

## Advance Housing and Support Ltd

# Nicholas Court

### Inspection report

Nicholas Court  
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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

Nicholas Court is a residential service designed to provide support with personal care for up to eight adults with learning disabilities. The premises consist of three flats with two bedrooms and two flats with one bedroom. At the time of the inspection there were five people using the service. At the last inspection in August 2013 the service was found to be compliant with all regulations inspected.

There was a manager for this service who was in the process of becoming registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs. People had risk assessments carried out to ensure safe care was provided and potential risks were minimised. We found people consistently received their medicines safely and as prescribed. There were systems in place to check and maintain the safety of the premises and these checks were up to date. The service had systems in place to deal with foreseeable emergencies.

Staff received regular training, opportunities for skill development and supervision. The manager and staff were aware of their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. We found the service was depriving people of their liberty within the legal framework and only when they had the legal authorisation to do so. People planned their own menu and went shopping to buy their own food. We found people were encouraged to eat nutritionally balanced meals. Staff assisted people to access healthcare professionals as required.

We found staff treated people with respect and dignity and spoke to people as they supported them. We found that staff knew the people they were supporting and their preferences. People who used the service had a communication passport to enable staff to use appropriate methods of communication with people who did not use language. Staff were knowledgeable about encouraging people to carry out tasks independently when they were able.

People's care plans were comprehensive and were written in a person-centred way. Staff demonstrated they understood what personalised care was. We found care plans were reviewed and updated regularly. People had their own individualised timetable of activities and relatives told us these were appropriate for their family member. Relatives told us they knew how to make a complaint and the complaints procedure was visible in each flat.

The provider had systems to check the quality of the service provided. Staff had regular staff meetings to receive updates on the service. Relatives told us they were not asked for feedback. However the manager

showed us a newly designed customer feedback form which they were planning to give to people to complete with the assistance of their relatives or representative.

## 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. Staff were knowledgeable about how to report concerns or abuse and how to whistleblow. There were enough staff on duty. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date.

The premises were safe and there was an effective system in place to ensure safety checks were done. There were appropriate arrangements in place for the storage and administration of medicines to ensure people received their medicines as prescribed and safely.

People had risk assessments in place to ensure risks were minimised and managed. The service had an emergency on-call system for foreseeable emergencies which staff could access for guidance.

### Is the service effective?

Good ●

The service was effective. Staff had regular opportunities for training and the manager was able to see from the matrix when staff were due refresher training. We noted a new system had been introduced to ensure day staff received regular supervision and there was a plan for a supervision system to be implemented for night staff.

The manager was knowledgeable about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before delivering care.

We found people had access to healthcare as and when they needed it. We saw people were offered choices of suitable and nutritious food to protect them from the risks of inadequate nutrition and that each person was catered for individually according to their needs and preferences.

### Is the service caring?

Good ●

The service was caring. Staff had developed positive relationships with people and had a good understanding of their needs. Staff were observed to spend time interacting with people and speaking with them in a caring manner.

People were encouraged to maintain their levels of independence when they were able to do things for themselves. Staff treated people with respect and promoted their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive. Staff understood what personalised care was. Care plans were written in a person-centred way and used short sentences and pictures to help people to understand them.

Each person had their own individualised activity programme and relatives told us the activities their family member participated in were suitable for their needs and preferences.

The service had a complaints policy which staff and relatives were knowledgeable about. There was a copy of the complaints procedures visible in people's flats.

### Is the service well-led?

Good ●

The service was well led. There was a manager in post who was in the process of becoming registered with the Care Quality Commission. Staff and relatives had confidence in the manager as a leader.

Staff had regular meetings to keep up to date with future plans for the service and issues concerning people they worked with. The provider had systems in place to monitor the quality of care and support in the home. There was a plan in place to obtain the views of people using the service.

# Nicholas Court

## **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.

At the last inspection in August 2013 the service was found to be meeting the legal requirements. This inspection was unannounced and took place on 22 and 28 January and 1st February 2016. One inspector carried out this inspection.

Before the inspection visit we reviewed the information we held about the service including the previous inspection report and notifications the provider had sent us since the last inspection. We also reviewed the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke to the manager, three care staff, two relatives and two people who used the service. We observed how staff interacted with people that used the service. We reviewed five staff files, three care records, and records relating to the management of the service, including medication, quality assurance and staff training.

# Is the service safe?

## Our findings

People were protected from abuse. Relatives told us people were safe at Nicholas Court. The service had comprehensive safeguarding and whistleblowing policies which gave clear guidance to staff about how to recognise abuse, the action they should take if abuse was suspected and about whistleblowing. Staff were knowledgeable about how to report safeguarding concerns and how to whistleblow. For example, one member of staff told us, "Abuse is when you take advantage of a vulnerable person and if you see it you alert the manager". Another staff member said, "Tell the manager. If it's the manager abusing, go to area manager or do whistleblowing to CQC, tell the police or social services."

People had risk assessments documented in their care plans to assess their safety within the home and for activities carried out in the community. Risk assessments identified the risk and detailed actions needed to minimise and manage the risk. These assessments included medicine administration, dysphagia, diabetes management, falls, absconding, and behaviours that challenged services. We saw risk assessments were regularly reviewed at least six monthly and these were up to date. Each person's care file contained a personal evacuation plan to be used in the event of a fire and a personal profile sheet which could be given to the police if the person was to go missing. We noted that the service used assistive technology to alert care staff to people having seizures during the night. The provider carried out risk assessments for staff lone working.

The service had an on-call emergency telephone number which staff could use in emergencies to get support. This was displayed on the noticeboard in each flat. Staff we spoke with knew how to respond to foreseeable emergencies. For example, one staff member explained what they would do if they were with a person who used the service in the community and the person absconded, "Alert the home, call the police and notify on-call person."

The service had a recruitment and selection policy. We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, had produced confirmation of their legal entitlement to work in the UK and had been given written references. We also saw staff had criminal record checks carried out to confirm they were suitable to work with people and there was a system in place to get regular updates.

There were enough staff on duty. We reviewed the rota and saw that each person had one allocated staff to work with them each day in their flat and for activities in the community. During the night there were three waking staff on duty working with the five people. The manager told us they used the provider's bank staff to cover staff absences and we saw this was the case from the rota.

Medicines were managed safely. The provider had a medicines policy which gave clear guidance to staff about risk assessing to determine who required support with medicines, supply and storage of medicines, administration and record-keeping and self-administration. We found that people's medicines were kept in a locked cabinet in people's flats. Medicines were in date, clearly labelled and accounted for. The medicines administration record (MAR) sheet had been completed and signed appropriately. Medicines requiring cool

storage were stored appropriately and records showed that they were kept at the correct temperature and so were fit for use. We saw there were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We found PRN medicines had been administered and signed for as prescribed. Medicines were stored safely and were safely administered.

The premises were safe. We saw the building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, we saw portable appliance testing was done on 15 September 2015, a gas safety check was done on 6 October 2015, and fire equipment had been checked in December 2015.



# Is the service effective?

## Our findings

Staff told us they had regular opportunities for supervision and they felt supported to carry out their role. The service had a supervision policy which stated staff should receive a minimum of five supervisions during a new staff member's probation period and seven supervision sessions a year to staff confirmed in post. We saw that supervisions included looking at the well-being of people who used the service, staff performance and learning and development. The manager explained that supervisions had lapsed prior to her appointment but that they had been working to introduce a system for staff to receive supervision on a regular basis. The manager told us they aimed to give supervision to each staff member every four to six weeks and they had successfully set up a system for staff working during the day. Staff records showed this was the case for the day staff. However we found there had not been a regular system in place for night staff to receive supervision. We raised this with the manager who showed us there was a plan in place for night staff to receive telephone supervision when it was not possible for supervision to take place face to face. We saw the first telephone supervision was to take place on 1 February 2016.

Relatives told us they thought their family member was supported by skilled staff. Staff confirmed they had received an induction and had regular opportunities for training and skill development. We saw evidence of this from training certificates in staff files. For example, we saw staff had received training in fire safety, medication, food hygiene and infection control. The training matrix showed the training courses completed by each member of staff and when staff were due to update their learning. For example, we saw out of eleven staff, eight were up to date with safeguarding training and three were due to take a refresher course.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of inspection the five people who used the service had authorised DoLS in place because they needed a level of supervision that may amount to deprivation of liberty. For example, there was a key code lock on the front gate to prevent people absconding and to keep people safe from strangers entering the premises. We found the home had completed all appropriate assessments in partnership with the local authority and any restrictions on people's liberty was within the legal framework.

We saw from records that staff had received training in the Mental Capacity Act (2005). Staff were knowledgeable about gaining consent before giving care. For example one staff member told us, "I would

ask first", and another staff member told us that consent was, "The right for people to choose. Learning disability does not mean they do not have capacity."

Records showed people's preferences for food and staff supported people individually to plan a menu and purchase food items. We saw nutritious menus were offered. Staff were aware of people's dietary requirements. One person told staff, "Nice food", when they enjoyed what they had eaten. Another person told us they did not always like the food and further questions brought to light that they did not like staff giving them vegetables with their meals. Staff explained that they tried to encourage the person to eat vegetables to make sure they were getting the nutrition they needed.

Staff told us they helped people to make and attend appointments with healthcare professionals. We also saw evidence in care records that people had access to healthcare as and when they needed. For example, we saw people had access to a dietician to monitor their weight or to help them achieve good diabetes management. We also saw people had access to a chiropodist, an optician and a dentist. Care records showed that people had their weight monitored regularly. We saw where there were concerns about people's health they were weighed weekly and where there were no concerns their weight was recorded on a three monthly basis.

# Is the service caring?

## Our findings

A relative told us the care staff were caring and, "Wonderful, absolutely wonderful, absolutely lovely people." Another relative told us the care staff were caring but they thought agency staff were not as caring because they did not know their family member as well as the permanent staff. This relative told us they did not think agency staff were used that often.

Staff told us they got to know people by reading their care plans and a staff member said that, "Staff who knew [person] already gave an induction." One staff member explained how they developed caring positive relationships with people, "By communicating with them, we learn how to understand each other. Try to make them feel as settled as can be. Encourage them to maintain their religion. Have to respect their culture." Another staff member told us, "Show them you do care, [they] touch and smile to let you know they trust you."

During the inspection we saw that people were treated with respect and in a kind and caring way. There was a calm and relaxed atmosphere in the home. We saw that staff took the time to speak with people as they supported them and asked them first before doing anything. For example, when the inspector was being shown around people's flats, staff asked one person if it was okay to exit their flat through a different door and waited for the person to indicate they were happy with this.

Care records had a communication passport which gave guidance to staff about the methods of communication the person chose to use. We saw that when people returned from an activity they were keen to tell other staff and the manager where they had been and what they had been doing. Staff and the manager were observed to respond to people appropriately and communicate in the person's chosen way. We saw people using a "thumbs up" action and smiling to indicate they had enjoyed their activity.

Staff were knowledgeable about how to provide people with privacy and dignity. For example, one staff member said they, "Make sure the door is closed and when other people come they have to knock, support people with personal care in private." Another staff member described how when they supported a person with personal care, they made sure they took everything the person needed and made sure the bathroom door was closed. They also described how they covered the person's bottom half when assisting to wash the top half and covered the person's top half when assisting to wash the bottom half of their body. During the inspection we observed that staff knocked on flat doors before entering and waited to be invited in.

Staff described how they encouraged people to maintain their levels of independence, "By supporting them. Not doing for them", "Bring them to their wardrobe to choose their clothes", "[person] washes their own private parts" and "[person] helps to Hoover and to take laundry [to washing machine]."

## Is the service responsive?

### Our findings

Relatives told us their family member received person-centred care. One relative said their family member shared their flat with their friend and it was, "The best thing putting them together." Staff were knowledgeable about how to give personalised care. For example, staff we spoke with told us, "Care is individualised and centred around the needs of the [person] and their choices", "Tailored to [person's] needs", "Designed for the person, flexible to person's needs."

People's care plans were written in a person centred way using pictures and short sentences to capture different elements of the person's personality and their preferences. Care records contained a profile page containing the person's photograph and a summary with the person's background and cultural information. Care plans included a pictorial easy read health action plan which detailed the person's medical needs and the medical professionals involved in the person's life along with the support needed for the person to maintain good health.

We found each person had a support agreement which indicated how the person wanted to be supported and what they needed to retain control. We also saw care records included a section describing what "fun things" the person liked to do, places they liked to go, people and things that were special to them, things that the person found difficult, and what the person did not like.

Records showed that each person had a timetable of activities and we saw on each day of our visit people leaving the service with staff to attend activities. For example, one person attended a day service three times a week and we saw that once a fortnight there was a music and movement session in one of the flats that people could choose to participate in. The service had a system where people went out to eat together once a month and they took it in turns to choose the type of restaurant they went to. One person told us they liked art and showed us a collection of artwork they had completed at college. We saw that people were involved in shopping trips and going to the cinema.

Records showed that people had visits to and from relatives included in their timetable of activities. Staff and the manager explained there was an open door policy where family could visit any time but they asked family members to let them know if planned to visit so the person would not be out when they arrived. The manager told us that one of the relatives invited all staff and people using the service to their place of worship every Christmas.

The service had a "keyworker" system. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with other professionals or representatives involved in a person's life. Records showed that keyworkers were responsible for updating care plans every six months or more regularly when a person's needs changed.

Relatives told us they knew how to make a complaint and would raise any issues with the manager. One relative told us they had never made a complaint about the care provided but on one occasion they had pointed out to staff there was a leaking ceiling in their family member's room. This relative said immediate

action had been taken and their family member was temporarily moved into another room until the issue had been satisfactorily resolved.

The service had a comprehensive complaints policy which gave guidance on the actions to take when a complaint has been received and the procedure was kept in each flat. Staff were knowledgeable about the complaints policy and told us what procedure they would follow if they received a complaint. We reviewed the provider's complaints log and noted there were no complaints logged for Nicholas Court. The manager confirmed there had been no complaints since they began working for the service and showed us a thank you card that had been received.

## Is the service well-led?

### Our findings

Relatives told us they had not been asked for feedback since the last inspection. The manager confirmed this was the case but told us that since their appointment to position of manager an easy read pictorial customer satisfaction survey had been designed. We saw the satisfaction survey which was to be given to people to complete with the assistance of their family or representative.

During the inspection, we observed good interactions between the manager and people and between the manager and staff. The manager was seen to give time to everyone who wanted to speak with her. A relative told us "The manager is lovely." Staff told us during the last couple of years, the service had been going through constant changes of manager. Staff we spoke with said, "The manager now is brilliant. Oh she is a good leader", "Yes, this manager is good – it's run more smooth, seems to flow better" and "She is a good person, accommodating, attentive, she gives us a listening ear."

The manager told us they had staff meetings every four to eight weeks. Staff and records confirmed this was the case. We reviewed the minutes from the most recent staff meeting which was held on 25 January 2016. We saw the topics discussed included future plans for Nicholas Court, the staff rota, staff supervision arrangements and an update of people's well-being.

The manager told us that official resident meetings did not take place due to the level of learning disability which people had. However, we saw evidence that people had the opportunity to regularly get together and socialise.

The service had various quality assurance systems in place. The manager carried out monthly audits. For example, we saw the audit of people's care files on 14 December 2015 noted there were no issues. We also saw the health and safety audit carried out on 19 December 2015 included building safety, staff training and supervision and risk assessments. This audit noted that staff files showed gaps in training but they had recently completed identified courses and were waiting for their certificates to be sent to the service.

The manager told us the area manager visited weekly to provide support and guidance. The manager also told us when they were on annual leave, the area manager based themselves at Nicholas Court in order to ensure consistent support was provided to staff. Staff told us and we saw there was a designated person allocated to work in the office at the weekends to answer the telephone and deal with staff queries.

The provider contracted in a quality auditor to check people's risk assessments and care files annually. We saw their most recent report which was done during July 2015. The provider also carried out a financial audit which included checking people's money being looked after by the service. We reviewed the most recent financial audit and recommendations made on 5 October 2015. The auditor identified that cash withdrawals from people's bank accounts were not adequately recorded and financial risk assessments needed to be in place for each person receiving support with their finances.

We saw the manager used a continuous improvement plan which brought together all areas identified as

needing improvement from the various audits carried out. We saw a recent check carried out by the supplying pharmacist on 17 November 2015 identified actions that needed to be addressed. The manager showed us that these actions had been done and were signed off on the improvement plan. For example, the visiting pharmacist had said that staff should sign the medicines policy to confirm they had read it. We saw a signature page had been added to the policy and this contained staff signatures.