Kingston upon Hull City Council

Nicholson House Resource Centre

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

Overall summary

This inspection was undertaken on 10 December 2015, and was unannounced. The service was last inspected on 23 September 2013, at that inspection the service was compliant with all of the regulations that we assessed.

Nicholson House is situated in the east of Hull close to local shops and amenities and access to public transport. Nicholson House is registered to provide care and accommodation for a maximum of 29 older people who may have dementia.

At the time of our inspection there were twelve people living at the service and two people receiving respite care.

Summary of findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 service was purpose built to support people who were living with a physical disability, with wide doorways and corridors, overhead tracking in bedrooms and bathrooms, specialist baths and a lift to the first floor. Accommodation was provided over two floors and comprised of twenty nine single bedrooms, three bathrooms, three shower rooms, seven lounges and two dining rooms.

People who used the service had their assessed needs met by attentive and caring staff who had a good understanding of their individual requirements. We observed staff during interactions with people who used the service and found them to treat people with dignity and respect.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

The CQC monitors the operation of the Deprivation of Liberty Safeguards [DoLS] which applies to care homes. The registered provider had followed the correct process to submit an application to the local authority for a DoLS where it was identified this was required to keep people safe. At the time of the inspection there had been four applications submitted and the service was waiting for assessment and approval of these.

Staff had completed a range of training pertinent to their role which enabled them to effectively meet the needs of the people who used the service. Staff told us they received regular supervision, support and professional development.

Systems were in place to manage medicines effectively. Staff who administered medicines had completed relevant training to enable them to do so safely.

We found people's health and nutritional needs were met and saw professional advice and treatment from community services was accessed when required. People who used the service received support in a person-centred way with care plans describing their preferences for care and staff following this guidance.

Staff were recruited, trained and supported to meet people's needs appropriately. We found there was enough staff on each shift to meet people's needs. Staff told us they felt well supported, they could raise any concerns with the registered manager and that they were listened to. Support systems were found to be in place for staff and an open-door policy adopted by the registered manager which enabled them to raise concerns.

There was a complaints policy and procedure and people felt able to raise concerns and they would be taken seriously.

There was a quality monitoring system that consisted of audits, spot checks and surveys. When shortfalls were identified, these were addressed and people were notified of the action that had been taken.

The registered manager and registered provider were aware of their responsibilities in notifying the Care Quality Commission of incidents that affected the safety and welfare of people who used the service.

A pre admission assessment was completed, prior to anyone being offered a placement at the service. The assessment along with relevant information from the placing authority was used to develop a number of personalised support plans. Risk assessments were in place to reduce the known risks to the people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People's medicines were ordered, stored and administered safely.

People were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

People's health care needs were met and they were assisted to make choices about aspects of their lives.

When people were assessed as lacking capacity to make their own decisions, best interest meetings were held with relevant people to discuss options.

Staff had access to training, supervision and appraisal to enable them to feel confident in their role.

Good

Is the service caring?
The service was caring.

We observed positive interactions between staff and the people who used the service. People were treated in a kind and caring manner.

People's privacy and dignity was respected and their independence promoted.

Staff provided people with information and explanations about the care they provided.

Good

Is the service responsive?
The service was responsive.

Care plans included people's preferences and gave staff guidance in how to support people in a person-centred way.

There were activities and meaningful occupations for people to participate in.

A complaints policy and procedure was in place. People were aware of how to make a complaint and told us any concerns would be dealt with.

Good

Summary of findings

Is the service well-led?

Good

The service was well- led.

An effective quality assurance system was in place at the service. When shortfalls were highlighted, action was taken by the registered manager to improve the service.

Surveys were carried out and there was an open culture to encourage people who used the service, their relatives and staff to seek out management and express their views.

People who used the service and relatives told us the registered manager was approachable and a visible presence in the service.

Nicholson House Resource Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 10 December 2015 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return [PIR] before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We spoke with the local authority safeguarding and commissioning teams to get their views on the service help us to make a judgement about the service.

During our inspection we spoke with the registered manager, two deputy managers, two members of care staff, two cooks, two people who used the service, two professionals and two visiting relatives.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care which helps us to understand the experiences of people who could not talk with us. We saw staff's interactions with people were kind, patient, respectful and supportive.

The care records for three people who used the service were reviewed along with the associated risk assessments and their Medicines Administration Records [MAR]. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included staff training records, policies and procedures, audits and internal quality assurance systems, stakeholder surveys, recruitment information for three staff members and records of maintenance carried out on equipment and the premises. We also undertook a tour of the premises.

Good

Is the service safe?

Our findings

People who used the service and the two relatives we spoke with all told us that staff treated them well and provided a safe service. Comments included, "Staff are very caring that's the main thing, they make me feel happy when I'm feeling low", "I feel there is nothing to improve on, I am very happy", "I feel safe and can sleep at night." Another told us "I do feel safe, the doors are locked and the staff are kind and caring." Relatives commented, "The staff are very good, there is always someone with him" and "I am very happy with the service, they look after him well."

We checked three staff files and saw they had been recruited safely in line with the registered provider's recruitment policy. Before prospective staff were offered a role within the service an interview took place, references were requested and a Disclosure and Barring Service [DBS] check was undertaken. This is a check about past criminal convictions and to ensure applicants were not included on an official list that barred them from working with vulnerable adults. This, as far as reasonably practicable helped to ensure people were supported by staff who had not been deemed unsuitable to work with vulnerable adults.

We found there was sufficient care support staff to meet the needs of people who used the service. At the time of our inspection twelve people were using the service on a permanent basis and two people on a respite basis following a hospital admission. Their needs were met by two deputy managers, a care leader and four residential support workers as well as a cook and two domestic staff. The registered manager was supernumerary to these staffing levels. A handyman was available to the service two days a week.

We saw there were policies, procedures and information from the local safeguarding team to guide staff in how to keep people safe from the risk of abuse and harm. There was a safeguarding flow chart in the office providing clear instructions on the actions to take at each step. Discussions with care support staff showed they knew the different types of abuse and the signs and symptoms that may alert them to concerns. They all stated they would report any abuse or poor practice to the registered manager or registered provider and would contact the local safeguarding team directly if required.

During the inspection we observed two medicines rounds; we saw that people received their medicines safely. We noted that staff took the time to explain to people what medicines they were administering and the reason it had been prescribed. A care leader explained the system used to ensure the safe ordering, storing, administration, and disposal of medicines. They told us the service utilised a monitored dosage system [MDS] to reduce administration errors and that people's photographs were present in the medicines administration records [MARs] which helped staff identify people.

We saw that medicines were stored in a medicines room which contained a medicines fridge and controlled drugs cabinet which enabled them to be stored in line with the manufacture's guidelines. An audit had recently been undertaken by the service's supplying pharmacy where no issues were highlighted or recommendations made.

Personal emergency evacuations plans [PEEPs] were in place for each person who used the service which provided information for staff and emergency services of the support people would need in an emergency situation. We saw procedures were in place to deal with foreseeable emergencies including the loss of electricity and gas or in the event of a fire or flood. The registered manager explained, "We have plans in place for emergencies and staff know they can contact me at any time, twenty four seven if they need to. There are also on call contact numbers they can use if required." This helped to provide assurance people would receive the care and support they required, during and after an emergency.

We saw assessments were completed to help staff support people who used the service to minimise risk whilst ensuring they could make choices about their lives. The risk assessments included moving and handling, falls, pressure care, mobility, use of stairs, skin integrity, epilepsy and the management of behaviours that challenged the service and others. Care staff who worked with people who had epilepsy had completed specific training and were aware of the risk assessments in order to keep people safe.

Accidents and incidents that occurred within the service were recorded and investigated to ensure preventive action could be taken. This helped to ensure people who used the service were protected from avoidable harm.

Good

Is the service safe?

Records were maintained of completed checks of equipment such as fire safety equipment, hoists, the lift, adapted baths and alarm checks.

Good

Is the service effective?

Our findings

People who used the service and the two relatives we spoke with all told us staff were knowledgeable and knew how to support them. The relatives told us staff kept them informed about important issues. Comments included, "They have been brilliant, I can't fault them." Another told us, "The staff are well trained; they have good skills and a nice approach and always speak kindly to people", "Yes, I like them [the staff], and they like me" and "It is just like having family around." A relative told us, "They have really brought him out of his shell and they always have time for him. It is very rare that he is ever on his own when we visit" and "Yes, they support him to make his own choices; I can't fault them."

Professionals told us, "The staff always deliver and go over and above all expectations. There is a really nice ambience in the home and it is a nice place to come to."

We observed how people were supported at lunchtime and found it to be a relaxed and sociable experience. Pictorial and written menus were displayed in both dining rooms and staff reminded people of the available options to ensure people had their preferred meal. We saw people chose to sit where they wanted and were provided with the support they needed in a calm and unhurried way. Hot and cold drinks were provided with meals and at regular intervals throughout the day, along with a selection of snacks and fresh fruit. There was a servery in the dining room and the hatch to this was left open so people could approach the catering staff for additional drinks or snacks at any other times during the day.

Catering staff were aware of people's likes and dislikes and their dietary requirements, and described in detail how these were catered for. They explained that when people came for a respite stay they would always spend time with them going through their food preferences to ensure they were provided with their preferred meals and drinks. Staff told us "We always like to do special things for people, it is their home after all" and "We always have plenty of choices available for people and we are always willing to prepare anything they ask for. A cooked breakfast is available every day if people want this." The staff gave an example of one person who had been reluctant to eat, stating they would rather have convenience foods. The catering staff wrapped up fish and chips in paper and placed other foods in take away type containers to encourage them to eat. This approach worked and the person had started eating a more balanced diet.

Relatives were able to have meals with their family member if they chose to and were also invited to events and join them for Christmas lunch.

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink provided within the service. People were involved in the development of menus through regular residents meetings. Staff also involved people in writing the menu boards and involved them in theme nights throughout the year including foods from other countries, celebrating valentine's day, Easter and having cheese and wine nights. We saw staff maintained a record of food and fluids where a need for this had been identified. People also had their weight monitored and appropriate action was taken when there were concerns.

We saw the health care needs of people who used the service were met. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice when required. These included, GPs, dieticians, speech and language therapists and emergency care practitioners. District nurses visited the service on a daily basis. In discussions, staff described how they would deal with medical emergencies and how they recognised when people were unwell. They told us they would always pass on information to the relatives of the people they supported and to health care professionals. Staff said, "We only have twelve permanent people at the moment and we all know them very well and are able to quickly identify any signs of illness. If we have any concerns these are reported immediately to senior staff and they record the information in individual care records and also within the handover, so everyone knows what has happened and the action that has been taken."

We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. Records showed that staff supported people who used the service with medical appointments

Good

Is the service effective?

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. At the time of our inspection applications for four people who used the service had been made to the supervisory body.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

We looked at staff training records and saw staff had completed a range of training to enable them to carry out their roles effectively. This included; managing safety, infection control, assisted eating and drinking, epilepsy, administration of medicines, dementia, meaningful activities for people with dementia, continence, fire, safeguarding of vulnerable adults, first aid, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards [DoLS]. Staff were also either working towards or had completed an NVQ [National Vocational Qualification in Health and Social Care].

Records showed that staff received regular supervision including annual appraisals to review their performance and identify any further training needs. Staff described how they felt fully supported by the registered manager. A member of staff we spoke with said, “We have supervision every month but we can speak to the manager or senior staff anytime we want to, they are always available.”

Good

Is the service caring?

Our findings

People who used the service and the two relatives we spoke with all told us staff were caring in their approach and treated them with dignity and respect. They said they were kept informed of issues when required. Comments included, “The staff are good at letting us know what is going on and if they need to get the doctor in or anything else”, “Everyone is hands on and they work well together as a team” and “They know him so well and are able to bring out the best of him.”

We observed staff had good relationships with people who used the service and knew their needs well. They were able to describe people’s likes and dislikes in relation to their meals, activities and how they liked to spend their day. In discussions one member of staff told us, “The people who live here have been here for many years, it is their home and we are here for them, they come first.”

We spent time observing how care and treatment were provided to people who used the service. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw one person sitting at a dining table with their eyes closed, when a staff member approached and greeted them, they immediately opened their eyes and smiled. The member of staff then sat down and began chatting with them.

Staff treated people with compassion and kindness. They took time to chat with people and their relatives about day to day issues. They spoke in a calm and reassuring manner. We heard staff talking with people about the weather, a planned trip to a pantomime, Christmas, TV programmes and activities. They regularly offered drinks and found things to occupy people. We saw staff kneel down to speak with people to communicate at their level.

People were given choices about where and how they spent their time. Many people moved freely throughout the communal areas.

The service had a number of dignity champions which included the registered and deputy managers. They confirmed the dignity leads attended forums and worked with staff to improve the quality of care for people living with dementia. The registered manager told us how the introduction of doll therapy for one person had stopped any further incidents of self-harm.

We spoke with care support workers about how they respected people’s privacy, dignity, choice and independence. They described the ways in which they promoted these values. Comments included, “We treat people as we would expect to be treated ourselves, that is with respect. You have to let people know why you are there and give them explanations when you are providing care. It is also really important to ensure we maintain people’s dignity, for example closing curtains during care delivery and knocking on doors.” Another told us “We have to make sure people are given the time and the opportunity to do the things they want to do for themselves so they can maintain their independence for a long as possible. If we see them struggling we can ask them if they would like assistance.”

Care plans seen indicated people and their relatives had been involved in planning the care they were to receive. The care plans contained information about preferences for the gender of care support worker and how people wished to be cared for and how people communicated their needs. One care plan detailed how one person’s preferences for particular staff could vary throughout the day and how staff should respect the person’s choices so they would be less anxious and more responsive to the delivery of care. When we spoke with staff about the person’s need they all confirmed the process was followed.

We saw people’s written care records were held securely in locked cabinets in an office. Staff’s personnel files were also held securely.

Good

Is the service responsive?

Our findings

People we spoke with and their relatives said they were happy with the care provided and complimented the staff for the way they delivered care and support. Comments included, "It is very welcoming, with a family like feel" and "The majority of the staff you can ask about your relative and they know everything about them, which is very reassuring." Another told us, "The staff are very good at contacting us if there have been any changes and letting us know what they have done."

People and their relatives told us they knew how to raise concerns and make complaints. One person said, "We have never had the need to make a complaint, but I am sure they would take action if we ever had the need to do so."

There was a complaints procedure on display in the entrance. The complaints policy and procedure informed people of who to speak with if they had any concerns and identified timescales for these being acted on. Records showed there had been no complaints made about the service since our last inspection.

Care records demonstrated that needs assessments had been carried out before people had moved into the home and completed following admission. Staff told us information collated had been used to help formulate the person's care plan. Relatives we spoke with confirmed they had been involved in the development of care plans and they were discussed at review meetings; this was evidenced in the care files we sampled.

Care plans were person centred and easy to follow, and provided staff with the information they needed to care for people safely and in their preferred way. For example, one person's nutritional care plan detailed they only liked to drink red coloured juices and we observed this was adhered to at lunch time. Another person's care plan detailed how they preferred small portions of food offered at regular intervals and liked to hold a soft blanket while eating.

We found care plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Risk assessment tools had been reviewed regularly and reflected changes in people's needs.

Specific behaviour management plans were in place which provided guidance for staff to follow when people displayed behaviours that may challenge the service and others. We observed one person who was anxious and agitated settled when staff talked to them about their family.

The registered manager audited all care records regularly to ensure the records met the required standard and staff were competent and confident with this aspect of their work.

We asked staff how they were made aware of changes in people's needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift. This is a continually updated document that logs and alerts staff to any events, incidents, changes to care plans and appointments. Staff must read and sign this at the start of each shift and we saw the latest handover record as evidence this was adhered to.

Staff were actively involved in the promotion of social activities and stimulation. They had been involved in the promotion of dementia friendly environments within the service, making one of the lounges into a cinema room, a sensory relaxation lounge, where a local photography shop had donated the collages for the walls, the provision of a garden shed in another lounge where people could spend time or pot plants. At the time of our inspection they were working on making a further lounge into a bar. A corridor had been made into a 'conversation corridor' with old photographs of different areas of Hull and the docks. At the end of the corridor there was a bench and a bus stop for people to sit and rest. A map of the local area was displayed on the wall showing their location.

Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms. Staff told us how someone had requested that their room be decorated in a particular shade of pink. A t-shirt had been taken to a local store to have the paint mixed to the specific colour. When we spoke with the person who had made the request, they confirmed the walls of their room were the colour of their favourite t- shirt, just as they had wanted. We found the environment to be clean and tidy and free from malodours.

Good

Is the service responsive?

During the visit we observed people participated in going out to a pantomime, listening to music and one to one sessions. There was a wide range of activities indicated on the notice boards. These included: bingo, entertainment evenings, afternoon tea, dominos, shopping trips and outings.

Staff described how people's preferred activities were detailed within their individual care plans and each activity people had engaged or participated in were recorded by staff. Further information about any spontaneous or other new activities they had enjoyed were also included along with photographs. There was a notice in the entrance inviting people who used the service and their relatives to the Christmas party to be held the following week.

There was a complaints procedure on display in the entrance. The complaints policy and procedure informed people of who to speak with if they had any concerns and identified timescales for these being acted on. Records showed there had been no complaints made about the service since our last inspection.

People who used the service and the two relatives we spoke with all told us staff provided them with care that responded to their needs. They told us they felt able to raise concerns and these would be addressed. Comments included, "They always ask us if we want to go on trips or come to any of the events." Another told us, "They ask if everything is alright and it's really very good, my friends can visit me at any time" and "I've never had the need to make a complaint but I'm sure they would get it sorted if I needed to raise anything."

We saw people had assessments and risk assessments completed prior to the start of the service and these were kept updated. The assessments included areas such as health, nutrition, dietary likes and dislikes, mobility, communication and mental health needs. There was also an assessment of people's activities of daily living and what they were able to do for themselves.

We found people were supported to access community facilities as part of their care and support plans. People who used the service, their relatives and staff all confirmed that accessing these facilities helped people to be part of the community. There was a range of community facilities visited such as, going to pubs, cafes and clubs, theatre trips and shopping.

Good

Is the service well-led?

Our findings

People who used the service and the two relatives we spoke with all knew the names of the registered manager and registered provider. They said they would be able to speak with them if required and management kept them informed. They also confirmed they were asked for their views about the service. Comments included, "Yes we have been sent surveys to fill in and we are always asked if everything is alright." Another told us, "If the manager wasn't here, we can speak to the other staff or leave a message and they would get back to us", "We are satisfied with everything, they couldn't do anything better than they do already."

We spoke with the registered manager about the culture and values of the organisation. They spoke about treating people with respect and recognising the individuality of people. They told us "I promote an open door policy. I don't tolerate any bad practice what so ever. I am very client focussed, but also have a duty of care to the staff as well as the clients." In discussions with staff, they reiterated these values. Staff also told us they were supported by management to achieve these values. They said the registered manager and registered provider were open and accessible; they said they felt able to approach them about issues, were listened to and could raise concerns and make suggestions. They said, "I have worked for [registered manager's Name] before at another service and she has always supported me completely, she is supportive; approachable and has an open-door policy", "It's small and person-centred; it's a nice place to work and a friendly team."

Staff confirmed communication within the organisation was effective. They told us staff meetings were held and we saw minutes of several meetings which highlighted various discussions. These included recording in diary notes, people's support plans and training. Staff told us, "We have staff meetings every month or so and we get the minutes. There is a communications book to pass on information" and "Communication is good."

The registered manager and registered provider were aware of their responsibilities to notify the Care Quality Commission [CQC] and other agencies of incidents that affected the safety and welfare of people who used the service. There had not been any accidents or incidents that had required reporting to CQC.

A quality assurance system was in place at the service that consisted of checks, audits and questionnaires. Audits were completed on a monthly basis by the registered manager and deputy managers on specific areas such as care plans, medicines, supervision, training, the environment and records. The registered manager told us that when they had first been appointed to their role in April 2015, they had identified a lack of meetings for people who used the service and staff. She had introduced these very quickly in order to drive improvement within the service to ensure that the people who used the service were listened to and had an effective and inclusive way to provide their views on how the service was run. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from annual reviews and found these to be very positive about all aspects of the service. We saw information from relatives had been collated and action taken when these had been identified.

We saw records that provided evidence regular checks were being carried out on the general cleanliness of the service, the building maintenance and the house keeping. Fire alarms, fire doors, emergency lighting and fire exits were checked weekly to ensure they remained effective. Water temperature and legionella tests were undertaken as required.

The service had links with the 'dementia care academy' which enabled them to, as far as reasonably practicable; ensure they provided care in line with best practice. The registered manager told us, best practice guidance was shared through managers' meetings

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, complaints and infection control. We found these reflected current good practice.