

Mrs Anne Elizabeth Barrows

# Nak Centre

## Inspection report

The Nak Centre  
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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

We carried out this announced inspection on 8 September 2018. The inspection was announced as this allowed the registered manager to prepare the people they supported at The Nak Centre, to know that an inspector would be visiting their home. With this knowledge they were then prepared and could choose if they wished to be involved in the inspection process. The last inspection took place in March 2016. The service was rated as Good.

The Nak Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The Nak Centre is a detached home which provides accommodation for up to six people. At the time of the inspection six people were living at The Nak Centre. People had lived at the service for several years and staff knew the people they supported well. The registered manager took an active role in the running of the service. They were supported by a core staff team who had worked at the service for some time.

People had limited verbal communication skills so we spent time observing their interactions with staff. The atmosphere at the Nak Centre was calm and friendly. Interactions between staff and people were kind, respectful and supportive. Relatives were positive about the care their family members received. Staff described to us how they worked to support people to make day to day choices and build on their independent living skills.

The premises were well maintained, pleasant and spacious. People's bedrooms had been decorated and furnished in line with their personal preferences. Risks associated with the environment had been identified and action taken to minimise them.

Staff said they were proud to work at The Nak Center and told us "This is our extended family." People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety.

The service had suitable arrangements for the storage and disposal of medicines. Medicines were

administered by staff who had been trained and assessed as competent to manage them safely.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the Nak Center. Staff were prompt at recognising if a person's health needs had changed and sought appropriate medical advice promptly.

Staff had received appropriate training so that they could communicate with people in a meaningful way, for example use of pictures/photographs to support effective communication. The care plan identified the person's communication needs and this was shared with other agencies when necessary.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff had developed positive working relationships with health and social care professionals.

Care records showed that people took part in a range of activities both in the service and in the community. For example, carriage riding, and the opportunity to go on holidays supported by staff.

Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. The induction and on-going training of staff ensured they were effective in their role. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They demonstrated their understanding of these principles in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. The registered manager knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example.

People, relatives and health and social care professionals were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Safe.

### Is the service effective?

Good ●

The service remains Effective

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well led

# Nak Centre

## 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 was a comprehensive inspection. It took place on 8 September 2018. The inspection was announced as this allowed the registered manager to prepare the people they supported at The Nak Centre to know that an inspector would be visiting their home. With this knowledge they were then prepared and were able to choose if they wished to be involved in the inspection process. The inspection team included one adult social care inspector.

Before the inspection we reviewed information, we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

People were unable to speak to us due to their health conditions. We therefore spent time in the communal lounges observing care practices, so that we could gain an understanding of people's experience in how they received support. We spoke with staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered manager, team leader, administrator and three support workers. We looked at two records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the inspection, we spoke with a relative. We also spoke with a health and social professional to gain their views on the service.

# Is the service safe?

## Our findings

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Safeguarding concerns were handled correctly in line with good practice and local protocols.

Personal property and monies were kept safely. There were systems in place to manage personal monies. Most people had appointees so that an independent person oversaw their finances. However, the registered manager oversaw two people's finances. The administrator was actively trying to gain external appointees for these people. This would then ensure that people's monies were effectively monitored and kept secure by an independent person.

There was equality and diversity policy in place and staff received training on equality and diversity and inclusion. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration and falls. Risk assessments were reviewed monthly and updated as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records in the main contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, some care records provided staff with information that a person when anxious should be distracted but did not specify how staff should approach this. This was discussed with the team leader, and whilst it was evident staff knew the person well and how to distract them, it had not been recorded. Therefore, for new or agency staff this information would not be readily available and may distract in the person in an ineffective way. The team leader assured us this would be addressed. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Equipment owned or used by the service, such as wheel chairs and moving and handling equipment were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors.

We reviewed staff personnel files for staff who had recently been employed at the service. We found recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

A relative told us they thought there were enough staff on duty and staff always responded promptly to people's needs. Staff echoed this view. We saw people received care and support in a timely manner.

Staffing arrangements met people's needs in a safe way. The registered manager told us they were in the process of confirming with commissioners the number of hours each person had been assessed as needing one to one support. This would then enable the registered manager to ensure that sufficient staff were on duty at all times to meet people's needs.

The registered manager and administrator were office based but were available to people if this was necessary. The administrator also worked as a support worker, and the registered manager undertook some care shifts at the service.

On the day of the inspection the registered manager, plus three support workers were on duty, to meet the needs of six people. The staff rota showed a minimum of two support workers were on duty during the day until 9pm. Following which a support worker remained on duty and slept at the premises overnight, but was available to provide support during the night. The registered manager was on call overnight. Additional support workers were placed on duty when people have their one to one support, for example during the inspection one person was with the third support worker on duty and went out for the day. The majority of gaps in staffing were met by existing staff. Regular agency staff were used to cover some shifts. This ensured there was a continuity of care for people by staff who know them well.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Staff ensured each person had taken their medicines before signing the medication record. The stock of medicines was checked weekly. There were auditing systems in place to carry out weekly and monthly checks of medicines. A recent external audit had been carried out by a pharmacist and their findings were satisfactory.

People had suitable links with their GP's and medical consultants who prescribed and reviewed their medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visit.

Support workers prepared and cooked all meals at the service. All staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department has judged standards as a Good standard.

# Is the service effective?

## Our findings

The service provided people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. A relative told us they were confident that staff knew people well and understood how to meet their needs. Relative told us they did not feel their family member, or themselves had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

Care records demonstrated that people's needs and choices had been assessed prior to moving in to the service to check the service could meet their needs. Copies of pre-admission assessments on people's files were comprehensive. This information was used as the basis for their care plan.

When new staff were employed by the service they told us they completed an induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which provides care staff who are new to working in care an understanding of good working practices. The registered manager was aware that induction records had been lacking and had now implemented induction records to be used when new staff commenced work at the service.

Training identified as necessary for the service was provided and updated regularly. Staff told us they had completed recent training. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling.

Staff told us they felt supported by the management team and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet as a staff team, discuss people's needs and any new developments for the service.

People told us the food was "Good" and confirmed that if they did not want the menu choice on offer they could request an alternative and this would be provided. We observed the support people received during the tea time. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Staff regularly monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their



contact details. 'Easy read', health action plans outlined what support people needed in an accessible format. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare professionals. Care records contained details of multi professional's visits and when advice and guidance was given by professionals it was included in the person's care plan.

The Mental Capacity Act (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. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of had applications for authorisations of restrictive care plans made to the DoLS team. At the time of this inspection two had been granted and the service reported each month to the relevant commissioners to ensure that the conditions were being met.

Management and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The service was well maintained, with a good standard of décor and carpeting. People told us they were involved in choosing the decorations and furnishings in their home.

## Is the service caring?

### Our findings

The service was caring because people were supported to understand that The Nak Center was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. Feedback from health and social care professionals were positive, stating "It really is like going into a person's own home, it is so welcoming, relaxed atmosphere."

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with them. For example, we observed staff assist a person at tea time with their meal. Support was provided at the person's pace. Staff spoke about the people they supported fondly. One staff member commented "I love working here. I love people here", and "We are like a family."

The care we saw provided throughout the inspection was appropriate to individual needs and wishes. Staff were patient and discreet when providing care. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

People's care plans showed that their preferred communication skills were identified and respected. Some people's ability to communicate was affected by their disability, but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. For example, they understood by the way the person used their facial expression in what way they needed support. Others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that they had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the two lounges, kitchen or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms and meal preparation. This meant they were able to maintain independence in their daily living.

Five people had lived with the registered manager since they were children, therefore they were aware of the persons past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them.

People and where possible, their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how

they wanted to spend their time. We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example, if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This ensured the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs.

We received many positive comments about the attitudes of staff. People and their relatives said they were treated with kindness, respect and compassion. Staff said they were proud to work at The Nak Center. Staff all talked individually to us with a common theme of them being an 'extended family' which encompassed the people they supported, their relatives and the staff team.

# Is the service responsive?

## Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about their care plans and reviews. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where possible family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow, to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

There was a staff handover meeting at each shift change. This was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in their health, which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their weight was checked. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history.

People told us they were able to take part in a range of activities. Care records evidenced the individual and group activities that people had participated in. These included monthly visits from an aromatherapist, weekly visits from a musician and an art therapist. Art work that people had completed was on display. People also had annual holidays to destinations of their choice. They also participated in local activities such as carriage riding, walks and pub lunches. We saw people undertaking individual activities such as listening to their favourite music, watching films, drawing and socialising.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time.

Some people were unable to easily access written information due to their healthcare needs. Staff

supported these people to have access to this information. For example, information was delivered to people using pictorial signs and symbols that were meaningful to the person.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives said if they had any concerns or complaints, they would discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately.

The registered manager said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home."

## Is the service well-led?

### Our findings

The service continued to remain well-led. The service was a family run business. The registered provider/manager spent time within the service so were aware of day to day issues. The manager was visible in the service, undertook assessments and reviews of people, supported staff and audited systems in the service and therefore knew the service well.

The management team had a clear vision and strategy to deliver high quality care and support. The management team were supported by a motivated team of carers and ancillary staff. Staff had a positive attitude and the management team provided strong leadership and led by example.

Staff told us they understood the importance that each person was treated as individuals, whilst ensuring that they had a flexible level of support which met their needs. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, and supervisions. The staffing structure ensured that at all times, support and advice was available to them.

The service had a quality assurance policy which included the completion of an annual survey. The results of the most recent survey had been positive. Comments from relatives include 'Extremely satisfied' and 'Great service couldn't be better'. Feedback from professionals included 'All staff communicate effectively and respectfully with people and colleagues.' 'There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, for example checking records demonstrated people had regular food and drinks; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system; infection control procedures and checking the property was maintained to a good standard.

The provider carried out regular repairs and maintenance work to the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The manager said relationships with other agencies were positive. Where appropriate the manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice. Feedback from health and social care professionals were positive, stating that the registered provider/manager worked with them positively to ensure that the service provided effective safe care.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor them. The manager had ensured that notifications of such events had been submitted to CQC appropriately.

