

# Together for Mental Wellbeing

# Together Nest Lane

## Inspection report

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22 November 2017

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## Ratings

| Overall rating for this service | Inspected but not rated        |
|---------------------------------|--------------------------------|
| Is the service safe?            | <b>Inspected but not rated</b> |
| Is the service effective?       | <b>Inspected but not rated</b> |
| Is the service caring?          | <b>Inspected but not rated</b> |
| Is the service responsive?      | <b>Inspected but not rated</b> |
| Is the service well-led?        | <b>Inspected but not rated</b> |

# Summary of findings

## Overall summary

Together Nest Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Together Nest Lane is registered to provide accommodation and personal care for up to 8 people with mental health support needs. At the time of inspection, 5 people were living within the service .

We found at this inspection that personal care was not being provided to the people living in the home, as they were able to support themselves with all personal care requirements. The service had previously provided accommodation and personal care to people at the service but as the home was not providing people with a regulated activity at the time of our inspection we were not able to rate the service as we could not fully assess how safe, effective, caring, responsive and well-led the service was. Services that do not provide a regulated activity are not required to be registered with the Care Quality Commission.

Systems were in place should the service begin providing the regulated activity once again, and this report reflects the finding on our inspection.

There was a registered manager in post. 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.

Staff had an understanding of safeguarding procedures that should be followed to report abuse and risk assessments were in place to manage risk within a person's life. Staff were sufficiently trained in this area.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People living at the service were not receiving personal care, but they told us that consent was gained before any support was provided.

People told us staff treated them with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Systems were in place to involve people in their own care planning and contribute to the way in which they were supported.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Service inspected but not rated.

**Inspected but not rated**

### **Is the service effective?**

Service inspected but not rated.

**Inspected but not rated**

### **Is the service caring?**

Service inspected but not rated.

**Inspected but not rated**

### **Is the service responsive?**

Service inspected but not rated.

**Inspected but not rated**

### **Is the service well-led?**

Service inspected but not rated.

**Inspected but not rated**

# Together Nest Lane

## **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 checked 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 21 and 22 November 2017 and was unannounced.

This inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service. Before the inspection, 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 spoke with one person who was living at the service, although they were not receiving any personal care. They were able to comment on the staff and the systems in place within the service.

We spoke with three staff members and the deputy manager. The registered manager was not present during our inspection. We looked at several documents and systems relating to the management of the service.

# Is the service safe?

## Our findings

Staff were aware of safeguarding procedures and the signs of abuse. All the staff we spoke with explained they were confident in reporting concerns and felt that it would be followed up appropriately by management to keep people as safe as they could be. A safeguarding policy was in place for staff to follow.

Staff received suitable security checks before starting work within the service. We saw that Disclosure and Barring Service checks (DBS) had taken place, two professional references, and one personal reference obtained. This ensured that the service did not employ staff that were unsuitable to be working with vulnerable people.

Staff showed us risk assessment procedures were in place that would ensure that people had a comprehensive assessment of all risks within their lives. Staff understood the importance of positive risk assessing and enabling people to remain as independent as possible.

The service had appropriate storage facilities for medicines, and systems were in place for the administration of medicines .

The service was clean and tidy, and staff and people using the service contributed to the cleaning. Staff were trained in infection control and food hygiene.

Systems were in place for the recording of incidents and accidents, and staff meetings were held which staff told us included the reviewing of any concerns or issues.

We were unable to assess the effectiveness of any of these systems as they were not in use for people receiving a regulated activity.

## Is the service effective?

### Our findings

Pre assessment procedures were in place for people to be fully assessed before using the service. This meant that the needs of all potential new people living at the service would be considered before they would move in.

Staff were all given a comprehensive induction training programme before starting work, and were able to shadow more experienced staff . Training included safeguarding, infection control, training specific to supporting people with behaviours that may challenge, and health and safety. On-going support and training was in place for staff to be able to support people with complex mental health needs.

Staff were aware of promoting a balanced and healthy diet for people, and understood basic dietary needs. Training would be made available should anyone need specific support with a specialised diet.

Systems were in place to support people with their health and wellbeing including an in house mental health practitioner.

Individual bedrooms were available for people to have privacy, and communal spaces including outside space was available for people to use. Staff told us they would encourage people to personalise their own space and make it feel like a home.

Systems were in place to make sure that consent was gained from people and capacity assessments could take place by trained individuals. Staff understood the principles of the Mental Capacity Act . People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We were unable to assess the effectiveness of any of these systems as they were not in use for people receiving a regulated activity.

## Is the service caring?

### Our findings

We were able to speak to one person who was living at the service, although they were not receiving personal care. The person told us that they thought all staff were kind and respectful, they understood how to support people in a person centred manner, and promoted each person's independence.

Staff explained how they would ensure that each person would be involved with their care, by regular review meetings and discussions about their overall care and progress.

The staff we spoke with understood the importance of respecting people's privacy and dignity.

We were unable to assess the effectiveness of any of these systems as they were not in use for people receiving a regulated activity.



## Is the service responsive?

### Our findings

Staff told us they would treat people as individuals and make sure their care and support was personalised to them. We saw care planning formats which showed how care tasks could be specific to each individual, and personal information about history, family, likes and dislikes could be recorded. Staff we spoke with understood equality, diversity and human rights, and told us they would treat each person as an individual and respect people's life choices.

A complaints policy and procedure was in place that could be explained to each individual using the service. We saw where complaints had been made by previous people using the service, that responses were created promptly and issues were addressed to the satisfaction of the person making the complaint.

We were unable to assess the current effectiveness of any of these systems as they were not in use for people receiving a regulated activity.

## Is the service well-led?

### Our findings

The staff we spoke with were positive about working for the service and felt the support in place from their management was good. All staff understood their roles and responsibilities.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We saw that questionnaires had been formulated to enable people to feedback on the quality of the service, and systems were in place to regularly meet with people to seek feedback on progress and quality.

Quality audit systems were in place across all areas of the service. Regular management reports were created which audited the service and set improvement plans where required.

We were unable to assess the current effectiveness of any of these systems as they were not in use for people receiving a regulated activity.