Reed Care Homes Limited

Nayland Lodge

Inspection report

44-46 Nayland Road, Colchester, Essex CO4 5EN
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 10 November 2015 and was unannounced.

Nayland Lodge provides rehabilitation and support for up to eight adults with a mental health disorder. On the day of our inspection there were seven people living in the service.

There was a registered manager in place. 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 were protected from abuse and felt safe living in the service. Staff were knowledgeable about risk of abuse and reporting procedures. There were sufficient staff with the necessary skills to meet people's individual care and support needs. Safe and effective recruitment procedures were in place.

People received their medicines as prescribed. There were suitable arrangements for the safe storage management and disposal of medicines.

People told us they were happy living in the service and that staff treated them with kindness, dignity and respect. People were given support to maintain a health balanced diet while enjoying meals of their choice.

Summary of findings

People told us their needs were met and they were supported to take part in a range of activities both within and outside the service. People and staff were involved in how the service was run. They were encouraged to have their say about how the quality of services could be improved.

There was a system of audits, surveys and reviews which were used to good effect in monitoring the performance and managing risks.

The provider had a clear vision and set of values based on person centred care, independence and empowerment. These were central to the care provided and were clearly understood and put into practice by staff for the benefit of everyone who lived in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There were sufficient staff available to meet people's individual needs and keep them safe.

Systems and procedures for supporting people with their medicines were followed, so people could be assured they would receive their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People received care from staff that had the knowledge and skills necessary to provide safe and effective care and support.

Where a person lacked capacity there were correct processes in place so that decisions could be made appropriately. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were understood and appropriately implemented.

People's health and nutritional needs were met effectively.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided care and support.

People were involved, as much as they were able, in decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People had been involved in discussions about how their care was assessed, planned and delivered.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints.

Good

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

The service was led by a management team that promoted an open culture and demonstrated a determination to provide a service that put people at the centre of what they did.

There were strong links with the local community.

Good

Summary of findings

Quality assurance and governance systems used were effective and ensured the service delivered high quality care.	

Nayland Lodge

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 10 November and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service and one person's relative. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the manager, the provider and three members of staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us how if they had a concern they could sit and talk with staff about it.

There were suitable arrangements to safeguard people against the risk of abuse which included reporting procedures and whistleblowing processes. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to both the local authority and Care Quality Commission. Staff were knowledgeable about the risk of abuse and reporting procedures.

There were systems in place for assessing and managing risk. Where risks had been identified these were assessed and action taken to minimise the risk. People were involved in decisions about risks associated with their choices. For example people who chose to smoke were involved, as much as they were able, in managing the risks associated with this activity. Risk assessments clearly guided staff on how to support people to benefit from activities that could present a risk, whilst minimising the risk to the individual. For example where a person was at risk of financial abuse they were supported to manage their finances appropriately whilst accessing the community. People's care records contained a range of risk assessments which covered social activities, health issues, potential risks because of individual behaviours and environmental risks.

Appropriate levels of security kept people safe without restricting free movement throughout the premises and garden. External closed circuit television provided a further degree of security. The provider explained to us how, since its installation, some types of unsolicited visits had ceased.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. When people needed support it was provided promptly and staff were not rushed. People were given as much time as they needed whether it was receiving practical support with care needs, being given reassurance or spending some social time with an individual. A member of staff told us that they felt there were enough staff and that they had time to support people positively. We observed staff supporting people to use the service computer.

There was a clear recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the applicant was not prohibited from working with people who required care and support.

Appropriate arrangements were in place for supporting people with their prescribed medicines safely. Staff followed good practices when administering people's medicines. Medicines were stored securely and we saw that medicine administration records sheets were correctly completed. Where medicines were prescribed to be given as required (PRN) there was appropriate guidance for staff as to when this should be administered. The use of PRN medication was monitored as part of the monthly review of the care plan

Good

Is the service effective?

Our findings

People told us that they were supported by staff who had the necessary skills, knowledge and experience to provide effective care and support. One person said, "They [staff] know what I need." A relative was also positive about staff ability to support their relative. They said, "You would not find anywhere better."

Staff were appropriately trained and supported to perform their roles and meet people's needs. New staff completed an induction programme which included health and safety, safeguarding vulnerable adults and medicines. They were required to read the care plans of everybody living in the service before completing one week shadowing an experienced member of staff. Records showed that some staff training was not up to date. We discussed this with the provider who explained the reasons for this and told us that refresher training had been booked. Records we saw confirmed this.

We saw that staff asked people for their consent before providing care and support. People told us and records confirmed, that people were involved in decisions regarding their care and treatment. Staff also offered people choices in their daily lives. One person said, "I choose what I want to do and I can go where I want to."

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 decision, 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. We confirmed that nobody who lived at the service was subject to a DoLS authorisation. People's capacity to make decisions had been properly assessed and they were supported to access independent advocacy services where necessary and appropriate. The provider also told us that they worked closely with a psychiatrist at the local hospital when assessing people's mental capacity.

People were supported to have meals of their choice and were involved in the purchase and cooking of meals. People told us that they could cook their own meal or could join in communal meals. One person who had particular dietary needs told us, "They [staff] buy differently for me." Where appropriate, people's weight was monitored regularly. Where it had been noticed that one person was putting on weight staff told us they were now eating more in-house prepared meals as they had been eating too many take away meals. Their care plan showed how this had been discussed with them.

There was a weekly menu plan on display in the kitchen. People told us they had helped to plan the menu. Staff told us that if people did not want what was on the menu there would be provided with an alternative.

People's health needs were monitored and they received input from relevant health professionals to meet their individual needs. Staff understood how to support people with specific health and mental health conditions.

Health action plans were in place which recorded what an individual needed to do to stay healthy. Visits to health care professionals were recorded along with any action required. This ensured that people's changing needs were met.

Good

Is the service caring?

Our findings

A relative was very complimentary about the attitudes and manner in which the service provided care. They told us, "Yes I know who you are, you are wasting your time here, the care is amazing." They went on to tell us how well the care staff understood their family member and that they had grown in confidence and developed new skills as a result of the care and support of staff.

During our inspection we saw many instances of staff listening to people, reassuring them, laughing with them and sitting having a chat or engaging in other activities such as computer games. Members of staff knew people well and talked with them about their interests. They clearly knew the people they supported very well and had established positive and caring relationships with them.

People were involved in their care planning as much as they were able. Each person had a key worker who reviewed their care plan with them regularly. People were able to choose their key worker. One person told us how they got on well with a new member of staff and that they were going to be their key worker. This was confirmed by the manager. Each person's care plan was individual and based on their assessed needs and they were encouraged to express their views about how their care was delivered.

The provider told us that privacy and dignity was a key part of the culture at the service. The service had recently made a dignity tree, staff and people had contributed to the tree. One person had written, 'Dignity to me is the staff are always helpful and they treat me well and they respect my privacy and accept me for who I am.' Another person had written, "'Dignity to me means accepting others for who they are. They also told us that they had identified the need for a private area away from the office where staff or people could discuss any issues privately. This had resulted in the additional room currently being constructed off of the reception area.

The manager told us, and records confirmed that people were supported to be as independent as they wanted in a way that best suited their needs and personal circumstances. For example, we saw that people were supported to manage their finances where appropriate. The provider also told us about a person who had previously lived in the service but had been supported to move on to a different type of accommodation.

Good

Is the service responsive?

Our findings

People told us that staff promoted their independence and encouraged their input into how the service was operated. One person told us that staff, "Helped me to have a happy time and now I can interact with the whole unit."

People had been as involved as possible in discussions about how their care was assessed, planned and delivered. We saw that care plans contained information on people's aims and objectives and that these were reviewed regularly by the person and their key worker. They contained clear guidance about how people wanted to lead their lives and the support they needed. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

People told us that that their needs were met and they were supported to take part in a range of meaningful activities and development opportunities that suited their needs, both in the service and in the wider community. Two people told us how they were attending a creative writing course at the local college. Another person enthusiastically described the relationship they had with a local church group.

The service carefully monitored the amount of activities people had taken part in and other types of social engagement both inside and outside the service. This meant, where appropriate, people could be encouraged and supported with activities to avoid social isolation.

The service held regular meetings for people to discuss issues affecting how they received care and support and to give their views. We saw minutes of recent meetings were a variety of issues had been discussed. These included the arrival of a new person at the service, and locations for possible visits. Minutes also contained feedback on actions from previous meetings so that people could see what changed as a result of meetings.

People were encouraged to raise concerns, worries or problems at the meeting or with their key worker. We saw that people had discussed how the service had improved since there had been a change in people living at Nayland Lodge.

There was a process in place to deal with concerns and complaints. We saw that where a concern had been raised this had been dealt with appropriately and the service had provided the complainant with an explanation and an apology.

Good

Is the service well-led?

Our findings

There was a clear vision and set of values which meant that person centred care, independence and empowerment were key to how the service operated and support was provided. We found that these were clearly understood and put into practice by staff in a way that promoted a positive and inclusive culture which benefitted everybody at the service. A relative described to us how their relative had improved since moving into the service, an improvement they attributed to the way the whole service operated.

The management team actively involved people who lived and worked at the service in developing all aspects of the service. They were encouraged to have their say about the quality of services provided and how they could be improved at regular meetings. Records demonstrated that appropriate action was taken in response to suggestions.

The provider was visible in the service and was aware of the achievements and challenges to both people living in the service and to staff. We saw that the provider had a good understanding of the day to day culture in the service and provided practical support and guidance where necessary.

Staff told us they were happy working in the service and received good support from the management. They were encouraged to develop their skills and obtain further relevant qualifications. The service was using the recently introduced Care Certificate and the provider discussed with us ways they were intending to involve current staff in monthly bite size training related to the certificate. The manager told us that they attended regular meetings with managers from the provider's other services which enabled them to share good practice and receive peer support.

The service had good links with the local community; people living in the service participated in local community activities such as playing pool in the local pub or attending the local church group. The service supported the local mental health foundation to raise funds by holding tea and talk mornings and inviting the local community, families and friends and other stakeholders to visit to Nayland Lodge for tea and cakes and ask for a small donation.

Staff received feedback from managers in a constructive and motivating way that supported them to improve. The provider told us how they recognised the importance of their staff, this included funding a Christmas meal.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The provider told us how they supported the placement of student nurses from the local Essex and Anglia Ruskin university who worked super-numary to care staff. They told us that this supported the service to maintain good practice and keep their knowledge base up to date. Students also worked with people living in the service on project based assignments.

Systems of audits, surveys and reviews were used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. These included areas such as infection control, medicines, staffing and care records.