Nottingham Community Housing Association Limited

Nottingham Community Housing Association Limited - 280-282 Wells Road

Inspection report

280-282 Wells Road
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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

This inspection took place on 17 December 2014 and was unannounced. Nottingham Community Housing

Summary of findings

Association Limited - 280-282 Wells Road provides residential care for up to 6 people who have a learning disability. On the day of our inspection five people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

People's safety and independence was promoted by the staff supporting them. Staff were available to support people to follow their interests and spend their time doing things they enjoyed. People were supported to take any medicines they needed.

Safe and appropriate care was given to people by staff who received training and supervision to ensure they had the right knowledge and skills. People made choices and decisions where they were able to, but where they were not able to make their own decisions about the care they received decisions were made in their best interest.

People were encouraged to eat well and supported to have their required nutritional intake. People were supported to access healthcare services to meet their health needs.

We observed people being treated with dignity and respect and enjoy interacting with staff. People were encouraged to take on responsibilities within the service. Staff knew people well and how to communicate with them.

People received the care they required in a manner that suited them. People were supported to increase their independence and encouraged to be involved in the local community. People were able to influence how the service ran and to treat it as their home.

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

People were protected from the risk of abuse because staff knew how to recognise any allegations or incidents that occurred.

People received the support they required to do the things they wanted safely and there were sufficient staff on duty to enable them to do so.

People's medicines were managed safely and they were given these by staff who had been trained to do so.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had the knowledge and skills they required to meet people's needs.

Staff supported people to make decisions they were able to and if they could not staff followed the requirements of the Mental Capacity Act 2005 and made decisions in their best interest based on previous knowledge about them.

People were supported to eat food they enjoyed, and encouraged to have a healthy diet. People received the support and treatment from the medical services they needed to promote their well-being and improve their health.

Good

Is the service caring?
The service was caring.

People had strong relationships with staff who were able to understand the different ways people communicated with them.

People were involved in the day to day running of the service and had opportunities to put forward ideas and suggestions. People were involved in planning their care to the best of their ability.

People were encouraged to develop their independence and were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Each person's care and support was planned around their interests and abilities in a way that promoted their independence.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People took part in how the service ran because the provider had developed a positive and inclusive culture where people who used the service were able to take on responsibilities they could fulfil.

Nottingham Community Housing Association Limited - 280-282 Wells Road

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.

We inspected the service on 17 December 2014. This was an unannounced inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also asked the provider to complete a provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

During the visit we spoke with three people who lived at the service, although they were limited in what they could tell us as they had communication difficulties. We spoke with three members of care staff and the registered manager. We observed the care and support that was provided in communal areas. We looked at the care records for two people who used the service, as well as other records relating to the running of the service, including audits and staff training records. We also contacted social and healthcare professionals who visited the service and asked them for their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

During our observations we saw people respond positively to contact they had with other people who used the service and staff. One person told us, “Yes I feel safe. Staff help me to be calm. I relax in my bedroom. I talk to staff.” Another person told us, “When I am sad I ask for comfort.”

Staff were aware of the different types of abuse or harm people could face and described signs that may indicate this had occurred. We found only the registered manager knew how to report any concerns to the local authority and other staff told us the registered manager would be the one to do this. We discussed whether all staff should be able to report any concerns to the local authority if needed with the registered manager, who said they would ensure all staff knew how to do this in future. Health and social care professionals told us they felt people were kept safe at the service.

Staff received training on providing physical restraint so they could act to keep people safe if the need arose. A staff member said this was rarely used and they could only recall one occasion when they had needed to use this training and intervene physically to ensure someone’s safety. We found that this had been used appropriately on this occasion and additional measures had then been put into place to reduce the need to use restraint in the future.

Staff supported people to take risks as safely as possible. A staff member told us how they responded when a person had put themselves at risk during an activity they had previously been able to do safely. Following this the person received an increased level of support to enable them to continue to carry out the activity safely. A health care professional told us how they had worked with the staff team to promote positive risk taking. We saw risk assessments had been completed to identify how people could do things they wanted to safely. These included such things as how to ensure someone was safe when out in the local community and cross the road safely. Another assessment described how a person could go up and down stairs safely.

During our observations we saw there were sufficient staff to provide people with the support they needed. Staff told us there were sufficient staff on duty to meet people’s needs and fulfil their daily and weekly plan or other commitments. The registered manager said they had sufficient staff, and the number of staff on duty could vary according to people’s needs at the time, and if there was a planned activity.

A staff member told us they had procedures in place to ensure there were sufficient staff available for work, such as limiting the number of staff who could take leave at any time. Staff said there could be difficulties when someone was off work at short notice, but said they normally found someone to cover the shift.

People had been assessed as not being able to administer their own medicines and required staff to help them with this. Staff told us they had attended training in the safe handling and administration of medicines recently. Following the training they had been assessed as being competent for this by the registered manager. The registered manager also administered medicines but they had not had their competency assessed, which they said they would raise with their line manager to ensure this was done.

A staff member described how they managed the ordering, storage and administration of medicines. We noted the storage system used did not fit easily into the medicine cabinet. This did present a potential risk of damaging people’s medication when taking this out or returning it to the cabinet. The registered manager said she would review the storage arrangements so this risk was eliminated.

Good

Is the service effective?

Our findings

During our observations we saw staff speaking with people in a way they understood. A staff member told us the training they received included how to effectively communicate with people who used the service.

People were supported by staff who had the skills needed to provide people with the care, patience and understanding they required. New staff attended an induction programme designed to prepare them for working in social care. A staff member told us they had regular training and training updates. Another staff member told us about recent training they had completed and described the training available as, "Very good." The staff training matrix showed staff received regular training in topics that provided them with the skills they needed to carry out their duties.

The registered manager provided all staff with supervision where they could discuss their role and responsibilities as well as any problems or difficulties they were experiencing. Staff confirmed this took place as intended. Experienced staff took part in a monitoring scheme for new staff to provide them with additional support when they started to work at the service. A staff member said they were asked at every supervision session if there was any training they felt they needed. Health and social care professionals we contacted about the service told us staff were effective as they knew people's needs and treated them individually.

People were supported to make decisions. We saw staff asking people to make decisions over every day matters. People were asked by staff if they agreed to speak with us, and we only spoke with people who consented to do so.

We saw how people's consent was obtained in ways they were able to understand and give this. This ranged from signing paper copies of their support plan to staff drawing pictures with a person as a way of explaining something for a person so they could indicate if they were in agreement. For example one person had given their consent to medical treatment through the use of signs, as they could not do so verbally. Another person did not undergo a minor medical procedure when they did not give their consent, as it was decided this would not be in the person's best interest as this would have been too distressing for them.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the Mental Capacity Act, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Staff were aware that the Mental Capacity Act 2005 promoted people to make the decisions they were able to, and where they could not provide them with a framework to make a decision in the person's best interest. Staff showed us assessments that had been completed where people were not able to make certain decisions so these could be taken in the person's best interest. The registered manager described how they had supported one person over an issue, which through careful explanation they had been able to understand and give their agreement to.

The registered manager told us they had applied for a Deprivation of Liberty Safeguards (DoLS) for some people who used the service in order to ensure their rights were protected. The registered manager showed us the application forms they had submitted and they told us they had received verbal agreement for these from the supervising body which would be followed up in writing at a later date.

During our observations we saw people were supported to eat their meals in a way that encouraged them to eat well. One person told us they were enjoying their lunch and another smiled at us indicating they had. During our observations we noted one person did not receive the same attention as other people did at lunchtime. The registered manager and staff explained this was part of a plan where the person ate better with no distractions.

People always had a meal that they enjoyed. This could mean someone had an individual meal prepared if they did not like what other people were having. People's personal preferences were known and provided for in as healthy a way as possible. A person told us how they had drinks without sugar as this was better for their health. Each person took it in turns to choose the menu for the weekend. There was always an alternative available if someone wanted something different from what was planned.

Good

Is the service effective?

People received support to manage any diet controlled health conditions and staff ensured people's diet provided them with the support they needed to help them maintain an appropriate weight. The registered manager said they did not have any concerns about any change in people's weight at present. They told us they had previously received support and guidance from the dietician and the Speech and Language Therapy team (known as SALT, who provide guidance on eating and swallowing difficulties.)

People's physical well-being was promoted and they accessed community based health care resources. A person told us they visited an optician, dentist and saw the doctor and nurse. The person told us about an occasion they had seen the doctor and received the treatment they needed. They also told us about an occasion they had needed emergency treatment and staff had arranged this. The person said, "It was an emergency." Other people told us about other healthcare they received including blood tests, injections and chiropody.

We spoke with a visiting doctor who told us staff responded well to people's healthcare needs. They told us staff contacted them in good time when they had any concerns about people's heath and they identified concerns well.

Good

Is the service caring?

Our findings

People were placed at the heart of the service. During our observations we saw positive interactions between staff and people who used the service, who continually involved people in what was taking place. People were provided with encouragement to complete tasks of responsibility, which they enjoyed, such as feeding the cat and putting the shopping away. The registered manager and staff expressed real pleasure when one person took part in an activity they had not done so previously.

One person told us how they had been worried about the well-being of another person and showed they had a genuine concern for the person's well-being. During the inspection we were provided with advice and guidance by staff about the best way to respond to people who used the service and any actions to avoid. This showed staff knew people well and ensured professionals and other visitors to the service engaged with people in a way they understood and did not act in a way or say anything that was known to upset some people.

A staff member said they developed relationships with people though spending time with them, talking with them and sharing experiences with them. Staff said people particularly enjoyed going on holiday. Another staff member said they tried to ensure people were as independent as they could be. We saw support plans in people's care records on how to support people to build relationships.

People were able to express their views and make suggestions which influenced how the service ran. There were regular house meetings and each person had an individual session with a staff member where they could talk about anything they would like to do. People who used the service chose the pictures and photographs displayed around the service. These included pictures of people who were important to them, including members of their family and staff who had left the service. Information was made available in a format people could understand. For example there was a pictorial rota showing which staff were on duty for that day.

Staff were aware of how to promote people's privacy and dignity and support them to be as independent as possible. We saw staff knock on people's doors and wait to be asked in before entering. People received the support they needed to help them maintain their independence and lifestyle choices. People could leave the service at any time, and we saw one person did. However the person was kept under discreet observation whilst walking in the garden in case they put themselves at risk.

The registered manager said no one at the service used an advocate at present, but they had done so previously. There were pictorial details available about how people could access advocacy services if they wished to.

Good

Is the service responsive?

Our findings

During our observations we saw people contributed to the daily running of the service. This included putting shopping away, cooking meals and washing up. A person told us, “I clean my room, with support.” People were supported to make choices they were able to. An example was a person told us, “Sometimes I have a cup of tea or a cup of coffee.”

People took part in various activities at the service and in the community which they were interested in. Examples included visiting the theatre, having meals out and going shopping .One person told us about things they had done recently, “I bought some new shoes”, “We made Christmas decorations” and “I rode on two buses.” The person showed us some photographs from their holiday and described how they had enjoyed this. Another person said, “I can do the things I want to, I have a lie in, in bed.”

Staff said they made plans with people about what they wanted to do and when they wanted to do it. They supported people to maintain contact with family and friends. There was a regular activity each week called ‘fun and friends’ where people met up for the evening with other people who used services in the locality. The registered manager told us how people’s routines were followed if this was what they responded to best. However the registered manager said if this needed to be changed for any reason then they would do so if it was in the person’s best interest.

People were involved in compiling their care records. A person showed us their care file and this contained pictures of them with their family. There were also pictures they had drawn about things that were significant for them. There were care plans on how to support people to follow their individual hobbies and interests. The registered manager told us the care planning process was designed to promote people’s wellbeing, happiness and safety and security.

Each person had a keyworker who was the focal point for the person to provide or coordinate the support the person needed. We saw a record made of a one to one session a person had where they had reflected back on what they had done the previous week and what they were looking forward to in the near future. Health and social care professionals we contacted about the service told us staff were response to people’s changing needs. They told us staff listened to and acted upon the advice they gave to them.

People were provided with information on how to make a complaint or raise a concern. One person told us they would, “Tell” if they were unhappy about something. Staff knew how people who used the service or their relatives could raise any concerns

The provider listened to any concerns or complaints and responded to these appropriately. The registered manager said people who used the service had not made any complaints. However they described the process they had followed when a relative had made a complaint, which had not yet been concluded. This had involved meeting with the relatives and sending a written response for the relatives to comment upon.

Good

Is the service well-led?

Our findings

People who used the service were given responsibility and had opportunities to contribute to the running of the service. When we arrived a person who used the service checked our identification and asked us to sign the visitor's book. There were fire safety signs at all the exits which included drawings by people who used the service. One person was responsible for carrying out a weekly health and safety check. We observed them do this and they identified a grab rail by the back door wobbled. This was entered into the maintenance report sheet. There was a previous entry where the person had identified a banister was wobbling and this had been fixed.

There were regular house meetings and we saw the minutes of the most recent meetings. These included discussions about food, outings and plans for Christmas.

The registered manager had been in post since 2010. The registered manager was aware of their responsibilities and they had sent us notifications when required. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us.

Staff felt they received good leadership and they said the registered manager was approachable. Staff were also aware of the provider's line management arrangements if they needed support in the registered manager's absence. However staff were not aware of some of the processes to follow as part of the daily management of the service in the absence of the registered manager. Health and social care professionals we contacted about the service told us the registered manager provided strong leadership. One professional commented that the management structure within the service was not as clear when the registered manager was not on duty. The registered manager told us they had started to show and explain these to staff to increase their understanding on the wider management responsibilities of running a service for people.

It was stated on the PIR that there were monthly audits carried out at the service by senior managers or quality auditors. We saw the two most recent reports for these audits and they showed the service was meeting the standards required. However during our tour of the building we saw some repairs and improvements that could be made that had not been previously reported to the provider's maintenance division. Following the inspection the registered manager confirmed to us they had taken action to rectify these issues.