

Quality Care Home (Midlands) Limited

Nelson House

Inspection report

1-3 Nelson Road
Dudley, DY1 2AG.
Tel: 01384 237717
Website:

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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

Nelson House is registered to provide accommodation and personal care for up to 21 older people. People who live there may have a range of needs which include physical disability and dementia. At the time of our inspection 18 people were using the service.

Our inspection was unannounced and took place on 22 September 2015. At our last inspection on 6 and 7 October 2014 the provider was not meeting the regulations around Safe and Well Led, but evidence that we gathered during this, our most recent inspection, showed that improvements had been made.

The manager was registered with us as is required by law. 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 told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about how they could access and utilise the providers whistle blowing policy.

Summary of findings

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Staff were aware of how and when to access independent advice and support for people and assisted with this when required.

People were involved in the planning of care and staff delivered care in line with people's preferences and wishes.

Information and updates about the service were made available to people in meetings and to relatives verbally. The complaints procedure was displayed in a clear and understandable format to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly by the provider. The registered manager had also ensured that checks on staff were undertaken periodically out of normal working hours.

Medicines were given appropriately with audits carried out daily. Medicines that were refused or not given were recorded and disposed of appropriately.

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.

Suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs.

Medicines were handled and administered correctly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good



Is the service effective?

The service was effective.

Staff knew people's care needs.

Staff had the appropriate level of knowledge and skills to meet people's needs.

People were supported to access healthcare and their nutritional and hydration needs were met.

Good



Is the service caring?

The service was caring.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives in an easily understandable format.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



Is the service responsive?

The service was responsive.

Although most people were unable to participate in planning their care, their relatives or those who knew them best were actively involved.

Staff were aware of people's likes, dislikes and abilities and supported them to stay as independent as possible.

People and their relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues they raised.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The registered manager and the providers carried out quality assurance checks regularly.

The provider actively promoted an open culture amongst its staff.

Good



Nelson House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 22 September 2015 and was unannounced. The inspection was carried out by two Inspectors and an Expert by Experience who was knowledgeable around caring for older people with dementia.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that

have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection. No Provider Information Return was requested for this service.

We spoke with six people who used the service, five relatives, four care staff members, the cook, the registered manager and a visiting professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

Our previous inspection of September 2014 identified environmental risks around fire safety in the home. Furniture had been blocking fire exits in the lounge area, but at this visit we found this had been addressed and the exits were clear, enabling people to have a clear route to safety in the event of a fire. We saw that the fire safety policy had been updated to ensure that this did not happen again. A potential trip hazard in the form of a dryer in the hallway seen during the previous visit had been removed to ensure people's safety.

Concerns were also raised during the last inspection around repeated errors in the management of medicines, where records were not completed correctly and there were avoidable distractions and interruptions to staff administering medicines. During this inspection we saw that measures had been taken and staff who gave medicine had been made aware of what was required of them through additional training. Medicines were managed well and there were clear records of when people had taken their medicines. Staff were knowledgeable about people's medicines and Medicine Administration Records (MAR) were up to date with no gaps or omissions seen. The room used for storage of medicines felt cool, but a thermometer to monitor the temperature in warmer weather was not available. The registered manager said that one would be purchased as soon as possible.

One person said, "The staff always make sure I have my tablets on time and ask if I need anything for pain". We saw that staff administered medicines to people effectively and that each person was offered their medicine to take whilst the staff member stayed with them, in case they required any support.

People using the service told us that they felt safe, one person told us, "There are always people around us and we are safe here, there is no other place I would rather live and my family are happy with my care". Another person told us they could always talk to staff if they had any worries or concerns and that staff understood how difficult it was for them to live away from their own home. A relative told us that they felt that people were safe because, "This home has a security key pad, so no outsider or strange people can enter".

Staff were knowledgeable about how to protect people from abuse and they were able to tell us about the different kinds of abuse that people may experience and the signs to observe, such as people having bruises or being nervous around people. They knew what their responsibilities were, to help keep people safe from potential harm and how to report any concerns. A staff member told us, "I have a good understanding of safeguarding and that we should report anything that concerns us to the local authority immediately". We spoke with a visiting professional from the local authority and they told us that the staff had always assisted them when they dealt with any safeguarding issues and that they had no concerns about keeping people safe. All staff we spoke to were aware of the whistleblowing policy and said that they would feel able to contact either the registered manager, the local authority or the Care Quality Commission (CQC) should they be concerned over someone's wellbeing. We saw that training about how to protect people from abuse had been accessed through the Local Authority and this was updated when required.

Risk assessments were in place and detailed how people should be cared for, including moving and handling and safeguarding. A relative that we spoke with told us that they had been part of the discussions around their relative's risk assessment and told us, "They fall sometimes and the staff have made a plan to make sure that the risk is managed". Another relative shared with us, "Staff consider possible risks to people's health and the manager brought new cushions for people to use on their chairs, which may help them avoid developing pressure sores". We saw records that showed how people should be hoisted and when we spoke with staff they understood individual people's needs and that each person had their own hoist sling. Records also showed that people's weight was monitored monthly to assess any weight loss and health professionals were notified were needed.

We looked at four staff recruitment records including that of the most recent member of staff and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff told us that they felt that their recruitment was carried out well and that thorough checks had been made. Where one reference had been delayed

Is the service safe?

the registered manager took a verbal reference, whilst awaiting receipt of the written one and the staff member told us, “They made sure that my previous employers were spoken to and the written reference came through almost immediately”.

We observed that sufficient staff were available to meet people’s needs. We spoke with people about staff availability and one person told us that, “Staff are good, but

they can’t do everything, as a lot of people live here. They are busy at times, but I think they have enough staff really”. We spoke with a relative who told us that staff were able to keep people safe, because having two lounges instead of one large one, helped to focus the care more. They told us that, “Staff are always in and out and can see if people are alright because the room isn’t crowded”. We saw that there was an even distribution of people in both lounges.

Is the service effective?

Our findings

People living in the home told us that staff knew their needs well and gave them the support that they needed. One person told us that staff would always help out and said, “Nothing is too much trouble for them”. Another person told us, “I know that they always try to do what is best for us”.

Staff told us that their inductions had prepared them for their job and one staff member told us, “I had lots of opportunities to shadow other staff members before I was ready to do it myself”. Discussions that we had with staff informed us that they had the skills and experience needed to carry out the role, but that they had also learnt whilst on the job. A staff member told us, “I come from a care background, so I know how to carry out person centred care, but the induction and training was still helpful”. Staff told us that they received regular training and this was updated when required. A staff member told us, “If I want to go on training I can just tell management and we also get reminded about training”.

A staff member told us, “The manager’s door is always open and we have meetings every three months with her, plus an annual appraisal”. Files showed that there were some gaps in staff supervision records, but we were told by the registered manager this had happened due to some staff vacancies, which had resulted in her working in a care giving role and during that time staff had undergone unofficial supervisions and could speak with her at any time.

Although nobody in the home was deprived of their liberty staff spoke with us about their understanding of the subject. One staff member told us, “It is done in the best interests of people, to keep them safe”. We saw staff ask for people’s consent before any actions were carried out, for example when people’s nails needed trimming staff got their permission first. A staff member told us, “We always ask for people’s consent before doing something, it is not up to us to decide what someone wants”. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including

when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty.

People told us that they had enough to eat and drink to maintain their health and wellbeing. One person said, “The food is good, I am very thankful to the chef who makes such lovely food for us”. Another person told us, “The food preparation is very hygienic and I notice that they always wear gloves when working with food and they wash their hands, that is why I want to stay here”. We saw that people received drinks regularly and one person told us, “I have a cup of tea whenever I want one”. A relative told us that, “My [relative] needed to be hydrated and staff sat with them for over an hour at a time to make sure that they could have their drink”. We saw staff asking people what they would like to drink and herbal tea was available to someone who enjoyed it. Staff told us that some people require a thickener in their drinks to make it easier to swallow. We saw staff giving people thickened drinks in appropriate cups and telling them that the thickener had been added. We saw that staff were aware of who needed help to drink and they sat with them to make sure they drank sufficient amounts. We witnessed meals being given out to the people who preferred to take their meal in their rooms in a timely manner. People were given a choice of meal and enjoyed sitting together to eat it, with lots of discussions going on. We spoke with the cook who told us that people who need specific diets are catered for, such as people who are diabetic or those at risk of losing weight and needed additional calories. We saw that any fortifying of food where calories had been added by using a supplement, such as milk powder, was recorded.

One person told us, “When I go to the hospital staff arrange it and go with me”. Another person said that, “The staff would always call my Doctor if I needed to see him and he would come”. A relative told us, “If they are poorly we would always be called and involved in any decisions made”. We saw health care records which showed people were supported to access regular health screening and appointments with health care professionals and that appointments were attended.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, “Staff are kind and respectful, they come and sit with me and are there when I need them”. A relative told us how their family member was very happy at the home and that it was her choice to be there. We observed staff show kindness to people whilst caring for them. When people were being moved from their chair, we saw that staff were patient with them and gave them a smile and encouragement. One relative told us that, “Care staff have a lot of patience, they are lovely and pleasant”.

We saw that people were dressed in individual styles of clothing reflecting their age, gender and weather. One person told us that, “The staff know that I like to look nice, so they help to find clothes with me, I don’t wear the same things two days running”. A relative we spoke with said that, “My [mom] is always well dressed, and her hair is well groomed by the hairdresser at this home”.

Staff communicated well with people, including those who were unable to verbalise their communication. As an alternative they used methods such as hand gestures and facial expressions. A staff member told us, “We know people well, so we know what their actions mean”. We spoke with a health professional who told us that staff supported people who couldn’t communicate by using a communication board, where people wrote down what they wanted to say and staff acted upon that. We observed staff speaking with a person who had sight difficulties and staff made sure that they were in the person’s eye line whilst communicating with them.

People told us that they were able to make their own decisions and that they could refuse care if they didn’t want it. One person told us, “If I don’t want something done I just

tell them and they don’t do it, but they write it down that I haven’t agreed, there is no problem”. A staff member told us, “I respect a person’s right to decline and that they can be as independent as they want to be”.

We saw that leaflets advertising local advocacy services were displayed around the home. A health professional that we spoke with told us that the staff encourage advocates to come in and support people to enable them to have a voice regarding decisions made around their care and wellbeing.

We saw that people’s privacy and dignity was maintained and a person told us, “Staff make sure that I am fully clothed and they help me to the toilet”. Another person told us, “The staff always knock my door and ask if they can come in”. A relative said, “Staff always keep people’s privacy and dignity; they treat them as you would a loved one”. A staff member told us, “We encourage people to be as independent as possible, but where they need help, we always make sure that they retain their dignity”.

We witnessed that confidentiality was observed at all times and when staff spoke of people needs when they may be overheard, they used their initials instead of their name. In order to keep confidentiality the information board in the staff office used initials only to identify people.

People told us that family members were always welcome, with one person saying, “My family can come and visit me anytime they like and they are always made welcome”. A relative told us, “Family members are invited to everything that goes on and we have a great time together; I really feel like I am one of the family here and they always go the extra mile to do things for me and my [mom]”. Staff told us that they encouraged family to come into the home to visit and one told us, “We get on well with family and have good relationships with them, they come in and like to talk about their relatives and how they are getting on”. We viewed interactions between staff and relatives and observed positive professional relationships.

Is the service responsive?

Our findings

One person we spoke with told us, “When I first arrived I was involved in my care plan, but I prefer to leave it to my relatives to sort out with staff”. Other people we spoke with said that their relatives talked with staff about their care, as this is what they preferred. A relative told us that, “When my [mother] moved here, the manager sat with me to talk about her to ensure that they had all the relevant information to enable people to receive individualised care and support they also update the care plans regularly”. Another relative told us that, “I have been involved in the plan from the beginning, they always listen to my point of view and act where I need them to”.

We saw that care plans were detailed for people living in the home. The care plan included information on people’s likes and dislikes, their background and their needs to ensure their wellbeing. One person told us, “They know how I like my hot drinks and that I like to sit by the window”. Another person told us that they received their care how they wanted it and said “If I want to go to my room for a rest in the afternoon, they will happily take me”.

We spoke with a healthcare professional who informed us of how the registered manager had supported a person who required a minor medical procedure. The registered manager had made the arrangements at the person’s request and accompanied them to the appointment. A relative told us that staff knew her loved one very well and that they had made sure that she was in a room that supported her level of mobility. She told us, “Staff make sure that [name] and the others are mobile as much as possible, as this is the best thing for them”.

People were encouraged to express their views, opinions and wishes. We saw staff talking to people about what they like to do and we saw people supported to go to the visiting hairdresser or to have a manicure, so that they felt good about their appearance. We spoke with many people who said that they would like to out of the home for a change of scenery, but that they hadn’t been given the

opportunity. We discussed this with the registered manager and were shown records of numerous refusals where people had been asked if they would like a day out, but they had declined. Staff were able to identify the people who preferred one to one chats with staff, rather than participating in group activities. People told us about how visiting entertainers came to the home regularly and we saw the photos up around the building of people enjoying these visits. There were also photographs displayed of birthday parties held for people and activities they had participated in.

People told us how they were able to choose their own clothes, what food they ate and the time that they got up and went to bed. A relative told us that their relative loved to read, so staff made sure that the lounge was well stocked with current magazines to suit the tastes of people living in the home.

We saw that surveys had been used to gather people’s opinion on the quality of service they received and to obtain information of their likes and dislikes, wants and needs. We viewed that these had been written in a way that was easy to understand and to complete and the issues raised had been followed up by staff. Meetings were held for residents where topics such as future plans for the service, activities and building maintenance were discussed. There are no relatives meetings and the manager told us that she speaks to relatives on a regular basis when they visit, so it was decided that a specific meeting was not required. Relatives confirmed this and said that they preferred individual meetings with staff.

We saw that complaints were acknowledged and resolved in a timely manner and in line with the providers own policy. Easy to use complaints forms, some in picture form, which gave details of how to contact CQC, were available for people to use. One person told us, “If I wanted to make a complaint I would go straight to the staff”. A relative told us, “I haven’t made a complaint, but I would know how to if I needed to”.

Is the service well-led?

Our findings

At our previous inspection it was found that improvements were required around monitoring the service to enable staff to see where any developments were required. During this visit we observed that there were quality assurance systems in place and we saw records which showed that checks were made on the quality, safety and effectiveness of the whole service regularly and signed off by the registered manager. The registered manager told us that she was able to check the standard of the work delivered by staff out of normal working hours by asking senior staff and people who live in the home if jobs have been carried out correctly. We saw a development plan which gave information on what the provider of the service had planned for the future and this included some updating to the decoration of the building and furnishing. Additional audits around falls and risk were in place.

The last inspection also noted that improvements were required around the needs of people with dementia, in particular in relation to signage and décor of the home. During this visit we witnessed that this was in the process of being addressed, with clear large yellow signs up around the building giving directions to the toilets, stairs and exits, so people knew where they were in the home. There was a plan of works for decoration of the home to commence shortly.

The previous inspection raised concerns around the registered manager not consistently reporting accidents or incidents to relevant agencies, however, during this current inspection, we observed that the registered manager understood their legal responsibilities for notifying us of deaths, incidents and injuries that occurred at the home or affected people who use the service. Prior to our inspection notifications received from the service were looked at and issues had been reported in a timely manner.

We found that the service was well led and that people we spoke to could name the registered manager. Relatives told us that they had a good relationship with the registered manager with one telling us, “The manager is always out and about around the home and my [mom] responds to her very well, they have a great relationship”. Other people we spoke to said that the registered manager was in her office a lot of the time, but was always happy to come out and help if the staff needed her.

One person told us, “This place is so welcoming and people take time to listen”. A member of staff told us, “It is a pleasure to work here, everyone gets on well including staff and people who live here”. We viewed that the atmosphere in the home was positive and people enjoyed chatting together. Where people had good friendships staff assisted them to sit close to each other. We saw that staff were focused on the care of those living in the home and would return to people to see to their needs as soon as possible, if they were already busy. We saw that relationships between staff members were positive and that they would help each other out when needed.

We saw that staff were well supported, with minutes from monthly meetings and supervisions recorded up until March 2015. The manager told us that due to staff shortages meetings had been held informally and that they hadn’t been recorded since March but that this would be rectified immediately. A healthcare professional that we spoke with told us, “The senior staff have been here for years, they have excellent relationships with external professionals and attend meetings that they are invited to. The whole staff team have a good working relationship and there is a consistency of management, where they notify me of any concerns immediately”. Staff told us that they had on-going discussions with the manager almost every day and that they were happy with the level of support they received.

Staff are aware of who they should contact should the registered manager not be available and the providers are on site regularly and know the service very well. We saw that the emergency on call number was displayed where staff could easily access it.

We saw an effective handover system in place where staff going off shift discussed the previous shifts events and people’s wellbeing with staff members replacing them. Events and information discussed were also recorded in a daily log for staff to refer to.

Data management in the home is of a high standard and we found that all of the information we required was readily available and easily understandable. We saw that the registered manager keeps up to date with new legislation and this is recorded within policies and procedures. The registered manager also made sure that she is up to date with training and regularly attended courses for leaders offered by the local authority.