A Mungur

NAS House

Inspection report

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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

NAS House provides accommodation, care and support to up to 14 people with mental health support needs. At the time of our inspection 10 people were using the service.

At our previous inspection on 8 July 2015 the service was rated good. At this inspection we found the service remained good.

People felt safe at the service. There were sufficient staff to meet people's needs. Staff were aware of the risks to people's safety and how to mitigate those risks. Staff adhered to their responsibilities to safeguard people from harm. People received their medicines as prescribed.

Staff continued to complete regular training to ensure they had the knowledge and skills to support people. They adhered to the principles of the Mental Capacity Act 2005 and there were no undue restrictions on people's freedom. People were supported to have their nutritional and health needs met.

Staff respected people's decisions and empowered them to make choices. Staff were respectful of people's privacy and dignity and had built caring supportive relationships with people. People were encouraged to maintain relationships with friends and family.

Staff continued to provide people with personalised support which met their needs. Staff were aware of what support people required and detailed care records were maintained. Processes remained in place to record, investigate and respond to any complaints received.

There was clear leadership and management at the service. Staff said the provider was accessible and staff and people were encouraged to express their views and opinions about service delivery. Processes were in place to review the quality of service delivery. The provider adhered to the requirements of their registration with the Care Quality Commission (CQC).

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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.

This inspection took place on 15 August 2017 and was unannounced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the two staff on duty, including the provider, and five people using the service. We reviewed three people's care records, two staff records, records relating to the management of the service and medicines management processes.

Good

Is the service safe?

Our findings

One person said, "I come and go as I please and feel safe when staying here."

There continued to be sufficient staff to meet people's needs. Two staff were on duty during the day and at night to provide people with any support and assistance they required. Staff we spoke with confirmed there were sufficient staff on duty to undertake their duties and meet people's needs. There was low turnover of staff and no new staff had been recruited since our last inspection. Therefore we did not look at recruitment processes in detail. We will continue to review this at future inspections.

On the whole a safe and secure environment was provided. Windows in people's bedrooms had been restricted to help protect people from the risk of falling from height. However, we saw that the windows in the stairwells and laundry room were not restricted meaning people were not sufficiently protected from the risk of falling from height in all areas of the service. We discussed this with the provider who told us they would ensure these additional restrictors were installed. The staff were aware of other environmental risks and had processes in place to manage those, for example, it had been assessed that it was safe for people to access the kitchen throughout the day and night but sharp knives were kept locked away.

Staff continued to keep people safe. Staff regularly reviewed risks to people's safety and management plans to mitigate the risks were incorporated into people's care plans. This included risks to people's mental and physical health, risks to their safety and identification of any risks people posed to other people's safety. Staff were aware of the processes to follow if an incident occurred including obtaining medical attention if required and completing the reporting process so the provider could review and analyse the information and action taken.

Staff continued to safeguard people from harm and adhered to safeguarding adults procedures. Staff were aware of who was at risk of exploitation and/or abuse. They discussed with people during one to one sessions about how they could protect themselves when at the service and in the community to ensure they were not exploited by others. Staff told us if they had any concerns people were being abused they would report this to the provider, the healthcare professionals involved in people's care and the local safeguarding team so action could be taken to further protect people.

People continued to receive their medicines as prescribed. One person told us, "Staff give me my pills in the morning and at night so I don't have to worry." We saw medicines were stored securely and at an appropriate temperature. Accurate records were maintained of the medicines administered and stock checks showed people received their medicines as prescribed. Stock checks were undertaken at the beginning of each cycle which ensured all medicines were accounted for and excess stock was not stored. Processes were in place to ensure medicines were disposed of safety. Staff ensured people received additional medicines safely, including going to their doctor for their depot injection for their mental health medicines.

Good

Is the service effective?

Our findings

Staff told us they continued to receive regular refresher training to ensure they had the knowledge and skills to undertake their duties. One staff member told us, "I've learnt a lot [since being at the service]." The provider kept records of all training completed and when staff were due to refresh their training to ensure their knowledge stayed in line with good practice. We saw all staff were up to date with training on person-centred care, MCA and DoLS, mental health awareness, behaviour and conflict management, equality and diversity, manual handling, safeguarding adults, health and safety, medicines management, end of life care, fire safety, first aid, food hygiene and diabetes care. We identified that none of the staff had received training in epilepsy. One person at the service had epilepsy. Whilst their epilepsy was stable and they had not had a seizure for many years there was a risk that staff would not have the knowledge and skills to support this person with this aspect of their care if required. We spoke with the provider about this. They said would consider adding epilepsy training to their training programme to ensure staff knew how to support this person appropriately.

Regular supervision sessions continued to be held. We saw these sessions gave staff the opportunity to discuss their role and key responsibilities. They were also able to raise any concerns or questions they had. In addition to reflecting on their role, we saw supervision sessions were used to discuss key topics with staff, including the use of alcohol and how this can affect people's mental health, and phobias and how this can impact on people's behaviour.

Staff continued to support people in line with the MCA. People completed a consent form to agree to the level of support provided and outlined their preferred care and welfare decisions in an emergency, for example if they would like to be resuscitated. Staff respected people's decisions and provided support in line with these. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Everyone at the service had the capacity to consent to care decisions and there were no unlawful restrictions on their liberty. Some people did not have the capacity to manage their finances and information was included in their records as to who was appointed to manage them on the person's behalf.

Staff regularly assessed people's nutritional needs and provided them with support with nutrition and hydration. Information was included in people's records about any dietary requirements they had. People were encouraged to drink regular fluids and we saw from information in some people's records that they needed to drink more fluids due to associated health needs. The staff cooked for people but we were told that people were able to choose what they wanted to eat and if they did not want the main meal that was being cooked they could request alternatives. There were set meal times but people were able to eat outside of these if they wished.

People continued to receive support with their healthcare needs. Each person was registered with a GP and encouraged to attend annual health checks. People with diabetes were also encouraged to attend diabetic clinics and screening appointments. We saw from people's records they had regular dental and optician

appointments to ensure their primary care needs were met. People were supported to attend hospital appointments when required. Hospital passports were in people's records which contained key information about the person to help support a hospital admission if required. Staff continued to liaise with professionals from the community mental health team to ensure people were receiving the support they required and continuity of care.

Good

Is the service caring?

Our findings

People said they liked staying at NAS House and they had good relationships with the staff. One person told us, "I have been here 22 years and I'm comfortable here." One staff member said, "There's a homely atmosphere. [People] are part of the family."

People were encouraged to express their views and opinions. Staff asked people to complete a preference sheet at regular intervals to inform staff about what they would like and how they want support to be provided. This included information about whether they would like meals in line with their cultural background, whether they want a key to their bedroom, whether they would like staff to check on them during the night and preferences around their personal care and daily routines.

Staff respected people's choices. For example, some of the bedrooms at the service were for double occupancy. The vacancies at the service were in these double rooms. The provider informed us the decision to share a room was up to the person already occupying these rooms and if they did not want to share then this was respected.

Staff continued to support people with their individual preferences and respected their religious preference and cultural background. Information was clearly recorded in people's care records about their religious preference and how they preferred to practice their faith.

People were encouraged and supported to maintain contact with their families and friends. Some people had regular visits from their families or went to visit them. We heard from staff that one person, in conversation with their community psychiatric team, were empowered to go on holiday with their family which enabled them to attend a family wedding and see relatives that did not live nearby.

Staff were respectful of people's privacy and dignity. Staff did not enter people's rooms without their permission and were respectful when people wanted space on their own away from the group. Information about people was kept confidential and staff did not discuss people's needs where others could overhear.

Good

Is the service responsive?

Our findings

One person said, "I have been here over 22 years. I have all I need."

Staff were knowledgeable about the people they supported. This included their personalities, life histories as well as their health and support needs. Clear and detailed care plans remained in place. Care records outlined the goals people wanted to achieve and how staff could support them to achieve those. These plans were reviewed and updated regularly. The care plans also reflected on the achievements people had made outlining the progress people had made since being at the service. We identified that one person's care plan did not provide clear information about their epilepsy and what support they may require with this condition. We spoke with the provider about this who said they would ensure the care plan was updated with more information about the person's epilepsy and how this was being managed.

Plans were in place to support people with their mental health. This included information to staff about how to support a person to maintain good mental health. For example, ensuring people had regular sleeping patterns and having the space and confidence to speak openly with staff about their thoughts and emotions. Staff were aware of the signs that a person's health was becoming unstable and information was included in their care records about triggers to poor mental health. Staff were aware of the professionals involved in supporting people with their mental health and told us they would contact them if they had concerns about people's safety or welfare.

We viewed placement review reports from the commissioners of people's care. These reports showed people were being well cared for, their needs were being met and the visiting professionals were satisfied that people were receiving good quality care.

People were encouraged to socialise and spend time in the communal areas at the service and access the community, instead of socially isolating themselves. We observed people using the resources at the service and freely accessing the different communal areas. We also saw people socialising with each other. Staff were respectful of people's decisions to spend their time how they liked, however, we observed at times this meant people spent much of their time not engaging in meaningful activity. We discussed with the provider the balance between encouraging people to participate in new activities and interests versus respecting people's decisions to spend their time how they chose. The provider said as a staff team they would reflect on how they could further engage and stimulate people.

A complaints process remained in place and staff said they would support people to raise any concerns they had. No complaints had been made since our last inspection and therefore we did not look into this area in detail. We will continue to monitor complaints management at future inspections.

Good

Is the service well-led?

Our findings

One staff member said in regards to the provider, "He's a good man. He tries to make everybody happy… You can go to him anytime. We see him every day. If you're on at night you can call him. He comes straight away."

The service was not required to have a registered manager because the service was owned by an individual provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was on duty during the day Monday to Friday and was available out of these times to provide clear management and leadership at the service.

On the whole the provider was aware of their registration responsibilities with the Care Quality Commission and submitted notifications about key events that occurred at the service. However, we identified that the provider had not submitted a notification about an event that involved the police as required by law. We discussed this with the provider who apologised for the oversight and by the time of writing this report the notification had been submitted.

There were policies in place to support staff and ensure safe and appropriate procedures were followed. We saw the policies had been reviewed and updated, and staff had signed to show they had read the updated policies so they were aware of current practices.

There continued to be systems in place to obtain people's views and opinions about the service. The provider organised for people to complete satisfaction surveys to comment on the support they received. People were also empowered to hold their own 'residents' meetings where people set the agenda, chaired and minuted the meeting themselves. One person said, "What I have done here is set up monthly meetings for the people who live here and talk about any concerns or whatever of which is all written down in our meeting book." We viewed the minutes from these meetings. People used the meetings to discuss the support they received and for peer support. A representative from these meetings attended the staff meetings to feed back any concerns or suggestions people had. Staff meetings were held monthly and gave staff the opportunity to discuss each person's support needs and any changes affecting service delivery.

The provider continued to have systems in place to monitor and review the quality of the service. This included a full health and safety audit which looked at many areas of service delivery. We viewed the findings from the most recent audit which identified that improvements could be made to ensure safe medicines management through the introduction of a regular in-house medicines audit. The provider told us they had not yet implemented medicines audits but they still had plans to do so. In addition, they arranged for their pharmacist to audit medicines management processes. We viewed the findings from their audit which showed they had no concerns and good practice was being followed. Other audits and checks were undertaken to ensure a safe, high quality service was provided including manual handling assessment, a service risk assessment, environmental checks, fire safety checks and food hygiene assessments. The

service had been successful in securing a five star food hygiene rating for a second year.