

# Nottingham Community Housing Association Limited

## 14-17 Palmwood Court

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 January 2016 and was unannounced.

Palmwood Court is a complex of 4 bungalows. The service specializes in providing care and support for people who live with a mental health condition. At the time of the inspection there were 12 people using the service.

There was a registered manager and they were available during the 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 2008 and associated Regulations about how the service is run.

People who used the service felt safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Staff received appropriate induction, training, supervision and appraisal. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Assessments of people's capacity were generally in place but were required for some people around finances and medication. People received sufficient to eat and drink and culturally appropriate food. People were supported to maintain good health and had access to healthcare services when required. External professionals were involved in people's care as appropriate.

Some, but not all of the people we spoke with, felt staff treated them kindly. Relatives and professionals told us staff were caring. Staff respected people's privacy and dignity and people were involved in decisions about their care.

People received personalised care that met their needs. Staff knew people's like and dislikes and what interested them. Care records provided sufficient information for staff to provide personalised care. A wide range of activities were available. A complaints process was in place and people knew how to make a complaint.

People and relatives felt comfortable to approach the manager. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

## 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.

People who used the service felt safe.

Staff knew how to identify potential signs of abuse.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

People received their medication as prescribed and they were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate.

### Is the service caring?

Good ●

The service was caring.

Some people who used the service, but not all, told us staff were kind to them. Relatives and professionals told us staff were caring.

People were supported to contribute to decisions relating to their care and to make independent choices

Staff respected people's privacy and dignity

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

Staff knew people's like and dislikes and what interested them.

People felt comfortable to approach the manager with any issues and felt complaints would be dealt with appropriately.

### Is the service well-led?

Good ●

The service was well-led.

Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

People were encouraged to access the community.

There were systems in place to monitor and improve the quality of the service provided.

# 14-17 Palmwood Court

## **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.

This inspection took place on 13 and 14 January 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience.

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 contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we observed care and spoke with six people who used the service, three support staff, the deputy manager and the registered manager. We looked at the relevant parts of the care records of six people, the recruitment records of two staff and other records relating to the management of the home.

After the inspection we spoke with two relatives, two health professionals and one social care professional.

We looked at the relevant parts of the care records of six people, the recruitment records of two staff and other records relating to the management of the home. Additionally, we looked at other records relating to the running of the service such as policies, audits and procedures and staff files.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I am safe here." Another person said, "I am very happy here, I have my own space and no stress." People told us they would speak with the manager or staff if they had any concerns about their safety. One person said, "I'd go to the boss." Relatives we spoke with told us their relations were safe. One relative said, "They [relation] are happy." A health and social care professional we spoke with said people were safe.

People were protected from abuse. A safeguarding policy was in place and staff had received training in protecting people from the risk of abuse. A member of staff told us, "I feel comfortable raising concerns with the manager."

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities concerning protecting the people in their care. Information on safeguarding was accessible for staff and people who used the service. Relatives and professionals told us they would speak to the manager if they had concerns. We looked at minutes from staff meetings and discussions took place about incidents that occurred. We checked the provider's records and incidents had been shared with the local authority and CQC. This meant the provider had appropriate systems in place to ensure people were protected from the risk of harm.

People and relatives were provided with user friendly information throughout the home about how to keep themselves safe. For example, 'Your Guide to Our Services' an in house document was available for people which explained about how to make a complaint.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for some people using the service. These plans provided staff with guidance on how to support people to evacuate the premises in the event of an emergency. The registered manager agreed to create PEEP's for everyone who used the service to ensure people's individual support needs had been considered and emergency arrangements put in place.

We observed that staff assisted people in line with the guidance recorded in their individual support plans. Each person's care records contained risk assessments that were relevant to the person, such as family contact, eating and drinking and transport in the community. People's risk assessments were reviewed on a regular basis to ensure they reflected their current level of need but up to date copies were not always in people's care plans.

There were sufficient numbers of staff to keep people safe and meet their needs. People told us there were enough staff. All the members of staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. A social care professional said, "There are always enough staff when I visit." We observed there were sufficient staff to give people support in a timely way. We saw staff took their time when supporting people and also spent time chatting with them throughout the day. We looked at a sample of staff rota's which showed appropriate levels of staff required to support people.

Safe recruitment and selection processes were followed. We checked the recruitment files of two members of staff. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could start. Other checks were conducted such as, ensuring people had a sufficient number of references and proof of identity.

People's medicines were managed safely. People received their medicines as prescribed and medicines were stored and managed safely. The people we spoke with told us they were given their medicines when they were supposed to. We observed a member of staff administering medicines to people and saw they followed safe practices. The temperature in the medication cabinets was checked daily to ensure the medicines were stored in a safe way ensuring their effectiveness was not compromised.

Staff received training in the safe handling and administration of medicines and had their competency assessed. If mistakes were made staff were not allowed to administer medication until their competency had been reassessed. We saw records that showed this had happened.

We looked at the medicine storage and administration records (MAR) and found the systems ensured people received their medicines in a safe and as prescribed. We checked the stocks of three people's medicines and they matched the totals as recorded. Audits were carried out to assess if medicines were being managed safely.

Two people administered their own medication but the processes to support this needed to be strengthened. One staff member said people who self-medicated had their medication checked periodically. However, there were no audits in place to review that people who administered their own medicines were doing this reliably and to ensure the arrangements remained appropriate. The home had not completed the appropriate mental capacity assessments to ensure they had followed the appropriate legal guidelines when supporting people to self-medicate. The registered manager told us they would ensure mental capacity assessments were completed.

## Is the service effective?

### Our findings

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us that they felt supported by staff. Relatives told us their relations were supported by people who knew what they were doing. A health professional said the staff had the knowledge and skills need to support people. If staff needed further advice and information the health professional was more than happy for staff to call them so people received appropriate support. This means that people received support from staff who were open and transparent about their skills and ask for help when needed

Staff told us they enjoyed working at the home. One member of staff said, "I enjoy my role it's varied." Another person told us they enjoyed their role because the provider was supportive to people who used the service.

When staff commenced working at the service they were given an induction to prepare them for the role. The service was using the 'Care Certificate' training model to ensure they had the most up to date skills required for their roles. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services, relatives and friends the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff said their induction was, "Very useful towards my learning and development." We saw induction records for two new members which showed appropriate training had been completed. Records confirmed staff completed training in a range of areas such as equality and diversity and confidentiality. Staff also received a corporate induction which lasted for three days and included Mental Capacity Act (2005) training.

Staff had identified they would like training to help them encourage people to form relationships with others and reduce social isolation. The manager had asked for advice from the local Community Mental Health Rehabilitation Team who arranged for training with their clinical psychologist. This meant people would be given the confidence to develop relationships outside of the home and help reduce their sense of isolation.

Staff told us they had regular support and supervision. One staff member said, "Supervision is every six weeks and I can request one before if needed." Another staff member said, "My personal development is being supported during supervision." We saw records of the supervision meetings staff were attending, these included observations of staff undertaking care and support tasks. However, one staff member told us, "Supervision can be cancelled due to the need of the service."

Where appropriate we checked the records to see if an assessment of people's capacity to make and understand decisions relating to their care had been undertaken in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular



decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People told us they were free to leave the building. One person said, "I have lots of freedom." A relative told us their relation could go out whenever they wanted to. A health care professional said people free to leave the building. The registered manager had a good understanding of MCA and DoLS process and told us there were none in place for people who lived at the home. We observed staff talk with people before providing support and where people expressed a preference staff respected their decision. Staff told us they had received training in the MCA and DoLS with one member of staff telling us they had it soon as part of their induction. Mental capacity assessments had been completed for most people but needed to be done for two people regarding medication and one person about finances. External support to assess people's mental capacity around medication had been requested due to their complex mental health conditions. A mental capacity assessment regarding finances needed to be revisited as it was felt the person's mental health condition was deteriorating. The registered manager ensured they would be completed immediately. A DoLS referral had been made and acknowledgement received from the local authority. An independent advocate was due to visit in the near future.

People told us they were supported to have enough to eat and drink. One person said, "We get enough food, fruit and vegetables." Another person said, "I love it; they [staff] make me an individual curry as no one else likes it." We observed people making their own drinks throughout the day. People's care records contained information about the food and drink they liked to eat. We saw people making their own meals. One person who returned from a shopping trip to buy culturally appropriate food which they planned to cook themselves. Another person showed us a menu they were planning independently, which they were clearly proud of. Healthy food was encouraged but was not always documented in everyone's care records how it should be encouraged. The registered manager acknowledged this and agreed to look into documenting how healthy food can be encouraged more in care records. Air fryers, which use less fat than traditional fryers, were used. Healthy food was encouraged during residents' meetings. This meant that people were supported by staff to maintain a healthy diet and life style.

People told us there was enough food available for them. There was a good stock of food available and the kitchen fridges and freezers were clean and tidy. The temperature of the fridge and freezers were checked daily to ensure people's food and drinks were stored safely. Some food products had no labels showing when they were opened. This is required so people know if the products are still within their safe to consume date. The manager agreed to look into this immediately.

People were supported to maintain good health and had access to healthcare services when required. People told us they were happy with the access they had to health care professionals. One person said, "I am supported to attend appointments." Another person had regular check ups with their GP. A health professional told us they attended the home on a monthly basis to review people's mental health needs. They also received regular updates from the home and visited in between regular appointments if required. A health professional from the GP surgery visited the home on a monthly basis to review people's health needs. We looked at the records and people had annual flu jabs when needed and health reviews were recorded.

# Is the service caring?

## Our findings

Four people told us staff were kind. One person said, "Top rated care, excellent." Another person said, "The team is genuinely warm and caring towards people that live here." A third person said, "I'm from [name of town] and two workers drove me hundreds of miles to see my [relation] recently." A relation of this person told us they felt this was an extremely kind of the home to do this. A health care professional told us, "People receive very good care by a good supportive team." A social care professional told us the staff were caring and kind.

We observed staff spoke to people kindly and were patient and understanding. We saw people who used the service were at ease with members of staff and they spoke openly and warmly to each other. When a member of staff was unable to speak with someone straight away as requested, because they were involved in another task, they explained why and said they would be back to talk with them as soon as possible, which they did.

However, two of the people we spoke had a different view about the staff who supported them. One said, "I find staff over bearing." Another said, "Staff get too uptight." We spoke to the registered manager who was aware of these concerns and had challenged some staff about how they approached people. We looked at supervision records and appropriate action was taken. A discussion took place in a staff meeting to highlight the need to follow people's support plans. This meant that people who used the service would receive care that was kind, caring and compassionate.

People's care records contained information about their likes and dislikes, details about their life history and their personal preferences. One person was supported to access a church of their choice. When we spoke with the staff about the people they supported they had a good understanding of their needs and their interests. Resident meetings were held during the year and issues were discussed about people's safety, complaints, activities and food.

People were supported to contribute to decisions relating to their care and to make independent choices. One person said, "It's my choice to do things." People told us they felt listened to. A social care and health professional told us people were present during reviews and their opinions were listened to. We saw records that showed people were present during reviews of their care and their views were sought. There was evidence in the care records of people's involvement in decisions about their care. Risk assessments and care plans had been signed by the person or their representative.

People told us they had seen their care plan and been involved in making decisions about their care. One person said, "They ask me questions and write them up." Another person had the opportunity to move elsewhere. They said, "I went to have a look and decided I didn't want to move and was able to stay here." We observed one person having their care plan updated with their key worker. The key worker went through each section, read it back to the person and checked that they understood. There was good communication throughout the session.

Information was unavailable for people about how to access and receive support from an independent advocate to make decisions where needed. Advocates are trained professionals who support, enable and empower people to speak up about what is important to them. They support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The registered manager told us that advocates were used if people did not have the capacity to make decisions. However, they acknowledged that people should be given the option to use an advocate if they wished to and would ensure this was made available.

Staff respected people's privacy and dignity. Most people opened their own mail. One person said, "I open it with the staff in case it is an appointment so they can write it in my diary." We observed staff asking people's permission to enter the lounge and kitchen areas. Staff could explain how they ensured people's dignity. We observed a member of staff knocking on someone's door and the person refused them entry. The staff member respected the person's decision. A health professional told us they were able to use rooms in the home to meet people privately. Rooms were available in the other provider's buildings for meetings with professionals. One person had a system in their room which allowed them to smoke so did not have to go outside. This means that their privacy and preferences were respected throughout the day.

In each of the care records we looked at we saw people's ability to carry out life skills such as cleaning and cooking had been assessed. One person enjoyed cleaning and this was encouraged throughout the inspection. A staff member said, "If supporting someone to clean their room takes two hours then so be it."

Relatives were able to visit whenever they wanted to. Staff told us there were no restrictions on people being able to see their family or friends. A relative told us they could visit the home whenever they wanted to. Another relative told us their family member had the freedom to go out independently when they wanted to.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. They told us they received the support they needed at the time they required. They told us they could make choices about where to go, when they got up and went to bed and staff supported them. A healthcare professional told us that staff provided care that met people's preferences and individual needs.

People told us they were supported to maintain their independence. One person said, "I sort my own medication." We saw their care records reflected this. The manager told us one person enjoyed cleaning. We observed them cleaning around the home. We looked at their care records and it was clearly documented they enjoyed cleaning and the appropriate risk assessment was in place.

People were supported to maintain their individual hobbies and interests. People told us how they participated in varied activities. One person said, "I watch films and play board games." Another said, "I go for meals with staff and play pool." A third person had been to several music concerts in recent months. Relatives told us their relations were involved in a variety of activities. We observed a handover where it was discussed what activities people had been doing and where others needed more encouragement. We saw one person playing dominoes with a member of staff and staff frequently spent time sitting and chatting with others.

People's care records were written in a person-centred way that took into account people's strengths and support needs and had actions and guidance in place for members of staff to support them. Information which showed their likes and dislikes and personal preferences had been considered when support was planned for them. The computer records were reviewed regularly by staff and changes recorded. We found that updated records were not always transferred to the paper care records and therefore there were inconsistencies in what was recorded for two people's current needs. However there had not been any impact on the people as staff had a very good knowledge of the person's needs.

We saw each person's care records contained a biography for the person giving detailed information about their life and preferences. Staff told us they found out about people's preferences through talking with them and by reading the biography.

People told us they knew how to make a complaint if they wanted to. People were given the opportunity to raise any concerns during resident meetings. Relatives also knew how to make a complaint. One relative said, "I would speak to the manager." Another told us they had nothing to complain about. A health care professional also said they would feel confident in speaking to the registered or deputy manager.

We saw that complaints had been responded to appropriately. People and relatives were provided with user friendly information about how to make a complaint. There was a clear procedure for staff to follow should a concern be raised. A health care professional told us the registered manager listened to any concerns they had and acted upon them appropriately.

## Is the service well-led?

### Our findings

The vision statement for the service 'great interactions make better lives' had been developed by the staff team to reflect their aim to improve the lives of people they supported. Staff understood this and could explain how they incorporated these into their daily work. One member of staff said, "Our whole aim is what's best for the service users." Another member of staff said, "We are doing our best for people." A third member of staff said, "I love the way Nottingham Community Housing Association supports people." We found that people's records demonstrated this through risk assessments that promoted independence.

There were links with the local community and people were encouraged to access local services. One person said, "I go for walks in the local area." Another person told us they visit the pub. During the inspection people were regularly going out to access local services such as shops.

The registered manager told us that they felt well supported in their role. They had the skills to provide effective leadership within the home. Minutes of team meetings showed the registered manager had shared information and explained changes such as the new definitions relating to safeguarding adults.

Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing entitled, 'Speak Out' and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. A health and social care professionals told us staff shared information with them to ensure continuity of care. Staff told us meetings regularly took place that enabled them to meet as a whole team and discuss the service provided. We looked at the meeting records and saw discussions took place about the standards of care expected and plans of how they could meet people's needs and wishes.

Regular meetings for people who used the service took place with appropriate agenda items. Issues were discussed such as how to complain, activities, menus and how to keep safe.

A registered manager was in post and available during the inspection. They clearly explained their responsibilities and how other staff supported them to deliver good care in the home. They were aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. We saw that all conditions of registration with the CQC were being met.

We received positive feedback from people who felt the service was well-led by the registered manager. One person who used the service said, "He's highly approachable." Another said, "I can go and talk to him." Relatives spoke warmly of the registered manager and felt he was approachable and listened to them. We observed the registered manager talking to people who used the service and listening to them. We looked at the residents' meeting minutes and concerns were raised by people who used the service who thought there were too few staff on duty to take them out. The registered manager looked into this and changed the level of staff on at night and introduced a different level of support worker on during the day. This has resulted in more opportunities for staff to support people during the day and also for staff to keep up to date with their record keeping. When this was introduced a new rota was put in place. Staff expressed concerns about their

new shift patterns impacting on their work life balance. The registered manager listened to people and is going through a consultation period before changes are made.

The provider had a fully effective system to regularly assess and monitor the quality of service that people received. The registered manager had a range of auditing processes in place to ensure people received a high quality of service. These audits were conducted by the deputy manager included legionella, fire, medication supplies and risk assessments. We saw care plans were regularly audited but risk assessments were sometimes out of date. The majority of daily records were up to date and gave a good overview of what had occurred for that person.

The 'Service user survey 2015' showed that people were satisfied with the quality of the service they received. People raised concerns when necessary during residents meetings. The registered manager was waiting on the results from a recent relative's survey.