Nottingham Community Housing Association Limited

134 Ashland Road

Inspection report

134 Ashland Road West
Sutton In Ashfield
Nottinghamshire
NG17 2HS

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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

About the service
134 Ashland Road provides accommodation and personal care for up to 10 people with learning disabilities and physical disabilities. At the time of our inspection seven people were living at the service. The service is one adapted ground floor building.

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's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found.
People felt safe living at the home. People followed safe procedures when greeting visitors. Risks were assessed, monitored and managed. Sufficient numbers of staff were employed with appropriate skills and competencies. Medicine protocols and best practice were followed. Systems were in place to ensure lessons were learned when things went wrong.

People's diverse needs were assessed and included protected characteristics under the Equality Act 2010. Staff were supported to undertake relevant training to do their job. People were supported to have sufficient to eat and drink. The registered manager implemented change when required. The service worked alongside and also shared relevant information with other professionals to ensure people got the most effective care.

The premises were adapted to meet people's needs. Where required new equipment was purchased to make sure people were responded to in a more effective way. People's bedrooms were decorated to reflect their personality. The service was following the principles of the Mental Capacity Act.

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
The home was calm, relaxed and homely. People were supported to express and share their views. People were treated with respect and dignity and encouraged to make informed choices. Staff asked permission before they provided care and treatment.

People were supported to maintain relationships, avoid isolation and achieve their goals. With an excellent opportunity to participate in group and individual activities. Staff and the management team worked with passion and dedication to ensure people achieve good outcomes and including people's individual needs that related to their protected equality characteristics. End of life wishes were arranged with contributions of people and their families.
People's communication support plans had accessible information. End of life plans were comprehensive

and accessible, with contributions from people and their families. This had been sustained since their last inspection. There was an open and transparent culture when dealing with complaints.

The service was well-led. Auditing and quality monitoring were robust and covered every aspect of the service. This ensured areas that required attention were acted upon. This provided a positive open and transparent culture. The manager and staff team were proactive, responsive and supported people to continually achieve and develop throughout their time at the home.

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

Rating at last inspection and update
The last rating for this service was good (23 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

134 Ashland 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 comprised of one inspector.

Service and service type

134 Ashland Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before we inspected the service, we reviewed any notifications we received from the service (events which happened in the service that the provider is required to tell us about.) We asked commissioners for their feedback about the service. At the time of the inspection the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, senior care worker, two care workers and the nominated activities person. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People followed safe procedures when visitors arrived at the service. One person opened the front door when we arrived – This was something the service had introduced to enable the person to be independent and encouraging them to make checks of people coming into the home. They checked our identity badges and asked who we wished to see.
- People told us they felt safe living at the home. One person said, "I am very happy and safe." Another person told us they were 'alright'. A relative felt their family member was safe living at the home and with the staff that cared for them. We observed people were content with the staff. Staff knew people and what their needs were.
- Safeguarding systems and processes were in place to ensure people were kept safe from harm. Staff had received safeguarding training and knew how to make a safeguarding alert should the need arise.

Assessing risk, safety monitoring and management

- Risks associated with people's support needs were assessed, monitored and managed. Risk assessments explained how staff should promote people's safety and action they would take if the need arose.
- Internal and external safety checks were completed. This included the premises, equipment and risks associated with fire and legionella to ensure they met health and safety standards and people were kept safe from harm. People were involved in fire safety checks to ensure they were aware of the risks in case of a fire. Risks were also discussed in resident meeting's in a picture format so people could understand.

Staffing and recruitment

- Staffing levels were calculated around people's needs. There were sufficient staff to support people safely.
- Safe recruitment processes were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Medicines were administered safely. Staff had completed medicine training and had been assessed as competent. Senior support workers took ownership of medicines and ensured they were checked, audited and managed. Medicines and creams we checked had been dated when opened and were disposed of when out of date.
- A senior support worker described the medicine procedures they followed to ensure medicines were administered in a safe way. Documents confirmed people had received their medicines as prescribed when required and, in the way, they wanted to receive them. For example, in liquid form or with food.

Preventing and controlling infection

● People were protected from the risk of cross contamination and infections. Relevant hand hygiene was followed, and signs were in each person's room, in picture format. This was to make sure they fully understood the importance of washing their hands.
● The environment of the home was clean, tidy and well maintained.
● Staff had completed relevant training in infection control and wore appropriate personal protective equipment, such as, disposable gloves and aprons.

Learning lessons when things go wrong
● The provider demonstrated they did learn lessons from incidents.
● Since our last inspection one person had acquired an infection. The registered manager had implemented improvements and reviewed their cleaning contract and added additional cleaning hours. Improvements to daily cleaning tasks were put in place with an enhanced seven-day rota and daily cleaning of people's bedrooms.
● The service audit identified outside access was uneven and unsafe due to tree root damage. The provider had replaced the paths at the front of the property to make sure they were safe. This told us the provider took action when things went wrong.

Good

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 as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's diverse needs had been assessed and included protected characteristics under the Equality Act 2010. This was to ensure people did not experience any discrimination.
- We saw assessments had taken place prior to people moving into the home and they were reassessed once they arrived. This was to make sure all support needs were met.

Staff support: induction, training, skills and experience
- Staff received training relevant for their roles and records confirmed the training and competency tests had been completed. One member of staff said, "The training supplied was very good, we get specialist training for example, peg feed and dysphasia."
- Relatives told us they believed the staff were well-trained. One relative described how new staff had volunteered at the home and they were not allowed to provide care until they had completed all their training. They said, "The home is very strict on that." We spoke with a new member of staff and observed the training they were completing. The new member of staff said, "The staff have been very supportive while I have been completing training."
- We observed staff working together and were very supportive of each other, which made a positive environment for people.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to have a healthy nutritious diet. Picture menus were used for people to have a choice at mealtimes. People freely accessed the kitchen and were able to make drinks and snacks under supervision.
- People had eating and drinking plans in place and staff were fully aware of people's dietary needs. However, we found fluid charts were not always completed correctly. It was unclear what fluid intake a person had.
- There was no level of fluid identified or to measure against to ensure the person had received appropriate amounts of fluid each day. We raised this with the registered manager, and they told us they would review and amend the fluid charts. They confirmed when this had been completed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People had hospital passports so they could share information with health care professionals, such as GP, hospital staff and ambulance staff if needed. This meant important information about people's ongoing

care needs would be known.
● Health action plans were in place and identified when other professionals had been involved. People were supported to attend regular appointments with specialists, which included dentist, optician or blood tests.
● Health care professionals gave positive feedback. For example, they said, 'very nice home' and 'staff were very engaging'. They told us the home responded when needed and staff were proactive when people were ill and needed medical care. They also felt staff responded well to training and advice.

Adapting service, design, decoration to meet people's needs
● The service was very homely, and people looked very comfortable within their surroundings. The environment was calm and uncluttered.
● Each person had their own room and these were decorated to the person's individual choice and reflected their character. People were proud to show off their rooms to us.
● New ceiling tracks were purchased for those that needed them. These were put in the kitchen and lounge to help reposition people more effectively. This was to ensure staff respond to people's needs without delay.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

● No restrictions were in place for people who were able to make their own choices and were as independent as possible. Where restrictions and conditions were in place DoLS were applied and authorised in line with the principles of the MCA.
● Staff had received training in the MCA and understood what this meant for people in their care and why best interest decisions were made when people lacked capacity.

Good

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 outstanding. At this inspection this key question has now been rated as good as our process has changed. 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

- The home was calm with a happy atmosphere. People were relaxed and content. Staff had time to spend with people and made sure they focused on their individual needs.
- Staff were knowledgeable about the people they cared for and respected their choices and wishes.
- Each person had a book 'all about me and my life' which told the reader about the person, their family, friends and all about their goals and aspirations. For example, what they had achieved, places they had visited and work they wanted to do. This meant people's choices were respected and they were fully supported in what they wanted to do.

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

- People told us they were fully involved in their care. They used pictures to identify their choices and the care they wanted to receive.
- Relatives told us key workers kept them informed via email and telephone. This enabled them to share their views and discuss their relations care needs.
- We observed staff involving people with decisions about their care. People expressed their views in their own way. Either by a smile, shout or wave of their hand.
- The provider acted as an advocate for the people they supported in many ways but also signposted people to external agencies who provided advocacy services if needed. The role of an advocate is to support vulnerable or disadvantaged people and ensure that their rights are being upheld.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and encouraged people to do what they could for themselves.
- We observed staff talking to people at their level and in a respectful manner. Staff asked people's permission before they entered their bedroom or provided care and support.
- People's records were kept secure and were only accessed by staff and managers who only acquired information where needed.
- People and relatives told us the care provided was good. One relative said, "[family member] gets a bath every day. They are taken out daily and their hobbies and interests are met."

Good

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 services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

● People were supported 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. Staff had an excellent understanding of people's individual needs relating to their protected equality characteristics.

● There was an excellent opportunity for people to participate in hobbies, interests and work-related activities. Activities were planned in a person-centred way. People helped with meal preparation, we saw that one person was asked if they would like to chop some vegetables, the person smiled and said yes. Staff used a technique called 'hands on hands' if people were unable to do it for themselves. This meant all people got the experience of the activity, which helped to keep people active, awake and stimulated.

● Staff shared positive outcomes of people who were uneasy when they first came to the home. They said, with perseverance and encouragement people participated more and interacted with other people. Staff described how one person could now withstand more noise and remained calm and relaxed, which made them much happier.

●Where a person showed interest in the fire service. Staff encouraged them to be involved in monitoring the fire equipment within the home. One of their jobs and tasks was to check fire equipment, such as the fire extinguishers and fire tests. One person was excited to tell us what the job entailed and how glad they were to participate in such an important task. This empowered people and ensured they were fully involved with the running of the home.

● People interacted with animals when they had visits to the home from a petting zoo (which included animals, such as reptiles and amphibians.) and a trip to the local zoo which had been arranged because so many of the people liked animals. One member of staff said, "People's faces light up with excitement when they see the animals." One relative confirmed their family member liked animals. They also told us at Christmas the home arranged for some donkeys to visit and that it was lovely to see the interactions.

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.

● The service used different methods to share information in ways people could understand. We saw staff communicating with people using a range of verbal and non-verbal techniques, which people fully understood and responded to positively. For example, people responded with eye movement or smile.

● Resident meetings and the service newsletters were communicated to people in picture format. People when asked could Identify what issues had been discussed just by looking at the relevant picture, for

example, bullying. This was an excellent way of getting important messages across to people. People told us they liked how the resident meetings were in pictured format as it helped them understand. Relatives confirmed they had seen a copy of the newsletter, which kept them up to date and fully informed.

End of life care and support

● End of life plans were comprehensive and accessible, this had been sustained since we last inspected. Staff went above and beyond and provided exceptional end of life care. For example, staff stayed with people to ensure they were comfortable and pain free.

● During our inspection we saw the dedication of the staff, one person had passed away prior to our visit. The staff had made a remembrance memorial in the person's bed room. They had laid out albums of the person's life, which showed us they had an active happy life while living in the home. People told us they were sad to have lost their friend. Staff explained how they had supported others in the home to come to terms with their loss. This told us staff showed empathy and understanding.

● The registered manager told us about one person's funeral. They said, "This was a wonderful reflection on the person's life, very moving and emotional time for all. The person's keyworker and I set free two doves and watched them fly out into the distance – a wonderful tribute." Healthcare professionals confirmed the service was very good at supporting people when there was a death in the home. For example, to attend the funeral or release balloons in a person's memory. The health care professional told us this was a very nice touch and ensured everyone at the service was involved as they had all lost a friend. The staff helped people to plan, feel empowered, listened to and valued to ensure their end of life wishes were respected.

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

● People were fully involved in the assessments, planning and reviews of their care and support. Key workers regularly discussed people's care needs with them. One person said, "We always talk." Staff and management worked with passion and went above and beyond their roles to ensure they achieved excellent outcomes for people.

● Staff arranged an epilepsy awareness day to ensure all people were aware of what happened when a person had a seizure. This was a way of sharing the person's experience.

Good

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

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

- People were included in their care, which was person-centred and delivered around their needs. For example, techniques for people who had anxiety or behaviours that challenged others were tried and tested to make sure the best technique was used for the individual and they experienced positive outcomes.
- Staff were complimentary about the management team. They said they had received support and training to ensure they were competent within their role.
- Our observations showed us that care was being delivered by a skilled staff team.

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

- The registered provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider had met their responsibility to report to CQC.
- Relatives confirmed they were kept up to date when incident or concerns were identified and involved their relation. This meant management were open and honest.

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

- The management demonstrated an excellent oversight of the service and the people living at the home. Staff spoke positively about the leadership and support they received. One said, "Communication between staff is good. We have handover from night shift to day shift and a communication book."
- The registered manager and their staff took pride in the work they did with people. It was clear from speaking with people and their relatives the service had improved people's lives for the better.
- The provider had robust auditing and quality monitoring processes in place. New systems had been implemented to ensure care provided was more effective.

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

- The service supported people to learn new skills, such as painting. People were encouraged to access the community for leisure, education and work placements to boost their self-esteem.
- The service took a key role in the local community and was actively involved in making further links. The home had been involved with raising money for the blind dogs and McMillan group. They also hosted open

days. We saw pictures that showed us people had a fun time in a party atmosphere and were happy and enjoyed what they were doing.

● Regular staff meetings were held to share information and updates on people who used the service. Such as, discussions on alternative therapy like music over medication. Staff were actively collating music that one person enjoyed and created a playlist for them. This had a positive impact on the person which lead to them being calm and less adjugated.

● The provider produced a monthly magazine and encouraged people to participate by sharing poems, holiday photos and meaningful event articles. People we spoke with told us they were proud that they saw themselves in the magazine.

Continuous learning and improving care

● Management and staff were continually working towards improving the service and people's lives. Since the last inspection the provider implemented more robust cleaning schedules when issues and concerns had been found. This mitigated risk to infections. People and staff followed a robust hand washing regime, which was monitored and signed off by the registered manager.

● Recommendations were followed for staff to attend further training in infection control, sepsis and MRSA as part of lessons learned.

Working in partnership with others

● The registered manager and staff worked well with external healthcare professionals. We received positive feedback from a health care professional who confirmed they had a good working relationship with the home.

● Staff confirmed they made referrals to external health and social care professionals and followed recommendations and guidance when required. Care plans we looked at told us where other professionals had been involved with people's care.