Care Quality Commission

Nottingham Community Housing Association Limited

2-4 Watcombe Circus

Inspection report

2-4 Watcombe Circus
Carrington
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection visit took place on 4 May 2018 and was unannounced. The accommodation at 2-4 Watcombe Circus is situated in Nottingham. It comprises of two large houses which have been joined together. Each person has their own bedroom and there were shared toileting and bathing facilities. There are shared spaces on the ground floor which include two lounges, a dining room and a kitchen. The home is registered for twelve people and at the time of our inspection twelve people were living in the home.

2-4 Watcombe Circus is a care service and was registered before the introduction of the Registering the Right Support and other best practice guidance. However the provider aimed to develop these values which include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the last inspection in April 2017 the service was rated requires improvement. At this inspection we found improvements had been made in the areas effective and well led, however further improvements are still required in the 'Well-led' section. The inspection was completed by one inspector

2-4 Watcombe Circus is in the process of changing the registered manager. We spoke with the temporary manager during the inspection. The new manager was to commence their role over the next month and had begun their registration with us. 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.

People were supported by sufficient staff who had received training that reflected their role. When people required additional support with an activity or appointments this was arranged and reflected in the staffing requirements.

Medicines were managed safety and there was a range of health care professionals involved in supporting people's wellbeing and ongoing health needs. Risk assessments had been completed and guidance provided including evacuating the building in an emergency.

Lessons had been learnt following events to reduce the risk of reoccurrence. Safeguards had been raised and staff understood the importance of protecting people from harm. The care plans were person centred and included care needs and preferences. Information was offered in alternative formats and ranges of communicating methods were available. People were offered opportunities to follow their interest and social time.

Staff had established positive relationship with people. People's independence was encouraged and this was promoted with meals and daily living skills. When people required support this was done with their dignity in mind and respect of their wishes. People are supported to have maximum choice and control of

their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There was a complaints policy available. The provider understood their requirements under the regulations and sent us notifications about events and incidents. They had displayed their rating at the home and on the website.

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
People were protected from harm and risk assessments had been completed. There was sufficient staff to meet people's needs.
Lessons had been learnt and positive action taken.
Medicine was managed safety.

Is the service effective?

Good

The service was effective
People were supported when making decisions.
Staff had received training and latest information on people's conditions or health care needs. Improvements had been made to environment.
Health care needs were responded to ensure ongoing wellbeing
Nutritional needs had been reflected in people's choices of meals

Is the service caring?

Good

The service was caring
People and staff had established positive relationships.
Care needs were provided with respect and considered peoples dignity
Relationships and independence was promoted.
When required advocacy was available to support people

Is the service responsive?

Good

The service was responsive
Care plans were person centred and contained details about the person's needs and preferences. People's communication methods had been considered.
People were offered opportunities to follow their interests and social needs
There was a complaints policy and process in place

Is the service well-led?

Requires Improvement

The service was not always well led
Audits had not always been completed to reflect the needs and to ensure improvements had been carried out.

People were able to provide feedback in an informal way.
Staff felt supported by the provider and temporary manager.
The rating was displayed and we had received notifications

Care Quality Commission

2-4 Watcombe Circus

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 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 4 May 2018 and was unannounced. The inspection was completed by one inspector. The provider completed a 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. We used this information to formulate our inspection plan.

Some people using the service were able to tell us their experience of their life in the home and we discussed these with three people and one visiting relative. We also observed how people were supported. We spoke with three care staff, the deputy manager and the temporary manager. We also spoke with a visiting activity person.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service; these included audits relating to, infection control, falls and incidents and surveys to reflect feedback. We also reviewed the improvement plan for the home, which reflected the changes which had been made or were planned to be made.

Good

Is the service safe?

Our findings

People told us there were enough staff and when they needed someone they could always get the support they wanted. One person said, "They plan the staff around things, like appointments or activities." We saw how the staffing was planned in relation to people's needs and any commissioned one to one hours. For example, the one to one hours linked to the persons chosen activity. On the day of the inspection one staff member was unwell and a replacement was not able to be found. The deputy told us, "Our baseline staffing is two and we have that, the impact will be any spontaneous activities that would be affected." They also confirmed that they did not use agency to ensure consistency. The provider had their own bank staff or the establish staff provided additional cover. We saw during the inspection visit that people's needs were met and the reduction in staffing did not on this occasion have an impact. This meant there was sufficient staff to support people's needs.

We saw and staff told us, when they were recruited they completed a police check and references from previous employers before they commenced their role. One staff member told us, "I had all the checks completed before I could start."

People were supported to be safe from abuse or harm. We saw information relating to safeguarding was available in an easy read format and that it had been discussed in the weekly meetings. Staff had received training in safeguarding and was able to discuss with us the different types of abuse and how they report any concerns. Where safeguards had been raised they had been investigated.

We saw from one safeguard how lessons had been learnt. For example, the safeguard related to a person having sore skin which had not been observed. The staff team received training in pressure care and how to identify areas of concern and what early action could be taken. One staff member said, "We now know what to look for and can be more proactive." The care plan had been up dated to reflect this new practice and details recorded to avoid the situation reoccurring. This showed the provider learnt when things went wrong.

People were supported with their medicines. Since our last inspection a range of improvements have been made. For example, when a person requires cream a body map had been introduced to identify the areas where the cream should be placed. The provider had also ensured that when as required medicines were provided a protocol was in place. The protocol gave staff guidance on when the medicine should be given following the identified symptoms and the expected outcome. We saw the GP had been involved in medicine reviews to reduce any excess use of medicine.

People's risks had been considered and when people were at risk of sore skin, pressure relieving equipment was provided. We saw staff used the equipment for the relevant person and when they changed location the cushion was transferred with them.

Some people expressed themselves with behaviours which could cause themselves or others harm. We saw

there were plans in place which reflected the behaviour, any possible triggers and how to de-escalate the situation when it occurred. The temporary manager told us they were currently completing training in 'Positive behaviour support.' They said, "The training looks at how we can improve our approach. When the managers have completed the training it will be cascaded to the staff and then we will revisit the care plans to see how we can change them to reflect the training."

We saw that plans were in place in the case of an emergency, for example a fire. The home completed regular tests on how to evacuate the building. We saw that throughout the fire evacuation procedures were displayed in plain text and easy read. We saw how issues identified with the lift had raised concerns and implemented actions. The lift has broken on several occasions, although the provider is working to rectify this situation in the interim measures have been taken. These involved additional checks on the lift and staff receiving training on how to support people should the lift stop working whilst in use.

Staff used protective equipment such as gloves and aprons when they provided personal care or served food. The home had a five star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority.

Good

Is the service effective?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care relating to mental capacity assessments that could be improved. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorised to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision and they linked to the relevant part of the care plan. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision, for example medicines. Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. We saw throughout the inspection visit people were offered choices and their independence promoted.

Staff we spoke with felt there was a lot of training available. One staff member said, "We have lots of training. When I completed the medicines training, my competency was checked and I was supported until I felt confident." We saw when people changed their role, they were supported to develop the skills they required. One staff member told us, "I have been supported in my role and in how to manage new tasks." They also told us they had enrolled on vocational training and said, "I have been with the company a long time and their training is really good. I have worked through the different levels and increased my qualifications." This showed that staff were supported with their role in enabling them to support people's needs.

People were supported with their choice of meal. Each week the home had a meeting called; 'Speak out' this was an opportunity for people to express concerns about the home and to discuss the menu. People took it in turns to choose the evening meal. At other times of the day people were supported on an individual basis. People were encouraged and supported when they wanted refreshments. Some people had some dietary needs due to weight loss and for these people their intake was observed. People's weights were recorded and monitored. The deputy told us they had purchased some sit down scales. They said, "It's much better and more accurate, before people struggled to stand on the scales." Peoples were encouraged to help prepare their own snacks and the evening meal for the house. We saw peoples assisting in the kitchen and some people told us they enjoyed helping.

When people had a specific illness or condition information was available in the care plans. This ensured the staff followed the latest evidence-based guidance to enable them to support the person to achieve effective outcomes. We saw the details of conditions were reflected when relevant in the care plans. For example, when medical treatments were required in connect with the person's condition.

The environment of the home had been improved to meet people's needs. In the PIR the provider told us about the planned improvements and we saw some of these had been completed. For example, the back garden and drive way had been resurfaced to make it smooth and more accessible. The corridors had been painted and the floors redone. People told us, "It's much better and lighter now." The corridors had been painted in a different colour on each floor to support people with orientation. There was also a plan to refurbish the bathrooms, one of which was to be turned in to a wet room. The deputy told us, "We have a wet room on one floor but we need one on the top floor to support people with access needs." People were able to personalise their own bedrooms and they had been consulted on the choice of colour when their room was decorated.

People's health care was promoted and referrals made to consider their wellbeing. For example, a referral had been made to a speech therapist and this had enhanced some people's communication method. Other people had received regular support from their GP, dentist and other health care professionals. When people had appointments they were supported to attend these with staff who knew them well. We saw that easy read guides were available linked to a range of procedures and appointments.

Good

Is the service caring?

Our findings

People we spoke with felt supported by staff. One person said, "They are all nice and friendly." We saw that staff had established positive relationships with people. This was expressed through their knowledge of the person and how they approached them. One staff member said, "I like seeing people enjoying themselves, they are an extension of my family." One relative said, "I am impressed by the staff patience. They try to make life enjoyable."

One person had been discussing the recent local elections. We saw how they were supported with information they required about their chosen political party. The person said, "We are not voting this time. When we do we have a postal vote." This showed the provider respected people's opportunities to engage in voting and expressing their own wishes. Other people were supported with their spiritual needs. Some people attended church on a Sunday and one person enjoyed attending a pray group weekly.

In the PIR the provider told us how they were introducing some training called, 'Active Support'. We saw this process had commenced. Active support looks at the interactions by staff members and encourages reflection and celebration. The deputy had set up a board in the office to enable positive interactions to be recorded. For example, 'singing and dancing' and a spontaneous, 'I Spy' game. The deputy told us, "It's the little things that matter and can make a real difference to someone's day." The temporary manager said, "It's about focusing people on the interaction not the task."

We saw people's privacy was respected. People were encouraged to spend their day how they wished; some people enjoyed socialising in the communal spaces, other people in their rooms. When people wished to have private time in their room this was acknowledged and respected. Staff told us they always knocked and waited before entering a bedroom or bathroom. We saw staff ensured peoples dignity. For example, guiding people to the bathroom for their personal care needs. One person often chose to take off their clothes. To preserve their dignity a small box of their spare clothes was made accessible so that staff could respond quickly.

People were encouraged to keep in touch with family members. Care plans identified when support was usually made which was in agreement with family. This included home visits and telephone calls. When people required the support of an advocate this was available and people were supported to obtain an advocate and have time to spend with them. An advocate is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view.

Good

Is the service responsive?

Our findings

Care plans had been developed to incorporate the persons needs and preferences. We saw that aspects of the care plan were in an easy read format so that it could be shared more easily with the person. The provider had a key worker system that meant a staff member was responsible for updating the care plans and ensuring information changes were cascaded to other staff. One staff member told us, "I find it fascinating to update the care plans. The more we know about a person the more we can do with them." Care plans were person centred and were available on the provider's electronic system and there was also a paper copy in the locked file in the office. There was a laptop available downstairs in the communal space which staff could access to update information or review changes. One staff member said, "It's useful having it here as you can use it when you get a minute."

Staff told us they were able to share updates or changes on the 'Watcombe' team email. This is a way of making sure everyone sees the changes and can be aware or review the care plan changes. We saw when people were considering moving to the home a pre assessment had been completed. This aims to provide as much information as possible to help plan the care the person needs and to reflect if the person is suitable to move into the shared accommodation. The temporary manager had developed a summary form to support the staff in collecting the information.

In the PIR the provider told us they were developing an easy read library, at the inspection the beginnings of this were shared. The library provided a whole range of easy read guides so that when a person needed support in an area the information was available to use and supported the person with their understanding. For example, having a blood test.

When staff changed over from one team to another they received a handover. This was recorded and detailed for each individual, any changes or incidents which had occurred or things which may need following up. For example, one person required a medical sample to be provided and this was handed over to the next staff team. One staff member said, "You need a proper handover, things can change at any given time, like overnight."

People had been supported to communicate using a range of methods. The Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that the provider had reflected this law into practical approaches for people. For example, some people were unable to verbalise their needs. Staff told us and we saw they used hand gestures and facial expressions to reflect their needs. One person had recently been supported by a speech therapist. They had developed a pictorial communication book. Staff told us, "It has had a huge impact as the person can now express their needs and make more decisions for themselves." We observed the book being used, the person used it to plan their time and relate to the events of the day, for examples, meals or chosen activity. Staff also reflected that it had supported the person to be less agitated as they were able to express how they felt or what they wished to do. This meant that people could communicate in a way which reflected their individual needs.

Assessment of people's diverse needs were in relation to the protected characteristics under the Equality Act 2010. People's diversity and sexuality was considered and identified people's personal preferences and how they wanted to be supported.

People had been supported to participate in areas of interest. Each person had their own planned activity and there was some group options. For example, an art student visited each Wednesday and people had been supported to develop their interest in this area. We saw the art had been displayed on the wall and people we spoke with were able to express their enthusiasm for the art. Another group session involved music and movements. One staff member told us, "A little movement is good and very important." We spoke to the activity organiser, they told us, "Staff here are keen to get people to participate and they feedback information, so I can build it in to people's activity plan."

Other people were supported to attend a club which provided social contact and the opportunity to enjoy a disco which several people told us they enjoyed. In the PIR the provider told us how they encouraged people to achieve goals. One person told us about their individual goal, which was to go swimming. We saw this had been achieved and the person told us they enjoyed going as they wanted to get fitter. The temporary manager told us they had just started this process and planned to ensure peoples goals were reviewed and reflected in their care plans.

Since the last inspection the provider had introduced a complaints board which we saw was on display in the corridor. This showed the complaints policy in an easy read format and information about the complaints process. People told us they knew they could raise any concerns with staff or at the 'speak out' meeting they held weekly. The provider had not received any formal complaints since our last inspection.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. The provider had access to end of life care plans and we saw some people had some arrangements in place. One staff member told us, "[Name] has a plan, which we review annually; we don't like to review too often as it makes them worry and get anxious."

Requires Improvement

Is the service well-led?

Our findings

2-4 Watcombe Circus is in the process of changing registered manager. We spoke with the temporary manager during the inspection. The new manager was to commence their role over the next month and had begun their registration with us. 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.

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care relating to the running of the home.For examples, audits and reviews which reflect how the provider supports the home. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made some improvements as documented below . However further improvements were required.

The provider completed a range of audits on the service. However, we saw that when actions had been identified they were not always reviewed to confirm they had been completed. This was in relation to care plan audits. Other audits had not identified areas of concerns, for example in relation to infection control. The cleaning was completed by an external agency; however there were no cleaning schedules provided to confirm when rooms had been done. We saw some equipment with chipped paint was in use in the bathroom areas and another item was leaking rust on to the floor. Equipment with chipped paint is not able to be cleaned to reduce the risk of infection. Other audits in relation to falls or incidents had not been reviewed in detail. For example, one report reflected incorrect moving and handing practice had been used. No action had been taken to address this with the staff or to consider how the person could be supported in the future if they were to fall.

A relative we spoke with identified that they had not been involved in reviews. They also felt they had not always been kept informed. For example, [name] had recently had a blood test and the relative had not been informed of the outcome. They told us, "I would like to be informed as I feel I could then engage with [name] more, as I would understand them and the home situation." The temporary manager told us, "We are working on this area and will be planning reviews."

There had been no formalised feedback opportunities for people in the way of a questionnaire, however, people had been encouraged to express their views in the, 'speak out' sessions. For example, people's views had been consulted about the garden. We saw easy read sheets were used to enable what people wished for this space. This included garden furniture and a swinging bench and these had been purchased and were in place. People had also identified that they wished to purchase a bench in memory of a person who had used the service, but had passed away and this had been bought.

Staff felt supported by the provider and the current temporary manager. One staff member said, "We have lots of benefits with this company relating to your health which is a bonus and does help." Some

staff told us how they received regular supervision. One staff member said, "We meet every six weeks and discuss everything. Any issued raised have always been resolved. It's written down so it's reviewed."

The temporary manager told us how the provider was changing the supervision approach. This was to make it less formal and more meaningful and focused. This could involve supporting peoples at different times when needed instead of set timeframes.

We saw that partnerships had been developed. These included a range of health care professionals and the activities support. The deputy said, "We have a really good relationship with the district nurse and the GP. It's good to have the conversation with them and they always follow up and give us advice." We saw these relationships were reflected in the care plans.

The provider had displayed the rating at the home and on the website, as required. After the last inspection the rating and report had been shared with relatives. The provider ensured we received notifications of events or incidents. This is to enable us to monitor the service and to follow up on actions taken.