

Nottingham Community Housing Association Limited

2-8 Orchard Street

Inspection report

2-8 Orchard Street
Hucknall
Nottingham
NG15 7JX

Tel: 01159680525
Website: www.ncha.org.uk

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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 an unannounced inspection of the service on 5 October 2016.

2-8 Orchard Street provides accommodation and personal care for up to 12 people living with mental health needs. People lived in three bungalows and shared a communal bungalow within the same grounds. At the time of our inspection there were 11 people living at the service.

2-8 Orchard Street is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

People received a safe service. Staff were aware of the safeguarding adult procedures to protect people from abuse and avoidable harm and had received appropriate training. Risks were known by staff and managed appropriately. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

Staff received an induction, training and appropriate support. There were sufficient experienced, skilled and trained staff available to meet people's needs. People's dependency needs had been reviewed and were monitored for any changes. Staff were recruited through safe recruitment practices.

People were involved in the menu planning and their nutritional needs had been assessed and planned for. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, preferences and routines. Information about people's social history was very limited. The provider asked people, relatives and representatives for their experience about the service provided.

People were involved in their care and support. There was a complaint policy and procedure available and confidentiality was maintained. People did not have access to independent advocacy services, however this was made available after our inspection. There were no restrictions on people visiting the service.

People were supported to participate in activities, interests and hobbies of their choice, independence was

promoted and there were no restrictions placed upon them. People accessed the community independently as they wished.

The provider had systems in place that monitored the quality and safety of the service. There was a registered manager in place.

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 ●

People were protected from abuse and avoidable harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks had been assessed and planned for and were regularly reviewed.

People were supported by a sufficient number of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

Information available to staff about people's life history was very limited and missing in parts.

Independent advocacy information was not available for people but the registered manager ensured this information was made

available after our inspection.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests.

People were involved in reviews and discussions about the care and support they received.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good ●

People were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

2-8 Orchard Street

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 5 October 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with five people who used the service for their feedback about the service provided. We also observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, the deputy manager and four support workers. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. Four people told us that they felt safest living at 2-8 Orchard street than anywhere else they had lived. One person said, "Safe yes, I don't feel lost I'm very safe here." Another person told us, "I feel safe because there are staff here 24 hours a day to support us and make sure we are safe." An additional person said, "It's safe because no one can get in. When I get up in the night for a cigarette the light comes on outside and makes me feel safe."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. One staff member said, "We've completed safeguarding training and report any concerns to the manager who takes action. We also discuss any safeguarding issues or concerns in handover and staff meetings."

We saw safeguarding incidents were recorded and these showed how the provider had worked with the local authority safeguarding team to investigate incidents that had occurred. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff.

Risks to people's needs had been assessed and planned for. People told us that they had no restrictions placed upon them and that they were able to freely leave the service as they pleased. One person said, "It's the best place I've lived, I have no restrictions on me I come and go as I like." People told us that they were involved in discussions and decisions about how any identified risks were managed. One person told us, "I sit with my keyworker and we talk about what my needs are and how best to support me with risks that I have with my health." A keyworker is a member of staff that has additional responsibility for a named person who uses the service.

During our inspection we saw people leaving and returning to the service independently. People's choice of how they wished to spend their time was respected by staff. One person had some risks associated with their mobility needs. Staff were available to provide assistance when required to support their safety.

Staff told us that they had sufficient information about how to support any identified risks people had, they said risk plans were informative and provided appropriate guidance and support. Additionally, staff said that any concerns about risks were discussed in staff handover meetings and risk plans were regularly reviewed. Records reviewed confirmed what we were told.

We found care records included risk plans that advised staff of how to manage and reduce any risk to people's safety as far as was possible.

Accidents and incident were recorded and analysed by the management team for themes and patterns. Where reoccurring incidents had occurred such as falls, appropriate action had been taken to reduce further risks. For example, a person who had frequent falls had been referred to an external healthcare professional for an assessment and provided with a mobility aid and equipment. We saw these were in place and being used.

The accommodation was within safe and secure grounds that minimised restrictions on people's freedom. For example, we saw people accessed the garden area independently. People had a key fob that accessed the bungalow they lived in and their bedroom. Staff showed an understanding of safety issues in relation to the premises and how hazards and emergencies were dealt with. Staff also told us that regular fire drills were carried out and we saw records that confirmed this. This told us that people could be assured that the environment was safely managed.

Personal had emergency evacuation plans in place that informed staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment had been completed appropriately.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. People who used the service were positive about the availability of staff to support them. One person told us, "There are always staff around when you need them which I like, makes me feel safe." Another person said that when they used the call bell to request assistance, staff were quick to respond. This person told us, "Staff spend as much time as they can with us, I don't have to wait when I use the call bell."

Staff told us that they found when a staff member was rostered on to work a middle shift (during the day) it enabled them to spend more time with people. The registered manager explained to us how the staffing levels were provided. They said this varied and was dependent on people's needs. They gave an example that an additional staff member was provided during the day if people had appointments that they needed support with.

On the day of our inspection we observed two support workers were on the early shift, two on the late shift and the registered manager and deputy manager were on duty during the day. The registered manager said there was no additional staff rostered to work during the day, as this additional support was not required. We noted that the morning staff were busy and did not spend time with people other than when providing support such as administering people's medicines or in passing as they went about their work. However, this did not impact on people's safety nor did people have to wait for assistance if required.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

People received their prescribed medicines safely. People who used the service did not raise any concerns about how they were supported with their medicines. One person said, "I can't remember what my medicines are for but they're good and I get them at the same time every day." Another person told us how they managed their own medicines with some support from the staff. This told us that people were given a choice about how they wanted their medicines to be managed. Where people chose to do this

independently, this was discussed and planned for with the individual person.

We observed a staff member administering people's medicines and this was completed in a safe way. Records confirmed staff had detailed information about how each person preferred to take their medicines. This included information about what people's medicines were for, and clear instruction of the administration of medicines prescribed to be used as and when required for pain relief or anxiety. Medicine Administration records (MAR) were used to confirm whether each person received their medicines at the correct time and as written on their prescription. We saw these had been fully completed and confirmed people had received their medicines correctly. Each MAR was identified with a picture of the person. This meant staff could safely administer medicines to the correct person.

Staff told us they had received medicine training and annual competency observation and assessment and records confirmed what we were told. A staff member explained the process for ordering, safe storage and disposal of medicines. We saw medicines were safely and appropriately managed and stored in line with good practice guidance. The provider had an audit system that was completed daily to check medicines were being safely managed. These were checked by the management team daily. Where discrepancies were identified we saw the management team took immediate action to investigate. This told us that people could be assured that their medicines were safely managed.

Is the service effective?

Our findings

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. People we spoke with were positive about the staff that supported them. One person said, "The staff are marvellous, they know how to treat me." Another person told us, "All the staff are good, yes, they understand my needs and support me well."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff described the training opportunities they received; this included, health and safety, first aid and diabetes awareness. All staff spoken with said they felt the mental health awareness training they completed during their induction was basic, and that they felt they needed further training in this area. We shared this with the registered manager who said they would discuss this with the provider. Three out of four staff said that they had insufficient time to complete e-learning and that they preferred face to face training. We discussed this with the registered manager who agreed to talk further with staff about their concerns.

We looked at the staff training plan which the registered manager continually monitored to ensure staff received refresher training when required, to keep their skills and knowledge up to date. We found staff received appropriate training opportunities. However, we identified two areas of training staff had not received in relation to supporting two people with specific needs associated with their physical health. The registered manager told us that they would arrange this training as a matter of priority.

Staff received appropriate support, supervision and opportunities to review their work and development. One staff member said, "We have regular meetings about every six weeks with the manager or deputy but you can talk to them anytime, you don't have to wait for your supervision meeting." We saw the registered manager had a supervision and appraisal plan for 2016. This told us the provider had appropriate systems in place to support the staff team.

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. 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 who used the service told us that they had given consent to their care and support and we saw examples of support plans people had signed that confirmed consent had been gained. One person said, "Staff ask for my consent, I sit with my keyworker and talk about my support plans and then I sign them to

say I agree." This reflected what other people who used the service told us.

The registered manager told us that all the people who used the service had capacity to consent to their care and treatment. However, they gave an example where a person continually refused health care treatment but concerns had been identified about their health. The service was working with external health and social care professionals and a referral to an independent mental health capacity advocate had been made. We saw completed historic MCA assessments and best interest decision documentation; this confirmed the provider ensured people's human rights were protected appropriately when required.

We observed staff interaction with people and saw that staff were courteous and respectful with regard to consent. People were given choices and explanations, and staff were seen to respect people's decisions. We saw examples within support plans that showed people's capacity to consent was consistently considered.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of our inspection no person was being restricted of their liberty. The registered manager showed a clear understanding of the action they would take if they had any concerns about people's freedom and liberty.

Training records confirmed staff had received training in MCA and DoLS. The provider had a policy and procedure to support staff of the action to take to ensure they applied the principles of MCA and DoLS when required. We found staff were more knowledgeable about the DoLS than the MCA. We discussed this with the registered manager who said that they would include MCA and DoLS as a standing staff meeting agenda item to support staff's understanding.

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. Staff spoken with were knowledgeable about people's individual needs. We found care records included detailed information for staff about people's fluctuating mental health needs and what people's coping strategies were. Staff had received training in the management and intervention techniques to cope with escalating behaviour in a professional and safe manner.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. People were positive about the meal choices. One person said, "We have regular meetings where we talk about the menu, what we ask for we get." Another person told us, "The staff are good cooks, I like the food choices and we can make ourselves drinks and snacks at any time." A third person told us that they preferred to shop and cook their own meals which the staff respected and supported them to do this.

Staff told us how they provided meals and support that met people's individual needs. For example, one person was at risk of malnutrition and choking and support plans were in place to advise staff what support the person required. Care records demonstrated people's dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were supported to have their weight monitored so action could be taken if changes occurred.

We saw people freely make themselves drinks and snacks and cold drinks, and fruit was available in the communal lounges.

People did not raise any issues or concerns in relation to the support they received to access external health services. People who used the service told us that staff supported them to attend health appointments if required. One person said, "I like the staff to support me to attend the GP but I go to other appointments like the dentist and opticians by myself."

We saw a visiting healthcare professional had given the service a compliment about how the staff team had successfully supported a person with a specific health condition. They said that staff had completed specific training to develop their understanding and this had contributed to the person's health condition improving.

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. We found care records gave examples of the service working with external healthcare professionals such as the GP, district nursing service, occupational and speech and language therapists and consultant psychiatrists.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People were positive about the approach of staff. One person said, "The staff are very good, nice, I like them all they are perfect." These positive comments reflected how other people described the staff.

Staff spoke positively about working at the service, they said that the staff team worked well together and were all committed to providing a caring service. Examples given included staff supporting a person during their hospital admission; and staff supporting a person with a family bereavement. This demonstrated staff had a caring approach and showed people that they mattered.

Staff demonstrated they understood people's individual needs and preferences. However, they said that they had limited information about people's personal histories, and got to know about this information by getting to know people over time. We found people's care records contained very limited personal history. Whilst people who used the service could share information with staff it was important to have written information to support staff due to people's fluctuating mental health needs. The registered manager acknowledged this and said that they would review how this personal information could be improved upon.

We saw a compliment a person who used the service had made about an individual staff member that had supported them whilst in hospital. Comments included, "[Name of staff member] was brilliant, supportive and understanding, I could not have got through the day without them and I'm extremely grateful." Records also showed a compliment received from a relative that thanked the staff for the care and support they gave their family member.

We observed that 2-8 Orchard Street promoted a relaxed, homely environment, with established positive relationships between staff and people that used the service. Staff were seen to have positive engagement with people asking how they were and showing interest in their well-being. People responded to staff in a relaxed manner that demonstrated they felt at ease with staff.

Information was not available for people about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. However, the registered manager said they would source this information and make it available for people. After our inspection the registered manager forwarded us advocacy information that they had provided for people.

People told us that they felt staff treated them with dignity and respect. One person told us, "The staff listen and respect what I say and support me in how I want to be supported." An additional person said, "The staff treat me well, they are polite, respect my dignity and privacy like they knock on the door and waiting for a reply before coming in."

Staff told us how they respected people's privacy, dignity and communication needs. One staff member said, "We respect people are individuals and have different needs and wishes. We encourage people to be as

independent as possible." Another staff member told us, "We respect people like their own space, people can lack motivation which can be a bit frustrating at times but people choose how to spend their time."

We noted that throughout people's care records staff were directed about promoting people's independence. We observed staff communicated with people effectively using good listening skills and diversion techniques if people were becoming anxious. Staff respected people's choices and promoted independence as fully as possible.

On display there was information about interactions the staff team had identified as being positive when interacting with people. This included, respecting people's personal space, having humour, patience and being aware of tone of voice. This was a good way of reminding staff about providing dignity and respect and informed people who used the service what they could expect from staff.

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. People told us they were supported to lead their life as they choose and that staff were responsive to their needs. One person told us, "What's important to me is having staff there when I need them, to talk with me when I'm feeling anxious or worried and they always are." Another person said, "I tend to be unsettled at night and like to talk with the staff, they always make time for me."

Staff told us that they had appropriate information available to them about how to meet people's needs. They said this enabled them to provide an effective and responsive service. Staff said support plans were reviewed on a regular basis to ensure they reflected people's current needs.

People received a detailed pre-assessment before they moved to the service. This is important to ensure people's needs are known and assessed to ensure they can be met. Support plans were then developed that detailed people's physical and mental health needs, including diverse needs, routines and preferences. People told us that they were involved in the pre-assessment and ongoing review of their needs and records viewed confirmed this. This enabled staff to be aware of what was important to people and to understand their individual needs.

People told us they received opportunities to discuss their preferences in relation to activities and there were named staff that arranged activities in response to what people had requested. One person told us about a holiday they had been supported on and others said that staff arranged themed activities and gave an example of preparing to celebrate Halloween. Another person told us that their faith was important to them and that they visited a place of worship on a daily basis and that staff were aware of how important this was to them.

Staff told us that regular bungalow meetings were arranged where people were asked about activity choices. A staff member told us that when people had requested activities these were planned in advance and posters were displayed to advise people of the details. They said, "It can be really hard to get people together and often people will ask for an activity but then decline joining in when it's been arranged, but we respect people will change their minds."

We found people had access to information about local community activities and events. During our inspection people chose how to spend their time. For some people this was to access the community independently and others spent the majority of their time in their bedroom or in the communal lounge watching the television or listening to music. One person said that the daily paper was delivered each day which they were seen to read.

We saw copies of resident meetings that had taken place on a regular basis. We saw people had been consulted about things that were important to them. Discussions had taken place with regards to activities, menu choices, activities and trips, health and safety and anything else that affected the services. This told us that the provider supported people to be involved in the development of the service. Records confirmed

that activities people had requested had been provided. The registered manager told us that joint activities were also arranged with other services within the organisation. They said this gave people an opportunity to widen their friendship groups. The registered manager also said that external entertainers visited which was confirmed by people who used the service and photographs on display showing people participating in various activities and enjoying themselves.

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. People told us that they had no concerns raising any issues or concerns. One person said, "I feel I could talk to any of the staff and [name] is the manager and they are always around." People told us that if they had raised anything that was a concern to them it was quickly acted upon and resolved.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that one person that used the service had raised a concern since the service registered in April 2015. We saw that the registered manager responded to this concern in a timely manner and appropriate action was taken.

Is the service well-led?

Our findings

People we spoke with told that they were happy living at 2-8 Orchard Street and that they were supported to live their life as they wished. People told us that staff met their individual needs well, that they were happy, settled and involved in their care and support.

We found there was a positive culture amongst the staff who had a strong understanding of caring for and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member said, "We develop trusting relationships with people where they feel safe and supported." Another staff member told us, "We try and provide a home from home service, that allows people to live their life as they want. We help people with their problems so they can carry on with their life." Staff were clear that people were supported to be as independent as possible and that for some people their role was to support them to move onto more independent living.

We looked at the service user guide and statement of purpose that informed people of what they could expect from service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

Some people were living with long term complex mental health care needs; we observed staff provide an environment that was relaxed and calm. We noted positive relationships between people who used the service and staff had been developed and this helped create a caring and warm atmosphere for people who used the service and visitors.

All staff spoken with were positive about the leadership of the service. One staff member said, "The management team are supportive, they recognise staff's strengths and have clear communication and expectations."

We found that staff were clear about their role and responsibility and the provider had a clear management structure and resources in place. This supported the registered manager to provide an effective service. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

As part of the provider's quality assurance processes, people and their relatives or representatives were

asked to give feedback about the service provided. People confirmed that they had been asked to complete a survey to share feedback about the service they received. We saw records that confirmed the annual survey for 2016 had been completed and positive comments had been received resulting in no action being required by the provider.

People who used the service also had regular opportunities to talk about the service they received. This was used as an opportunity to exchange information and consult people about any changes they wanted to see. We saw records that confirmed these meetings. This told us the provider enabled people to share their experience about the service they received and feedback was respected and acted upon.

The registered manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as the environment, staff training, supervisions care records, health and safety.

The provider also had representatives from the organisation that completed audits that monitored the effectiveness of the service. We saw records that showed where improvements had been identified and action plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.