Nottingham Community Housing Association Limited

George Hythe House

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

The inspection took place on 12 September 2017 and the visit was unannounced.

George Hythe House is a care service providing accommodation and support for up to 44 people aged 55 years or over with a range of physical and/or mental health needs including dementia. At the time of our inspection there were 39 people who lived at the home.

Accommodation is on two floors with a passenger lift for access. All bedrooms are en-suite and there is one double room. The service is divided into four 'houses', each with its own dining room. There is a large communal lounge on the ground floor, a second lounge on the first floor, and secluded gardens to the rear of the service.

At the last inspection on 21 April 2015 the service was rated Good.

At this inspection we found the service remained Good.

At the last inspection we asked the provider to take action as some moving and handling practice was not considered to be safe. At this inspection we found people were safe and moved around the service independently and assisted safely by staff.

People and their relatives felt staff were kind and caring. People felt their privacy and dignity was respected in the delivery of care and their choice of lifestyle. Relatives that commented were complimentary about the staff and the care offered to their relatives. People were aware of their care plans and they were involved in care plan reviews. Staff offered people everyday choices and respected their decisions. People had their care and support needs assessed and were involved in the development of their care plan. Staff had access to people's care plans and received regular updates about people's care needs. Care plans included changes to peoples care and treatment, and people attended routine health checks.

People were provided with a choice of meals that matched their dietary needs. Staff ensured people were able to maintain contact with their family and friends and visitors were welcome without undue restrictions. There were sufficient person centred activities provided on a regular basis. People and their relatives felt they could raise any issues with the registered manager or staff.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the service. All the staff received a training induction and then on-going training for their specific job role. Staff were informed and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what assistance was available from external bodies to report suspected abuse on to, and follow up alleged incidents. Staff were available in adequate numbers to meet people's personal care needs.

Staff told us they had access to information about people's care and support needs and what was important to people. People, their relatives and staff felt they could make comments or raise concerns with the management team about the way the service was run and were confident these would be acted on.

There was a clear supportive management structure within the service, which meant the staff were aware of who to contact out of hours. The provider undertook quality monitoring in the service and was supported by the registered manager and staff. Staff were aware of the reporting procedure for faults and repairs and had access to maintenance services and manage any emergency repairs.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. We received positive feedback from the local authority with regard to the care and service offered to people.

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 rated as 'requires improvement' at the last inspection. This was because we found some of the care plans and risk assessments needed to be updated. At this inspection we found care plans and risk assessments had been reviewed, brought up to date and reflected people's assessed needs.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

George Hythe House

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 12 September 2017 and the inspection was unannounced. The inspection team consisted of two inspectors.

During the inspection we spoke with six people who lived in the service and three relatives. We also spoke with the registered manager, a team leader, one care assistant, the cook and a visiting health professional.

We observed care that was provided in public areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

Good

Is the service safe?

Our findings

During our last inspection in November 2016 we found improvements were needed to people's care plans and risk assessments to ensure staff had the information they needed to provide safe care.

At this inspection we saw improvements in the care plans and risk assessments. These had been reviewed and updated and reflected people's support needs. Staff were aware of people's individual needs, and the support they needed to stay safe. We saw people were offered support which reflected their care plan and risk assessments.

We observed some people being assisted to move, and others being assisted to stand using specialist equipment. The staff were proficient in their ability to keep people safe by following the training they have been supplied. We saw staff talked to the person and explained each part of the procedure. That meant the person was made aware of the process, and any anxiety was minimised.

Staff we spoke with understood their responsibilities to keep people safe from abuse. Staff confirmed and records demonstrated staff had received training that ensured they recognised the signs when people may have been at risk of harm. Staff said if they suspected or observed anyone being abused they would share their concerns with the registered manager or the staff in charge at the time. One staff member said, "The training we get makes us aware to look out for bruising when providing personal care. If we find any, we mark it on a body map." A body map is used by staff to record injuries and marks on a person's body. This demonstrated the staff were knowledgeable and trained to look for potential signs of abuse.

Staff were aware of whistle blowing and one member of staff told us the process they would undertake, if their initial concerns were not acted upon by the management at the service. They also knew which authorities outside the service to report concerns to, which would make sure people were protected. The registered manager was aware of her responsibilities and ensured safeguarding situations were reported through to the Care Quality Commission as required.

People told us there was enough staff to ensure people were safe. One person said when asked if there were enough staff, "I think so, whenever I ask things happen, it's got better." Staff told us they believed that staff were employed in adequate numbers to ensure people were safe. They said there was usually staff present in public areas to ensure people were observed at all times. A care worker told us, "There are enough staff to ensure they [people] are safe."

The registered manager told us they used a staffing calculator to ensure the numbers of staffing hours required to care for people was adequate. This provided staff cover throughout the day and night.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service.

Risks to people posed by the environment were documented and included hot water temperatures being regulated and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames, raised toilet seats and there were bannister rails fitted in hallways. Care staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by the use of specialised cushions and mattresses that reduced pressure on key areas. People were also encouraged to alter their position, which again helped to protect skin.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and all staff who administered medicines had received training. Staff also had their medicines competencies checked once a year, which reflected the company policy, and ensured their practice was up to date and safe. We saw staff were dressed in red tabards, which indicated people should not distract them when administrating medicines. We also saw them following written guidance which ensured people were given the right medicines at the right times.

Good

Is the service effective?

Our findings

People were supported to maintain their health. A health professional told us, "They let us know if there are any concerns." The GP visited the service every week and staff contacted health professionals if they had any concerns regarding people's conditions. People's care plans identified their health needs and provided staff with guidance to ensure their needs were met.

People were supported to have enough to eat and drink. One person told us, "The food is very good, I can't fault it. If you are not happy you just tell them and they change it for you. They get you whatever you want."

People were offered choices about their meals. Where people wished to take their meals in their bedrooms or the lounge this was respected and meals were plated up for them. We saw that drinks were available and people were encouraged to drink throughout our visit. Records did not always reflect that people were offered drinks throughout the 24 hour period. However staff confirmed that people were offered snacks and drinks including throughout the night if they were awake. We asked the registered manager to ensure that records were maintained to reflect this. Where people's weight was identified as a concern, they had been referred to their GP or dietician for advice. Specialised diets, such as diabetic diets were provided for people who required them.

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 lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services 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. We found that they were. People's consent was sought and one person told us, "They ask you." People's consent and ability to make decisions had been assessed and recorded in their care plan. It was not always clear what specific decisions people were unable to make so we asked the registered manager to ensure decision specific assessments were carried out. They told us that they would. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager had requested DoLS authorisations for people who required them.

People told us they felt care staff were trained to provide a good service that met their needs. One person said, "(Staff) look after you well." Relatives also felt staff provided a good service. One staff member said, "I've had so much training." "We get supervised on the job [to ensure competency] to check you are okay."

Records demonstrated that staff had received the training and supervision that they needed and provided a

good effective service. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. Following the last inspection supervision sessions had been changed to include observations by the management team. That meant that supervision alternated between a face to face meeting and observing staff practice. The registered manager said this was being used to ensure staff training was still effective and staff were following the training provided.

Good

Is the service caring?

Our findings

People and their relatives we spoke with were positive about the relationships between them and the staff group. Relatives told us that their family members were treated compassionately. One of them said, "They (staff) seem very kind, definitely respectful", and added, "I always see (my relation) is treated well."

People were involved in how they chose their care to be provided. We saw examples of this where care staff asked people how they wished to be addressed and ascertained what time people would like to be assisted to rise and go to bed. People were also asked if they wanted staff to check their wellbeing during the night.

We observed people were treated with kindness and compassion by a caring staff group. We saw staff interactions with people throughout the inspection which confirmed that staff were caring and helpful and people were treated respectfully. We observed one member of staff who had assisted a person with personal care. They brought the person out of the room in a wheelchair and closed the door behind them. As there was a delay of a few seconds the staff member came to the front of the person and spoke with them so they were not startled when they were being wheeled to their destination. That demonstrated staff took steps to promote a caring and thoughtful approach.

We also observed staff when they assisted people with their main meal. The member of staff ensured the person's clothes were protected from food spillages, which ensured their dignity was promoted.

We heard a member of staff explaining to a person they needed to be assisted out of a wheelchair and into a more comfortable chair. This was done by two staff in a caring and unhurried way giving the person time to understand the instructions offered by the staff. We observed staff greeted people in a friendly way when entering public areas and people were provided with a choice of seating areas. We observed care staff had a good relationship with people and engaged them in an empathic way.

Care staff recognised the importance of people's individual privacy. Bathroom and toilet doors could be locked when the room was in use. People's individual bedrooms were lockable and a key available to those who wanted one. People told us they had the option to lock their door at night but chose not to do so.

Good

Is the service responsive?

Our findings

The support people required was assessed before they started receiving care. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. People and their relatives told us they had seen and agreed their care plan. One person said, "Sometimes they come and check the care plan with me."

One person's relative said, "Staff have direction." A second relative said, "Everybody seems to be aware of her needs."

Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. We reviewed care records and found that people were receiving their care as advised in their care plan. People and their relatives were involved in planning and reviewing their care. This was to ensure that the care people received continued to meet their needs.

Staff understood people's particular needs. Where people displayed behaviour that may put themselves or others at risk, staff had clear guidelines on how to support them. Care staff understood how to minimise people's anxieties and used positive strategies to help people remain calm. We saw that people were asked about their preferred gender of their carer, which demonstrated people's care was person centred and took account of their wishes and aspirations. People were encouraged to take part in activities that they enjoyed and were meaningful to them. One person said, "I read." Another person told us, "We have the television and a bit of exercise." They went on to say, "Someone comes in and plays the piano regularly." We observed people taking part in exercise and quizzes during our visit. People had their newspaper of choice delivered to them. One person enjoyed delivering newspapers to people. The activities on offer were displayed so that people were aware of them.

Some people enjoyed spending time in their bedrooms or watching television. People's care plans identified their interests and activities that they had previously enjoyed to guide staff when they were encouraging them to take part in activities. The activity co-ordinator had left prior to our visit. The registered manager told us that they were actively recruiting to appoint a replacement. They had made arrangements for activities to be provided by care staff until a new activities co-ordinator was in post.

People and their relatives felt comfortable to approach staff if they needed to raise a concern and were confident that it would be addressed. One person told us, "I will come down to the office here and (registered manager) will sort it out." A second relative told us, "We had an issue, raised it and received an instant response." The person added they were satisfied with the outcome.

The provider had systems in place to record complaints. People and their visitors we spoke with said they knew how to make a complaint. Records showed the service had received one written complaint in the last 12 months, which had been investigated, and a written explanation sent to the complainant. Feedback about complaints was provided for staff through the staff newsletter and individual supervisions where

needed and changes were made to the service, as a result of the complaint outcome.

Good

Is the service well-led?

Our findings

People told us that the service was well run. One relative said, "They [staff] would take into consideration if I said anything", and added "The manager seems lovely, very nice."

Staff were provided with the guidance and direction they needed to develop good team working practices. We found that there were detailed handover meetings at the start and end of each shift where staff were informed of changes to people's needs. Care staff were confident that they could speak with the registered manager if they had any concerns about the conduct of a colleague.

Staff had high praise for the registered manager. One staff member said, "It's always an open door policy with the manager, [named] has had a big impact. Before we were struggling, we were falling behind, [named] came in and before Christmas [the service] was turned around." A second member of staff said, "I'm confident that if I needed something, I could go to the manager."

People and their relatives told us they were invited to attend residents' meetings. One person said, "They tell you what's going on." One relative said, "We go to relatives meetings. I think they are useful." Documents showed that people, and their relatives and where appropriate close friends had also been invited to complete questionnaires on the quality of care the staff provided. We saw examples of these which included changes being made to the menu and suggestions for trips out of the service.

Staff were encouraged throughout their employment to share in the company's vision and values. The vision statement was shared at the staff's training induction and updated information was provided through the regular staff newsletters. The registered manager explained managers' from all the company homes were encouraged to promote good service by nominating staff that had acted 'over and above' the expected norm. A final list was then collated by the senior leadership team at the head office for a decision on which staff had shown the greatest innovation and presented the top three with prizes. That meant the provider and senior management encouraged staff to continually improve the service provided to people in the home.

Quality assurance checks were undertaken and included making sure that personal care was individual and was being provided by care staff in the right way. Checks revealed medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed to care for people. Additionally records showed that fire safety equipment, hoists and the passenger lift were also checked regularly to ensure they remained in good working order.

We received positive feedback from the local authority and a visiting health professional with regard to the care and service offered to people. They told us the registered manager and staff listened and acted on advice, and were responsive in making changes to positively affect people's lives.

The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had

displayed their rating as required. They notified us of some important events that occurred in the service which meant we could check appropriate action had been taken.