

Nottingham Community Housing Association Limited

Nuthall Road - Supported Living

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Nuttall Road is a service which provides care and support to people with a learning disability. At the time of our inspection there were seven people using the service. The service provides accommodation in bungalows and flats on a small site which is self-contained and secure.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's rights to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

People received personalised support based on assessed needs and preferences. Staff knew how to support people in the way that they preferred. People knew how to complain if they needed to.

People received support to take their medicines safely. Risks to people's well-being and their home environment were recorded and updated when their circumstances changed.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve standards. We received positive feedback regarding the leadership and management of the service.

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.

Why we inspected

This is a scheduled inspection based on the previous rating.

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

Rating at last inspection: The rating at the last inspection was Good (Report published 16 February 2019)

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.

Good ●

Is the service effective?

The service was Effective.

Good ●

Is the service caring?

The service was Caring.

Good ●

Is the service responsive?

The service was Responsive.

Good ●

Is the service well-led?

The service was Well-Led.

Good ●

Nuthall Road - Supported Living

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 was carried out by one inspector

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did: Before the inspection we reviewed the information we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority and the local Healthwatch to gain their views. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection: We spoke with six members of staff including the registered manager, two assistant managers, and three care workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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 telephoned three relatives regarding their experience of the service.

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 required improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding processes in place. Staff had been trained in safeguarding and knew how to make a safeguarding alert should they need to. One member of staff told us that they had challenged a support worker for bad practise and putting a person at risk.
- There were systems in place to record and monitor incidents and this was on an electronic system and overseen by the registered manager. There had not been any incidents at the time of our inspection but were shown how the system worked.
- Regular meetings are held with people who live at the service and safeguarding is discussed so that everyone is aware of keeping safe from abuse and avoidable harm.
- Relatives told us that people were safe and well cared for.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when people's needs changed. We found that not all information was in relevant parts of the care planning but when we spoke with the manager, this was addressed during our visit.
- Risk assessments covered care needs such as mobility and other individual health conditions. Staff spoken to had a good knowledge of people's needs and risks and were competent and knowledgeable.
- People were taken to a variety of activities of their choosing. People were supported to go on holiday and days out. Recently two people had been supported to go to a major music festival which the staff looked on as positive risk taking.

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. Staff could tell us how they managed medicines in people's homes and that they were kept in a locked cabinet.
- There were regular audits in place to check medicines including MAR (medication administration records) to ensure that all entries had been signed for and people had been given medicine.

- Medicines were received, stored and disposed of safely.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) and knew how and when to use this.
- Staff had received training in infection control. Information on preventing the spread of infection was available as was information on effective handwashing.

Learning lessons when things go wrong

- The registered manager told us that they had not received any complaints but could talk us through how this would be managed and responded to.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence. This was done by the registered manager in conjunction with staff involved at the time.

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 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 support needs were assessed and monitored. One person had a detailed support plan which included being fitted for new equipment. Staff had talked to the person about how this would affect their appearance in a very sensitive way.
- People's needs were comprehensively assessed and regularly reviewed. Staff we spoke with were knowledgeable about the support needs of people they worked with one staff member said "We work as a team all staff work in all of the accommodation so we all get to know people we are supporting really well."
- Health Action Plans contained information about health conditions and appointments with professionals. Information was kept updated with changing needs.

Staff support: induction, training, skills and experience

- Staff were positive about the induction and training that they received. One staff member told us "All new staff have an induction and shadowing and then the training is carried out regularly either at head office or by eLearning."
- Staff told us that they felt supported and received regular supervision meetings. They also said that they would go to the registered manager at any time or the deputy managers, they all made themselves available.
- Staff had also received specialist training where it was relative to the needs of those they supported, for example, epilepsy and understanding learning disability. Staff could request other training if it would be useful to their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet and they were asked what they would like to eat and drink. They were also involved in meal preparation and washing up and encourage to be as independent as possible.
- Three people were at risk of choking and two had been prescribed thickeners to go into fluids to mitigate the risk. Staff were knowledgeable about the risk and knew about restrictions on the diet when meal planning and preparing food.
- Support plans contained detailed information on nutrition and hydration which included what people liked to eat, what they disliked and any allergens.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- People had Health Action Plans (HAP) in place which gives an overview of healthcare needs. Information was recorded about appointments with healthcare professionals such as Speech and Language Therapist (SALT) and other specialists.
- We saw evidence of appropriate, timely referrals to health and social care professionals in people's health action plans and support plans.
- Support? plans noted where people needed specialist advice from professionals and staff followed the information given. People had various specialist professionals involved in their care and support and all the information was detailed in the support plans and staff were made aware of any changes.
- Staff understood people's healthcare needs and reacted appropriately when they recognised changes in people's health.

Adapting service, design, decoration to meet people's needs

- People had their rooms personalised, people were encouraged to have their own things in their rooms which reflected their personal interest and preferences.
- The environment was accessible, comfortable and decorated with photos that showed people participating in activities. Artwork produced by people living in the home was on display.
- People were actively encouraged to choose the décor for communal areas. In one of the lounges staff had used tester pots so that people could choose the colour they wanted in the lounge.

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.

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. At the time of our visit one person had a capacity assessment and a DoLs in place.

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 Good. At this inspection this key question has now remained the same.

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

- Relatives spoke positively about the support they received from the staff, who they described as kind and caring. One relative told us "I was worried at first as I had always looked after [name] but now they have opportunities I wouldn't be able to give [name]."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way. When needed people were given appropriate reassurance and support.
- People had effective relationships with staff who provided their care and support. Staff could explain how different things worked for different people and people reacted differently with each member of staff. This formed varied and positive relationships as staff worked with everyone in the service.

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

- People were enabled to make choices about aspects of their care where they had capacity to make a decision. People were given the opportunity to choose their meals and plan activities. People also had a plan of activities so that they knew what they were doing on a given day.
- The service supported people to maintain relationships with friends and family. Staff helped people to celebrate special occasions. Staff explained that some people knew one another from school or other places where they had received support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke with people in a friendly but polite manner.
- Personal records about people were stored securely and only accessed by staff who understood their responsibilities for keeping the information confidential.
- People were encouraged to do what they could for themselves, including cooking and cleaning. We observed one person helping staff with washing and drying dishes after they had eaten lunch.
- We observed staff interacting with people, talking to them reassuringly as they assisted with mobilising to a frame.

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 now remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Relatives told us that staff really know people well and knew how to meet their needs.
- One person was more independent and had moved into the community, but their partner remained living in the service. Staff brought them together for any activities so that they could enjoy spending time doing different things.
- Care planning was comprehensive and regularly updated. This meant that support plans were relevant and amended according to changing needs.

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.

- Information was available in accessible format according to people's needs. We saw that there was information in large print and pictorial formats.

Supporting people 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

- People were supported to engage in positive relationships. The registered manager told us that a member of public who provided transport to the service took an interest in a person who had become very poorly. They bought them a football shirt for their favourite team and a ticket to see a match. This was supported by the service and family.
- Some people went to different day centres in the local community. Staff were keen to support people to do what they were interested in and this included disco nights, swimming, shopping and any local events of interest.
- We saw that support plans had been developed regarding maintaining relationships with family and who they particularly like to see.
- The service also holds events for people so that they could all get together from the different bungalows and flats. They had barbecues in the summer which people really enjoy and look forward to. One relative told us they were involved in the barbecue and had taken other members of their family they said "They (staff and other people living at the service) really made a fuss of us all and we had a great day."

Improving care quality in response to complaints or concerns

- At the time of our inspection there had been no complaints or concerns. The registered manager could talk through the process should there be a concern raised and we were shown a copy of the complaints policy.
- Managers and staff had regular discussions with families and relatives told us that they knew who they could complain to if they needed to.

End of life care and support

- A few months before our inspection two people had become very poorly and passed away in hospital. The registered manager and staff told us how everything had been planned with the families to ensure that the funeral was as they would have liked. They also dressed them in clothing and footwear which was always unsuitable in life because of disability. Staff were still quite emotional talking about them.

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 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

- The management team showed us good evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred, high quality care tailored to the needs of those living at the service. They also monitored training and development of the staff to ensure that they had appropriate tailored training appropriate to the needs of those living at the service.
- Staff had their competence assessed for each aspect of their role including medication which all staff were trained to administer.
- Management empowered staff to reach their potential within both their role and the organisation. There was a cohesive approach to the staff team which meant that people worked together well which benefitted those living at the service having continuity in care.

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 manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.
- Our previous inspection rating was prominently displayed outside the office and clearly in view.

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

- Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people. For example, people would look for ways for people to take part in activities and carefully plan for outings and holidays.
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- The registered manager made sure that people received good care and support. The registered manager and deputy managers carried out regular visits to the different properties in the service and had a good knowledge of all of the people who lived there.

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

- People and their relatives were provided with regular opportunities to share their views. One relative told us "We are always involved when we want to be and have opportunities to share activities too."
- People went to local days centres and disco evenings. They also engaged with local activity centres such as swimming and bowling. Staff had a good knowledge of the local area and what is available.
- The company embraced equality characteristics both with people who use the service, staff and management and have regular news, information and updates on equality, diversity and human rights also having LGBT representatives

Continuous learning and improving care

- There was an effective system in place to check on quality and safety in the service.
- Management and staff continually work hard to improve the lives of people being supported by the service. Training was readily available in specialist areas and staff were keen to learn and grow in their roles and the company supported promotion through the service. The manager we spoke to had been promoted through the service having started in care and support roles. They used their knowledge and experience to mentor and support staff.

Working in partnership with others

- We saw evidence that people were being supported to access health and social care services as required and this was monitored as to its effectiveness
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care.