

# Nottingham Community Housing Association Limited

## 304 Southwell Road

### 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 unannounced inspection was carried out on 6 June 2017. 304 Southwell Road provides accommodation and personal care for up to eight younger adults with mental health needs and learning disabilities. On the day of our inspection visit there were three people who were using the service.

The service had a registered manager in place at the time of our 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 were supported by staff who understood the risks they could face and knew how to keep them safe. Risks to people's health and safety were identified and action was taken when needed to reduce these. There were sufficient staff employed to meet people's needs. People received their medicines as prescribed and these were managed safely.

People were supported by staff who received appropriate training and supervision and had an understanding of people's needs. People were supported to make choices and decisions for themselves. People who might lack capacity to make certain decisions were assessed to see if they did, and if needed decisions were made in their best interests.

People were provided with a nutritious diet which met their needs and they were provided with any support they needed to ensure they had enough to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own care.

People received individualised care and they were able to participate in meaningful interaction and activities. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

Staff worked well as a team and were supported with their work by the registered manager and quality supervisor. Systems for auditing and monitoring the service were being used effectively.

## 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 felt safe using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

Peoples were supported to make choices and decisions for themselves. When needed people's capacity to make decisions was assessed. DoLS had been applied for when required.

People were provided with a nutritious diet and received any support they needed to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

### Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected

them as individuals.

People and their relatives were involved in planning and reviewing their own care.

Staff had positive relationships with people and respected their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received individualised care and were provided with meaningful interaction and activities.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

### **Is the service well-led?**

**Good** ●

The service was well led.

People had opportunities to provide feedback and make suggestions.

Staff were provided with support and guidance about their role.

The service was being effectively audited and monitored.

# 304 Southwell Road

## 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 6 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some commissioners who fund the care for some people and asked them for their views

During the inspection we spoke with three people who used the service and two relatives. We also spoke with four support workers, a quality supervisor and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well by staff. A person who used the service told us, "I feel safe here. The staff are really good and ask me what is worrying me." Another person told us, "I feel safe, there has been no situation where I have not been treated well. We all get on well together."

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur. Staff told us they would report any concerns they suspected or identified to a senior member of staff on duty or directly to MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire. There was guidance at the service for staff to follow on how to report any safeguarding concerns.

Support workers and the registered manager told us about some circumstances for one person they had reported to MASH. This had led to the person being supported by several agencies as well as staff from the service in order to keep them safe.

People were provided with support which kept them safe at home and in the community. One person told us they did not use the kitchen alone as they were not safe to do so. People spoke of needing staff to be with them when they went out to keep them safe. One person had set a goal of being able to travel to one of their activities independently and staff were helping them to work towards this.

The registered manager told us how people had been able to visit different places and go on activities through using risk assessments to identify how they would be able to do so safely. A support worker described how they did a "test run" on an activity for one person. When this was completed and had identified the best way to support the person the steps followed were written up into their support plan to describe how the person should be supported with this in future.

Staff told us they used risk assessments to identify any risks people faced and ways these could be reduced. They also said they had received training on how to use risk assessments effectively and that risk assessments were kept up to date. A support worker told us how they had completed a risk assessment to identify what measures needed to be in place to enable one person to attend a work experience placement.

The provider informed us on their PIR how they monitored any accidents, incidents and safeguarding issues to bring about improvement and reduce occurrences. They also stated that the premises were maintained to the required standards. Regular checks of the environment were carried out, including testing the fire alarm and emergency lighting. Each person had a personal evacuation plan (PEEP) in place should an emergency arise, such as an outbreak of fire, which described how to evacuate them from the building safely.

People and visiting relatives we spoke with felt there were enough staff on duty to provide the support

people required to meet their needs. People told us there was always a staff member nearby and we saw staff were always present in the service as well as being available to support people who had commitments elsewhere. One person said that staff were "there when I want them". A relative also said they had "no worries" about their relation not getting the support they needed. People also received some additional one to one support time to enable them to follow their interests.

The provider informed us on their PIR how they ensured the required number of staff were on duty and how they would respond in the event of an emergency or untold event. Support workers told us they had the number of staff required to provide people with the support they needed and to meet their needs. Some new staff were being recruited in preparation for some new people who were planned to move into the service in the near future.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. A newly appointed support worker described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were supported to have any medicines they needed when these were required. A person who used the service told us that staff "give them (medicines) to me". The person added that they always counted their tablets to make sure they had the right amount, which they did.

We found there were suitable arrangements that ensured medicines were stored securely, and at the required temperature when needed. There was a suitable procedure in place for ordering new medicines and accurate records were made on medicine administration records (MAR) when people were administered their medicines. Protocols were in place for medicines to be given when required (PRN) providing information about when and how these medicines should be given safely.

One person was sometimes away from the service when they needed to have some medicines. A support worker had arranged for the medicines the person needed when away from the service to be separately dispensed by the pharmacist in line with recommended safe practices. We saw the person was leaving the service during our visit and the person's medicines were handed over to their relatives safely, who signed to confirm they had been given these.

We spoke with a support worker who was responsible for the management of medicines who clearly took this responsibility very seriously. They showed us the systems in place for doing so and had prepared an easy to use guide for staff who needed to undertake any medicines management activity. They also checked and reviewed the correct procedures were being followed and records made were accurate. Staff had completed safe medicines management training and had been assessed by the registered manager to be competent in this. One staff member said they had found this training to be "very very good". They said this had included explaining what different medicines were taken for and whether there were any side effects for these. There was a completed medicines competency assessment in each of the staff files we reviewed.

## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person told us they were introduced to new support workers who "do all the studying before doing it (providing support)." They added that they found staff to be "competent". Another person said, "I think staff are trained, I feel confident in them."

Support workers told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. This included completing the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. A recently started support worker told us that so far they had been observing how other support workers went about their role. They said they would be undergoing the training part of the induction later in the month.

Staff told us that in addition to the training the provider had identified to be mandatory they were provided with any specific training they may need to provide a person with the support they required, for example about any specific health condition a person had. One support worker described the training they received as "extremely thorough". A support worker said they could request to repeat any training they felt they needed. Staff said that some training was completed through e-learning and other courses involved face to face teaching. The staff training matrix did not show staff were up to date with their training, however the registered manager explained this was a new matrix and had not yet been properly implemented. We looked at a sample of staff training records and these showed those staff were up to date with the training they were expected to complete.

Staff also had opportunities to discuss their work individually with the registered manager and they were given feedback on their work performance through an annual appraisal. One support worker told us that they felt they received effective supervision.

People were asked if they consented to being provided with any care and support before receiving this. A person who used the service told us, "I can't think of any where my (verbal) consent isn't asked for where it can be." People also told us they were able to do what they wanted and one person also said, "I don't have to do anything I don't want to."

The provider informed us on their PIR how they ensured people gave the consent when able to. Staff spoke of obtaining people's consent when supporting them, for example accompanying them to medical appointments. We saw people being asked for their consent on regular occasions throughout our visit.

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.

We checked whether the service was working within the principles of the MCA. We saw mental capacity assessments had been completed to determine if people were able to make certain decisions. We noted that the description of the decision being assessed was not sufficiently detailed and raised this with the quality supervisor. They said they would make sure this was done in future and would amend the ones already in place.

Staff explained that some people had restrictions placed on them through orders made under the Mental Health Act 2007 and these were explained to them when they came to live at the service. A person told us, "I have some boundaries on me, I know and understand them." In other circumstances people can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was not anyone who had a DoLS in place, although staff said that there had been previously.

People were supported to have sufficient to eat and drink and to have a balanced diet they enjoyed. A person spoke of making their own breakfast and light snacks. They said each person had a 'snack box' with a mixture of healthy snacks with a few treats as well. Another person described the meals as "fine".

We spoke with a support worker who was responsible for managing the catering arrangements, who was very enthusiastic about their role. We saw the current four week menu in place provided a variety of different types of food, a number of which were 'interactive' and would involve people in preparing their own meals, for example making a pizza or homemade burger.

The provider informed us on their PIR that people were encouraged to have a healthy diet. A support worker said people who use the service "got what they wanted" and food was prepared from scratch using fresh ingredients where possible. They also told us there was not anyone who required a specific diet for health, cultural or religious reasons but one person had made a lifestyle choice about their diet. The person said staff supported them to follow their diet of choice and did "something different for me".

People's weight was monitored weekly and each person had a food diary to record what they had eaten each day. One person had been supported to attend a slimming club where they had won an award for the amount of weight they had lost.

People were supported to maintain their physical and mental health and had access to healthcare services. A person told us staff supported them to attend a regular routine health check on their health and that they "see the doctor if I am not feeling well." Another person spoke of meeting regularly with a healthcare professional for support with their mental health.

People were supported to make lifestyle changes that would benefit their health. One person had been supported to improve their diet and eating routines which had brought about a considerable positive impact upon their health. People who smoked had been supported to stop this habit. One person proudly told us, "I have packed up smoking."

The provider informed us on their PIR that people had up to date health action plans. These are used as a central record of a person's health care needs and to manage their appointments. Staff knew about people's healthcare needs and told us they recognised any signs or symptoms if someone was not feeling

well. They said they supported people to attend any medical appointments and routine health check appointments they had.

## Is the service caring?

### Our findings

People felt supported by staff who they trusted and said they found them to be friendly and kind. One person described staff as "cool" and made a double thumbs up sign. They also told us that staff "enjoy coming to work with me" and that staff "work together to understand me". Another person said they found staff to be "trustworthy".

Relatives also spoke positively about staff being caring. A relative said their relation "seems to be happy" and praised the attitude of staff in the way they did their work. During our visit we observed people relating in relaxed way with staff and were laughing together. One person liked to use a particular hand greeting and we saw support workers doing this with them. This person was able to pursue a physical activity they enjoyed because a staff member accompanied them with this each week.

People were supported to communicate and express themselves. One person supported their verbal communication with some sign language. The person chose a 'sign of the week' which was then displayed to help others learn and understand their sign language. There were details about the way each person communicated in their support plans. One of these described using a particular way of communicating with one person as this was effective in engaging them and helping them to express themselves.

A support worker told us they did this work as they "liked to make a difference" and feel that they "have achieved something worthwhile". A support worker said that making sure people were being supported was the most important thing, even if this ran over their planned working hours. They also told us that, "When I see a smile I know I've made someone's day." A recently started support worker told us they "could not believe" how much staff cared for the people who used the service. They said the service was "like one big family unit" and that the job had "exceeded my expectations".

The registered manager told us that one person had purchased a ticket to attend a concert in the future of a group they were a fan of. The registered manager said that they and another staff member had also purchased tickets as the person needed to be accompanied to this concert. As this was some way in the future and it was possible the person would no longer be using the service then, they had agreed to accompany the person even if they had moved on.

Each person had a 'one page plan' about them in their support plan file. These listed 'What is important to me', 'What I like' and 'What I don't like' as well as 'What I need support with'. Each person also had a plan describing what arrangements they would like to be followed when they reached the end of their life.

People were involved in planning their care and support and making decisions about this. One person told us they had recently discussed their support plans with a support worker and they had identified some changes they wished to make to these. We saw these plans in the office with the changes wanted highlighted. The quality supervisor told us once they had made these changes the person would be asked to confirm they were in agreement with these, and if they were, to sign them. Another person said their support plans were kept in the office and staff went through these with them. They said, "I feel involved." Support

workers told us they read through people's support plans with them and asked them if there was anything they wanted to change.

The provider informed us on their PIR that advocacy services were engaged where required. The registered manager told us they had information about advocates and have supported people previously who had an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. One person said that staff "respect me". Another person told us, "Staff will knock on the door and ask if I am alright."

Staff understood how people liked to express their individual characteristics and supported them with these. People who wished to follow their religious beliefs were provided with opportunities to do so. One person chose to follow a certain faith and they were supported in doing this. People's right to privacy was respected. A person said they could have time on their own in the service if that was what they wanted. People were provided with same gender care and this was recorded in their support plans.

A support worker told us how they had planned and supported a person with their independence despite a disability which could restrict this. The person told us that when staff had tried to help in a way that had not helped them they had told a support worker and this was stopped straight away.

People were encouraged to have a sense of achievement and responsibility. One person proudly declared, "I do my own washing" which they did with support from staff. Another person had a conversation with staff saying how good they were at domestic tasks they undertook. The person told us, "I am learning to iron" and spoke about carrying out other domestic tasks, which they enjoyed. All areas of the service we visited were clean and people's bedrooms showed signs of personalisation. People had locks on their doors and lockable facilities within their rooms. The provider informed us on their PIR that the staff induction programme included confidentiality.

## Is the service responsive?

### Our findings

People told us they received the care and support that had been planned for them and this met their needs. They spoke of receiving their care and support when they required this and being happy at how this was provided. A person who used the service told us they had agreed some "future aspirations" with staff.

The provider informed us on their PIR that people were at the centre of their support. A support worker told us they operated a keyworker system where a named support worker oversaw a person's needs to ensure these were being met. They explained that this role was changed every so often to a different support worker so that a person who used the service did not build up an attachment or dependency on any one support worker.

We reviewed people's support plans and found these to be detailed and contained clear information about the support people needed and were reviewed regularly. We identified a few occasions where a person's circumstances had changed but not all the support plans affected by this change had been updated. We also found a few small errors which should have been identified when people's support plans were reviewed but had not been. The quality supervisor said they would correct these errors and have a discussion with staff to be thorough when reviewing people's support plans in future. A support worker described how people's support plans were changed during the first few weeks of using the service as they got to know them.

People were able to spend their time how they chose and pursue their interests and hobbies. This included organised activities outside of the service as well as relaxing how they wanted when at home. One person told us, "I do different things every day." Another person said, "I get out more (than where I was before) I like shopping for clothes." We saw the person went on a shopping trip with staff during our visit. The person also told us about a work experience programme they were on which they clearly enjoyed describing to us. They also showed us a certificate for a qualification they had achieved whilst on this programme.

Where problems were identified action was taken to resolve these so as not to affect people's care and support. Some relatives had come to take their relation away for a short break. There had been a mix up regarding this so certain arrangements had not been made, which had been identified a few days previously. Staff had resolved these issues so everything was in place for the person to be able to go on the short break. A relative said, "It was a problem, but they sorted it with a positive response." The relatives also discussed with staff some other forthcoming social arrangements for their relation which were written in the diary.

People were informed on how to raise any complaints or concerns they had and told us they felt confident that these would be dealt with. One person said, "All I have to do is tell one of the staff (if something is wrong)." Another person said, "If they had any worries they would tell the registered manager who would "sort it out". A relative told us, "Nothing is perfect, but here they are open to discussions. When we have had problems we talk about it and recognise what could have been done differently."

There was a procedure to explain how to make a complaint which was also available in an easy read format.

We saw minutes made following a house meeting which included a reminder on how to raise any complaints or concerns. A support worker told us they had been trained on how to respond in the event of a complaint being made.

The registered manager said there had not been any formal complaints made, however we identified one issue that could be dealt with by following the complaints procedure. One person told us about a request they had made which they were still waiting for an answer to. The person said they understood this was a complex issue as it was in contradiction with one of the provider's policies. They said there had been some initial discussion within the service but when this had been referred "higher up the hierarchy" it had "hit a brick wall". With the person's permission we raised this with the registered manager who said they would now deal with this by following the complaints procedure.

## Is the service well-led?

### Our findings

People described their experience of the service as being well run and having a positive culture. One person said, "There are no restrictions on expressing our views." A relative said the best thing about the service was "the honesty". They went on to say, "It doesn't matter what it is, they tell us. The good, the bad and the ugly." People were able to make comments and suggestions about the service. The provider informed us on their PIR that house meetings enabled people to discuss issues about their home and express any thoughts or concerns. One person told us, "We have house meetings, we choose what we are going to eat in them."

A support worker told us that each staff member was a 'champion' within the service for a particular topic, such as catering and medicines. Staff thought this was a good idea and they enjoyed having these responsibilities. There were monthly team meetings held. A support worker told us that the meetings were focussed on the people who used the service as "that is what we are here for."

People were provided with opportunities to contribute to the running of the service. The registered manager told us how they had included some people who used the service in their staff recruitment process. This included meeting applicants on arrival for their interview and completing an easy read form showing their impressions. The registered manager was considering extending using this form to other visitors to the service to see how people felt with them. People were consulted about and involved in the preparation of documentation in the service. There were stickers used to mark documents that had been 'Produced in partnership with service users.' The provider informed us on their PIR that feedback from people was encouraged through 'annual surveys, complaints, praise and grumble and suggestion schemes'.

Support workers told us that they found the management of the service to be open and approachable. One stated, "We discuss issues with the manager and other professionals when needed." Support workers were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. A person who used the service told us the registered manager "does a good job" and another person said they "did their job well". Support workers also described the registered manager positively and felt well supported by them. One support worker said they had felt well supported over a personal issue.

The registered manager was clear about their responsibilities. We saw written guidance of when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service, however the registered manager said they were about to send us a notification about a recent event that had taken place they needed to notify us about.

The provider informed us on their PIR how they reviewed the service and that family and friends were able to complete a questionnaire. We saw a report completed following a survey of the views of relatives which

showed positive comments made about the service. The provider also described on their PIR how good practice was recognised and how Nottingham Community Housing Association Limited has oversight of the service.