides accommodation and personal support for up to fourteen adults who have past or present mental health needs.

We last inspected the service in July 2014. At that inspection we found the service was meeting all the regulations that we assessed.

The registered provider also manages the home on a day to day basis. The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service and trusted staff. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people.

Summary of findings

People were supported with their mental health needs so that they could lead a fulfilling life. They were encouraged to be independent and to take part in interests that mattered to them in the home and the community.

People were supported by suitable numbers of qualified and experienced staff that provided them with the care they required. They were protected from the risks of unsafe and unsuitable staff being employed by the provider's recruitment and staff selection procedures.

People's rights were protected at the home. This was because there were systems in place to ensure that the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed if decisions needed to be made on their behalf.

People told us they were happy with the service and found staff kind and considerate. Staff felt supported and received the training needed to do their job effectively.

This helped ensure staff cared for people in the way they preferred. Staff had a good knowledge about people's diverse needs and there were suitable arrangements in place to meet them.

Staff monitored people's physical health needs and supported them to stay healthy. The provider had appropriate arrangements in place to manage medicines safely. People were supported to integrate in the community and to develop independent living skills. They participated in a wide a range of activities in the community which met their individual needs and interests.

The service was well-led. The service promoted a positive culture that was open, inclusive and empowering. The service had effective systems in place to monitor the quality of the service, and to drive continuous service improvement. People were encouraged to make their views known about the service. Records were kept up to date, internal audits were completed of care and staff records.

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

The service was safe. The service had a stable staff team, and people found having support from regular staff helped give them the security and reassurance they needed. Staffing levels were appropriate and responded to individual and collective needs.

Staff were familiar with people's individual needs and areas of vulnerability, and staff knew about their responsibility to protect people. There were arrangements in place to protect people from the risk of abuse and harm. Staff managed medicines safely.

The service kept the premises, services and equipment well maintained.

Is the service effective?

Good

The service was effective. People were able to make day to day decisions about their care, and their choices and wishes were respected. People received the support they needed to maintain good health.

Peoples' rights were protected because there were systems in place if they could not give consent. Actions were put in place so that decisions were made in their best interest in accordance with the Mental Capacity Act 2005.

Staff liaised closely with health professionals and followed their recommendations.

Is the service caring?

Good

The service was caring. Staff developed trusting relationships, and understood and respected confidentiality.People were able to make day to day decisions about their care, and their choices and wishes were respected.

People felt well cared for by staff who were compassionate and kind. Staff practice promoted people's values, staff treated people with dignity and promoted their independence.

When people were nearing the end of their life they could remain in the home. They received compassionate and supportive care from a staff team who were trained and competent.

Is the service responsive?

Good

The service was responsive. The service was flexible and responsive to people's individual needs and preferences. People's care and support was planned in partnership with them. Staff involved people and as a result they felt empowered, listened to and valued.

Changes to people's care plans were communicated appropriately to the staff team which enabled them to respond in a timely manner. There was a complaints procedure which people had confidence in, with suitable arrangements in place to deal with people's concerns and complaints.

Is the service well-led?

Good

The service was well-led. The manager demonstrated strong leadership skills and communicated well with people using the service and with staff. Staff morale was good, there was an open management culture in the organisation and they felt supported by the registered provider.

Summary of findings

The provider had quality assurance processes in place that helped drive improvement. People, their family and friends are regularly involved with the service in a meaningful way, helping to drive continuous improvement.

NAS House

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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured NAS House was safe, effective, caring, responsive and well-led.

We visited the home on 8 July 2015. The inspection team consisted of one inspector. During our inspection we spoke with six people using the service, two care staff and the registered provider (the manager). We spoke with people in private and looked at their care records. We also looked at records that related to how the home was managed. After the inspection visit we contacted and spoke with two mental health professionals who had involvement in the care of people who lived at NAS House.

Good

Is the service safe?

Our findings

People told us they felt safe, they felt they were well cared for by staff familiar with their needs and who provided them with reassurance and support. One person said, "I have confidence in staff, they understand me well, know where I need support and help me to be independent." Another person we spoke with said, "The staff are really marvellous here; they look after me and make sure I have medicines at the right times and make sure I am safe."

The service had systems in place that staff used to protect people from the risk of abuse, and had taken suitable steps to identify the possibility of abuse and prevent abuse from happening. Staff on duty were knowledgeable about safeguarding procedures, they felt competent at recognising any concerns and responding and reporting accordingly. The importance of this was reinforced by the manager at handovers. Our records and information from the local authority show there were no allegations of any types of abuse or concerns at this service in the past year.

We found the service managed risks appropriately. There were risk assessments completed for each person which were up to date. Before people came to live at the service a needs assessment was carried out which included the identification of risks. The assessments provided information to decide whether an appropriate and safe service could be provided. People were invited to come and spend time at the home and meet other residents before the decision was made to make it their permanent home. People we spoke with said they "jelled well" as a group, and there was no friction between any of the people using the service. Two of the people spoken with said this added to their feeling of safety. People using the service had assessments of possible risks to their mental and physical health and these were reviewed every three months, with systems in place to manage these appropriately.

People told us they went out independently but told staff of their plans and expected return times. They did this because although they felt they had become more independent and there were no restrictions they did not want staff to worry about them. There was also information provided about relapse indicators and triggers that contributed to episodes of deteriorating mental health. Staff told us they were made aware of this information from the manager or other senior staff. As a result of information sharing they knew how to manage risks people may experience in a safe way, for example, when people became upset or their mood changed risk staff knew how to assist and reassure people to feel calm and to stay safe. Incidents and accidents were recorded. We saw examples of changes made to care plans as a result of incidents. Staff told us the manager shared this information with staff at handovers and at staff meetings, and also via the communication book. This helped to make sure staff knew about any of the changes to peoples care needs after such events.

The manager told of using a staff planning tool to determine staffing levels. We saw that staffing levels were based on the numbers and needs of the people who lived at the service. A staff rota was planned to provide sufficient numbers of staff during the day and at night time. Each bedroom was fitted to a nurse call bell system to enable the person summon staff in emergency. People told us they had not needed to use this call bell.

We looked at staff records, there were no new staff recruited in almost four years. Staff records had relevant information on recruitment which were all examined on the previous two inspection visits and demonstrate there were robust vetting procedures. The provider informed us he was applying to renew Disclosure and Barring checks for all staff.

We examined medicine administration records for six people. The provider had appropriate arrangements in place to manage medicines, and medicines were handled appropriately and safely administered. Care staff were trained and assessed as competent to administer medicines. None of the people were assessed to self-administer safely their own medicines. Records of care showed that the GP or care coordinator reviewed the medicines six monthly. People told us they received their medicines as prescribed and there was a record of compliance with medicines. People on medication which required them to have regular monitoring received the necessary blood tests to ensure their safety whilst on the medication. Audits were completed of all medicines received into the home, and there were records kept of returned or unwanted medicines.

The home was well maintained and safe, and had annual programme in place for refurbishing the premises and furniture. Arrangements were in place for regular health and safety checks and the service and maintenance of

Good

Is the service safe?

equipment. The home had fire fighting equipment and a plan to evacuate the premises in the event of a fire. One person told us of never having lived in a homely environment before they came to live at NAS House, they said, "I was used to using homeless units where my possessions were not always safe, it is good that I have no such worries anymore."

Good

Is the service effective?

Our findings

People spoke positively of the way they were supported by staff. One person said, “Staff are very conscientious, and have made all the difference in my life”.

Staff practice we observed, and the information they shared with us showed they were knowledgeable and competent in providing the care and support people needed. The service had good staff retention levels, no new staff have been employed for the last four years. As a result staff got to know people well and were able to monitor and support them with their health needs.

Staff told us they enjoyed their work in the home, and told us they received support and supervision for their roles, and had annual appraisals. We saw the records maintained of one to one sessions and team meetings. Certificates and a training matrix showed that courses staff attended included understanding mental health needs, infection control, food hygiene, and health and safety. The provider had worked continuously to maintain and improve high standards of care. They recognised that some of the people were of advancing years and introduced training in end of life care. Two member of staff said they had learned a lot from the additional training, they found that training in end of life care was particularly beneficial and had used this effectively to care and support a person in their final days in the home. Staff knew what training was available and when they needed to attend refresher courses to update their skills. Staff told us the provider/manager used team meetings as an opportunity to further train and develop the staff team. A support worker told of education and information sharing in team meetings, the provider/ manager helped them understand conditions such as schizophrenia and personality disorders. This supported staff with improving key working and service issues and with their own professional development.

Staff said they always offered and promoted people’s rights to make choices in their daily life, we saw this in progress. One person chose to spend time in the dining area on painting; another person was enjoying being in the garden. All staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This provides a legal framework for acting on behalf of people who lack capacity to make specific decisions. The service had processes that included capacity assessments where appropriate. Staff explained that some people using the service could be financially vulnerable and they helped to minimise this risk through “Best Interests Meetings”, the use of appointees, and helping them to budget daily. One person was receiving chemotherapy at hospital and went there for regular appointment. They told us staff at the home had helped them to understand more about their condition and the purpose of the treatment. We found the rights of people were protected because the registered manager understood how to meet the legal requirements of the Deprivation of Liberty Safeguards (DoLS). These are a safeguard to protect peoples’ rights to ensure if there are restrictions on people’s freedoms they are done lawfully and with the least restriction to keep them safe. When we visited, the manager had made a referral for a person for a DoLS authorisation, and the relevant health professionals had came to assess the person.

People had access to food and drink throughout the day and were not rushed to complete their meals. People told us they enjoyed their meals and a number of people said they liked to be involved in cooking. Others told of liking the meals served and found the food was of a good standard. Menu planning was discussed with people at house meetings and menus were devised to meet individual tastes, likes dislikes cultural preferences. Staff were familiar with those at risk of poor nutrition or dehydration, they identified two people were at risk of poor nutrition, and appropriate care plans were in place to address this. Records were held showing people were weighed at monthly intervals and more frequently when there signs of a person losing weight. Staff made sure their food and fluids were encouraged and where relevant the intake was monitored by maintaining daily logs.

Care and treatment was planned and delivered in a way that was intended to ensure people's health and welfare. People told us they received on-going advice and treatment from health and social care professionals to ensure that they stayed as well as possible. The manager and staff had developed a hospital passport for each person using the service. In the event of a hospital admission this passport helped ensure that important information was correctly shared with hospital staff. Staff worked well with external health and social care professionals in order to support people with their physical and mental care needs. The care records and daily appointment books showed that staff engaged with a range of health care professionals, these included the GP, and a team of community psychiatric nurses and care

Good

Is the service effective?

coordinators. Records confirmed supporting professionals had regular contact with staff; and conducted reviews of people's health needs. We spoke with two mental health professionals. They both gave us positive views of the way people were supported at the home and contributed this to the family style service offered.

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the service. They felt settled in their home, and found they had regular staff that were kind and supportive. Staff developed trusting relationships, and understand and respected confidentiality. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. We saw staff interacting with people in a patient and courteous manner. The atmosphere in the home was calm and relaxed. One person spoke of the environment, they said, "This is my place, it is homely and relaxing, I can do the things I like, we are all kind to one another and there is no conflict which makes it a pleasant place to live."

We saw that people were promoted by staff with maintaining their appearance which promoted their self-esteem. Staff helped them with buying clothes and footwear. The many interactions seen between staff and people using the service were positive, and we saw that staff were patient.

A person we spoke with described the caring approach of the service, they said, "The provider and staff really care about us, we find that the service conveys a sense that we matter and belong."

Staff told us they were able to meet the diverse needs of people who use the service by having knowledge and understanding of individual's cultural needs and how they should be met and respected. People's religion was noted in care plans seen and staff were aware of individual's specific needs and preferences.

Care records contained important information on the individual's needs which help focus on the person and which helped inform staff on how to respond. Peoples' individual communication skills, abilities and preferences were known to staff. Staff addressed people politely, in one case using the name the person preferred. Staff demonstrated they had a good understanding of the importance of person centred care and attended this training in the past year. In discussions we found staff were knowledgeable about the support people required and what was important to them in their lives. They were able to describe how different individuals liked to spend their day. They explained that some people preferred to undertake activities of daily living independently, and others required more support with these. We saw people spend their day in the ways they preferred. The majority of people went out to events in the community and participated in daily routines such as swimming, going to the park or library, shopping.

Staff were seen offering people choices and respecting the choice that was made by individuals. Peoples' individual communication skills, abilities and preferences were known to staff. Staff explained that some individuals did not always communicate well with staff, but presented signs of being uncomfortable or in discomfort. These were also reported in handover meetings.

People who brought items with them displayed personal items in their rooms. One person told us they did not have many personal possessions except their clothes at the time thy moved into the house. They shared with us the provider had provided pictures and objects they liked to help personalise their room.

Staff received specialist training that enabled them develop the skills needed in caring for people at the end of life. The registered provider told us how they ensured staff were managed and supported to respect and follow people's choices and wishes for their end of life care as their conditions changed. We saw from care records people were given support when making decisions about their preferences. A mental health professional told, "A person had their wishes respected, and were cared for by staff who knew them well, treated them like family, and showed them compassion and empathy."

Good

Is the service responsive?

Our findings

People told us they received the care and support needed, and their views were listened to. One person said, "The service responded well when I was unwell, and staff were very helpful." Our observations found staff were responsive and people felt reassured. A care co-ordinator told us, "This service responds well to people's needs, we recently reviewed a person living at the home and found they had really made progress from the support they got." Another mental health professional said, "The person's needs were being managed well and they became settled and stable in the environment." We saw care information being passed between staff during shift handover times. This helped ensure staff were able to respond in a timely manner to people's changing needs.

People had a full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives where possible, and was used to establish if people's individual needs could be met. There was also input from care coordinators and social workers. The assessment took account of people's beliefs and cultural choices. Care and support plans were developed following admission. People, and those that matter to them, were actively involved in developing their care, support and treatment plans and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process, and their views influenced plans. The care records contained information about people's lives before they moved into the home so that staff could help people to maintain the things they liked to do. People's likes, dislikes, wishes and preferences were recorded, and staff had a good knowledge of people in their care. The plans also identified the areas in which people wished to be independent and those needing support from staff.

The service demonstrated how it promoted a person centred approach which was flexible, this enabled staff dedicate the time people required. For example a staff member described the approach used for a person to reduce their increasing anxieties about their physical health. Staff responded to what people wanted to do on a daily basis. They supported those requiring assistance with attending functions, the service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. Each of the six people we met with went out to community activities on most days. One person told of their progress, they liked taking responsibility for the daily shopping for groceries and newspapers, and managing the petty cash. This approach and knowledge was reflected in the care plans.

All the people we spoke to told us that they felt NAS House offered them an environment that fostered good relationships with peers, and that they knew who to speak to if they were unhappy about something. A meeting was held monthly for people who lived at the service, people were asked their opinions about the service and always asked about the care, the menu, and the activities. People were reminded at the meetings that they may make a complaint if they wished and we saw leaflets about the procedure on display. People told us they were aware they could complain and said they felt they could approach any of the staff and they would be listened to. One person told us they took the minutes of the in-house meetings and these were shared afterwards with all at the home. The service had not received any complaints in the past twelve months.

Good

Is the service well-led?

Our findings

The service was well-led. The service had a positive culture that was open, inclusive and empowering. It had developed a good understanding of equality, diversity and human rights and these were put these into practice. The feedback we received from people about the service leadership described it as outstanding and that “People were placed first”. People described the many areas where the provider went above and beyond the call of duty, and they said this was done to enrich people’s lives.

Staff morale was good; staff members told us they enjoyed their roles in the home. They found the manager provided them with constructive feedback and there were clear lines of accountability. Dedicated support and resources were made available to enable and empower the staff team to develop and to drive improvement.

The service asked people who use the service, their representatives and staff for their views about their care and treatment and they were acted on.

People told us their opinions were sought, and they were asked if they were happy with the care and support received. They told us the registered provider manager was approachable and accessible. They felt able to speak to them about anything; this was also confirmed during our observations of the manager's interaction and engagement with people. People using the service and stakeholders such as mental health professionals and local authority care managers completed satisfaction questionnaires about what they thought of the service, also if there were areas that needed to be improved. One mental health professional reported to us there was excellent communication between the home and the mental health team.

The 2014 quality assurance process was completed, we looked at a sample of some completed surveys, and they indicated a high rate of satisfaction by people using the service. An external social care professional we spoke with reported positively on the progress made by people using the service, they said "This is a real home from home, it offers a family style environment which people respond well to, much of their steady progress is due to the due to the encouragement and input of the manager and staff." The manager/provider carried out regular audits to assess and monitor the quality of the service. These audits reviewed areas such as care plans and risk assessments, medicine procedures, health and safety, infection control. These processes helped identify areas for improvement, and we saw the provider made changes in response to these findings, for example slight changes to the environment when an issue was identified. The provider had a business plan in place linked to the quality assurance process, this included provision for an annual programme of routine refurbishment and decoration of the premises. The provider took on board suggestions and had made significant improvements to the outdoor area. We saw that each year a number of bedrooms and communal areas were refurbished and people choose the colour schemes they preferred.

The home had an appropriate whistle blowing policy in place, which encouraged staff to raise concerns. The manager had monthly staff meetings and all staff had the opportunity to participate. Minutes showed they were well attended, with representatives from each shift, including nights.