

Nisacraft Limited

Nisacraft Care (London)

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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced inspection on 27 January 2017 of Nisacraft Care (London). Nisacraft Care (London) is a care home that provides personal care and accommodation for up to 3 people who have learning disabilities.

At the last inspection on the 17 November 2014 the service was rated Good.

At this inspection we found the service remained Good.

Since the last inspection, the registered manager had left. The home was being managed and supported by a deputy manager and the provider. The deputy manager has submitted an application to apply to become registered manager for the home.

We found there were some systems in place to monitor and improve the quality of the service. However there was no effective auditing of the quality of service being provided. The provider told us she will look at adopting a new quality assurance tool for the service.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, and specific to each person and their needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives informed us that they were satisfied with the care provided. Relatives also told us that they were confident that people were safe in the home. However they raised some concerns about the variety and quality of food, the lack of activities and the cleanliness of the home. The deputy manager told us they regularly liaised with relatives about any issues they may not be happy with but would address these concerns.

Systems and processes were in place to help protect people from the risk of harm and abuse. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Systems were in place to make sure people received their medicines safely.

There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Further information is in the detailed findings below

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 was safe. Relatives we spoke with told us their family members were safe.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the deputy manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of people's care meetings had been conducted with relatives in which aspects of their care was discussed.

Is the service responsive?

Good ●

The service was responsive. People received personalised care that was responsive to their needs.

Care plans were person-centred, detailed and specific to each person and their needs.

There were arrangements in place so people using the service were able to go out together.

There were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Some aspects of the service were not led. There were some systems in place to monitor and improve the quality of the service but there was no effective auditing in place to assess the quality of service being provided.

Care workers spoke positively about working for the service and the management.

The management structure consisted of a team of care workers, the deputy manager and the provider.

Requires Improvement ●

Nisacraft Care (London)

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were three people using the service. All the people had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day.

We spoke with three relatives. We also spoke with the provider, deputy manager and two care workers. We reviewed three people's care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home. They told us "[Person] is well looked after and safe."

Training records confirmed that all staff had received safeguarding training. When speaking with staff they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They told us that they would speak to the deputy manager or report abuse to the local authority and Care Quality Commission (CQC).

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Risk assessments were completed for people using the service. The assessments identified the risk and measures to manage the risk in various areas such as personal care, behaviours that challenged and when out in the community and were individualised to people's needs and requirements.

There were adequate numbers of staff on the day of the inspection. Staff told us that there were sufficient staff deployed to meet people's needs. The deputy manager told us that additional staff were provided to facilitate outings and appointments and staff confirmed this. On the day of the inspection we observed a person was supported by a care worker to attend a hospital appointment. There was one care worker supporting the two people who were at the home. The care worker also took both people to the local shops. Later on in the day, two care workers supported all three people to go for lunch.

We found the service did not use agency staff and care workers had worked at the home for a number of years which ensured a level of consistency in the care being provided and familiarity to people using the service. Care workers spoke positively about staffing arrangements in the home. They told us "There is good teamwork and all the staff know people's needs very well that's why we are working here for so long" and "We help them if and when they [people using the service] need it. We [staff] are very flexible and help each other."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable and appropriate employment checks were carried out.

There were suitable arrangements in place to manage medicines safely and appropriately and ensure that people's medicines were stored and kept safely. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which indicated people received their medicines at the prescribed time. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately.

Care workers had received medicines training and policies and procedures were in place. The provider told us she was in the process of implementing medicines competency assessments for staff to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

There were appropriate arrangements for managing people's finances and this was done in agreement with people using the service and their relatives where necessary. Money was accounted for and there were records of financial transactions. The deputy manager conducted monthly checks and signed off the balances to evidence they were correct. Relatives told us they received copies of receipts and details of expenditure every month.

Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. We saw there were systems in place to monitor the safety of the service. Records showed all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained. People using the service did not have personal emergency and evacuation plans (PEEP) in place in case of fire. The provider told us she would ensure these would be in place.

The provider told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. We checked the water temperature of the sink and bath taps in the upstairs bathroom. We found the water running from the bath taps were quite hot. Care workers told us they checked the water before providing people with personal care but this was done by hand. The provider told us that she would have the valves checked on the taps to ensure it was not faulty. We also discussed that staff should also record and monitor water temperatures to avoid the risk of scalding.

Is the service effective?

Our findings

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Care workers told us "Its fine. I am satisfied working here. I like looking after people", "I've got the experience. I like working here and caring for people" and "We have good teamwork. I can speak with them about people's needs."

Records showed staff were supported to gain and develop their knowledge and skills to enable them to support people effectively. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Topics included moving and handling, infection control, first aid, food hygiene, health and safety, medication and safeguarding. Staff spoke positively about the training they had received and told us "We learn many new things on how we need to look after people. It's all face to face training" and "Training is good." Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with.

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. Records showed mental capacity assessments had been completed which outlined where people were able to make their choices and decisions about their care. Areas in which the person was unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to get information about the person's preferences, care and support and decisions were made in the person's best interests.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services. Records showed the manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations had been granted as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. The deputy manager told us they had not received copies of the authorisations but were following this up with the local authority.

Training records showed and care workers confirmed they had received MCA/DoLS training. However when speaking with care workers, they were unable to explain what MCA was and how people's liberties could be deprived. The provider told us that care workers would receive a refresher on MCA/DoLS so they would understand what they were and be able to explain clearly their understanding.

People were supported to maintain good health. People were supported to access health and medical services when necessary. Care plans detailed records of appointments and medicines prescribed by healthcare professionals including GPs, psychiatrist, district nurse, dentists, opticians, podiatry, dietician, speech therapist and physiotherapist.

People were supported with their nutrition and hydration needs. There was a menu in place which the deputy manager told us and records showed was based on what people enjoyed and suggestions from family members. On the day of the inspection, food was being freshly cooked by care workers and

accommodated people's religious and cultural needs which specifically catered for vegetarian dishes as people in the home did not eat meat due to their religious beliefs. However two relatives told us they had concerns that there was a lack of variety in what was bought for people using the service and this needed to be improved. They told us "We made a four week menu to ensure food is freshly cooked and included fresh vegetables as we felt the home was not accommodating this well" and "There is a lack of variety with the food and snacks." Relatives also told us that some care workers did the cooking but others did not.

The provider told us that the food was being freshly cooked each day. Daily notes did detail some information about what people had eaten. The deputy manager also told us that she checked what food had been cooked on a daily basis. Records showed these concerns were highlighted by relatives and the provider had responded promptly and arranged a meeting to further discuss any concerns family members may have with the food. However relatives were not clear or reassured people were eating enough vegetables and variety as part of their diet. The provider told us she would arrange another meeting with relatives to ensure they can resolve any outstanding issues and would implement a food diary which would clearly state what people had eaten and relatives could review.

On the day of the inspection, we found the premises were clean and tidy with no offensive odours. However relatives did tell us they had concerns about the cleanliness of the home. They told us "There can be an issue with cleanliness at times", "They need to get a cleaner. The bathroom is kept not clean" and "The house is not clean, sometimes there is a smell when I go and visit and this not good for them [people using the service]." The home did not have a cleaner and this was done by the care workers. Relatives told us that care workers did not do this properly and the bare minimum was done at times. When we discussed this with the provider and deputy manager they told us that care workers would clean the home on a daily basis. The deputy manager showed us a daily staff task list which showed what care workers needed to do. Staff had signed off each task to show they have completed them.

We also noted and discussed with the provider the décor of the home as it contained basic furnishing and there was a need for improvement. The home was tired looking and dated. The decor was bland with old furnishings. In one of the bedrooms, the wallpaper was ripped and the wooden panelling in the bathroom was chipped. There was no lampshade hung in the upstairs landing and there were no radiator covers. The provider told us they were planning some refurbishment in the home and would take action to address these issues. However the provider also told us that people using the service may be moved to their second home in Wembley as there was only one person currently residing there. The provider told us this would be done with the agreement of family relatives to ensure people using the service settled in the home comfortably. Relatives confirmed that they were in discussion with the provider about the move.

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. "[Person] is always happy to go back when we take them out. It's [person's] home and they are used to the other residents there."

During the inspection, we observed positive relationships between people and the staff. People using the service have been living at the home for a number of years. We observed care workers and the deputy manager showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Staff approached people and interacted well with them.

We saw people being treated with respect and dignity. Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Care workers told us "You shut the door and explain what you are doing so that they are comfortable" and "Mainly [person] can do most of it themselves, but we let them know that we are here, if they need any help. We have to make sure they are okay."

People could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, to assist people to feel at home.

People using the service were unable to verbally communicate with us. However people's care plans contained information which showed how people communicated and how staff should communicate with them. During the inspection, we observed staff interacting well with people and spoke with them in ways that people were able to understand including speaking Gujarati as this was people's preference and made it easier for them to communicate their needs effectively.

There were arrangements in place to ensure people were involved in expressing their views. Records showed there had been formal review meetings with people using the service, their relatives and local authority representatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. When speaking with relatives they confirmed this.

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "I have no complaints overall", "I am quite happy with the care" and "They do shopping and go to restaurants."

People received personalised care that was responsive to their needs. We looked at all three care plans of people using the service. The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking and community participation.

Care plans were person-centred, detailed and specific to each person and their needs. We saw that people's care preferences were reflected and information such as the person's habits, daily routine and preferred times to wake up and go to sleep. This demonstrated that the provider and deputy manager were aware of people's specific needs and provided appropriate information for all care workers supporting them.

People were able to visit family and friends or receive visitors and were supported and encouraged with maintaining relationships with family members.

People were engaged in some activities on the day of the inspection. Two people using the service went out for a walk and bought flowers, as this is what one of the people liked to do. People were then taken out to lunch. Care workers encouraged people to get involved in colouring and playing puzzles. For the remainder of the day, people were in the living room watching television. During the week, people also attended a Asian community centre, a local Mencap club and at times attended the local Hindu Temple. Daily notes showed that people went to the cinema to watch a movie.

Relatives told us they did not think people using service were engaged in activities which were mentally or physically stimulating. If people are not taken out, they would spend most of their day watching TV. They told us "They [people using the service] are taken out sometimes but I do not think they are being mentally stimulated enough. I am not sure how much they [staff] sit and interact with people" and "There are no activities done in the home."

People using the service did not have individual activity planners in place so it was not clear what people did during the day and evening. The deputy manager told us that people were out twice a week at the clubs where they would be involved in activities such as arts and crafts. Additionally people were taken out to eat, shopping or for a walk. At home, staff would engage in one to one sessions such as nail painting, colouring or puzzles. The deputy manager told us she would ensure staff record what people have been engaged with so there was a clear record of activities people were involved with.

There were procedures for receiving, handling and responding to comments and complaints. Records showed when complaints had been received they were responded to promptly and resolved.

Is the service well-led?

Our findings

Since the last inspection, the registered manager had left. The home was being managed and supported by a deputy manager and provider. The provider told us that the deputy manager will be submitting her application as registered manager for the home. Shortly after the inspection, we received an email from the deputy manager confirming her application had been submitted.

There were some systems in place to monitor and improve the quality of the service but there was no effective auditing in place. Records showed monthly checks of the service were being carried out by the provider and any further action that needed to be taken to make improvements to the service were noted and actioned. We found the service obtained feedback from relatives via questionnaires. However, we found there was no analysis or summary of the findings from the questionnaires. During the inspection relatives raised issues about cleanliness, food and activities.

We also noted further areas which needed attention such as the décor, water temperatures and people not having a personal evacuation plan in place in case of fire. We found there was no overall audit conducted to assess and effectively evaluate the home and quality of service being provided and action plan in place to identify, implement and monitor continuous improvement to the service.

The deputy manager was able to show evidence that any issues raised by relatives were promptly responded to and addressed. The deputy manager and provider told us they would regularly speak with relatives and any improvements that were needed were actioned and records confirmed this. The provider told us she will look at adopting a new quality assurance tool for the service.

Care workers spoke positively about the management in the home and told us "Everyone feels like it's our home", "There is a deputy manager and it was managed well, there has been no negative effect with how we work, it's very settled", "It's like a family here I am happy" and "Everything works well." One relative told us "[The deputy manager] is very good. She understands and is good for the home."

Records showed team meetings took place and staff were aware of any issues, concerns and best practice in relation to the service. When speaking with care workers, they spoke very positively about team meetings. They told us "Staff meetings are helpful. There's no restrictions we can speak out" and "Any problems we can talk about it. We can speak openly."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.