Age Concern Norfolk

Grays Fair Court

Inspection report

266 Dereham Road
New Costessey
Norwich
Norfolk
NR5 0SN

Tel: 01603594747
Website: www.acnorfolk.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

Grays Fair Court is registered to provide care and accommodation for to 20 older people needing respite care. It also provides care and support to people living in their own homes located on the site.

We inspected the service on 17 October 2018. The inspection was unannounced. At the time of our inspection visit, there were 15 people staying in the respite service, and there were 34 people who were tenants in housing with care. 27 of these people received personal care from the housing with care team.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with CQC 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. The registered manager had been registered on 19 June 2018, and they were not in attendance when we inspected the service because they were on leave.

At our last inspection we rated the service, 'Good'. At this inspection, we found the evidence continued to support the rating of, 'Good', and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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The service was safe as risks to people were identified and mitigated. Where there were additional risks to people associated with their health conditions, there was not always detailed guidance in place for staff. However, further care plans were put in place for these immediately.

Staff were aware of their safeguarding responsibilities and had training in this area. There were enough staff to keep people safe, and they were recruited safely. Staff administered medicines as they had been prescribed. Where areas for learning and improvement were identified through incidents or errors, these were acted upon.

Preassessments established people's care needs and preferences, and these were used to build a care plan with guidance for staff on how to meet people's needs. People were supported to eat and drink enough, and to access healthcare when they needed. Staff worked closely with healthcare professionals to ensure people received comprehensive, consistent care.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked people for consent before delivering care.

Staff supported people to maintain and increase their independence, and treated people with respect and

dignity. Staff respected people's privacy and carried out support in a kind and caring way.

There were detailed care plans in place with guidance for staff, and they met people's needs in line with these plans. People were supported to received care when, and how, they wished. People felt confident to raise any concerns with staff should they have any.

There were robust systems in place for monitoring the quality of the service and ensuring the service kept improving. These included systems for gaining feedback on the service, audits and action plans.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Grays Fair Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2018 and was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of the inspection visit, we looked at four care plans, two in the housing with care service and two in the respite service, and a sample of medicines administration records (MAR) in the respite service, in detail. We spoke with four people using the service, including one who received the housing with care service and three people receiving respite care. We spoke with five members of staff including the deputy manager of the respite service, the deputy manager of the housing with care, a domestic staff member, agency care worker, a team leader and a care staff member. In addition, we briefly spoke with a visiting healthcare professional. We also observed interactions and support delivered within communal areas of the service throughout our inspection visit. We looked at other records such as the staff rota, staff training, and records relating to the management of the service including audits and policies.

Good

Is the service safe?

Our findings

At our last inspection this area was rated Good, and we found it remained Good.

Without exception, the people we spoke with felt safe using the services provided. Staff continued to receive training in safeguarding and were able to explain safeguarding procedures and reporting.

The majority of risks to people had been identified and mitigated, for example those associated with falls and pressure care. Where required, people had equipment in place which was provided in the respite unit. We found that there were not always risk assessments in place for when people had particular conditions, such as asthma. We discussed this with the deputy manager for the respite service and they implemented further care plans for these areas immediately. An agency staff member explained how people's needs and associated risks such as allergies, were handed over to them before they began their shift. They felt this contributed to keeping people safe.

There were no Personal Evacuation plans for people. Staff told us about fire emergency procedures and what they entailed, for example, ensuring everybody was supported to get to their bedrooms or a safe zone. However, there was a risk that staff may not have to hand information about exactly how to support people in an emergency if they needed to evacuate the building. We discussed this with the deputy manager of the respite unit and they agreed to put these in place for people. We saw that fire safety checks and drills were carried out regularly. There was a dedicated member of staff who oversaw health and safety. This included electrical items, water safety, accidents and incidents, lifting equipment and bedrails. We saw records which supported that these areas were checked and maintained appropriately.

Staff were recruited using an external company who held the recruitment files. A deputy manager explained that they requested two references for potential staff, and that new staff only commenced work after a satisfactory Disclosure and Barring ervices (DBS) check was received. Staff confirmed this with us. This is a criminal record check which contributes to ensuring that only individuals safe to work in the service are employed.

We established that there continued to be enough staff to keep people safe and meet their needs and the rota confirmed the numbers we were told by the deputy managers. However, there were times of day when this was more difficult. Two out of the three people we spoke with in the respite unit said they felt they waited longer at night for assistance than during the day. One person said they had raised this and found it was resolved, and staff then came to them more quickly. One staff member told us they felt it was more stretched for staff in the morning, when they were supporting many people with showers. Another staff member told us they felt they were short of staff at times, but managed to meet people's needs. However, we observed, and people confirmed, that staff delivered care at people's own pace and did not rush them. There was a stable and established staff team, at times using agency and bank staff to cover shifts.

In the respite unit, staff administered medicines to people as they were prescribed, and there were records in place to monitor this. Where people administered their own medicines, any risks associated were

assessed and mitigated. In the housing with care unit some people received support and prompting from staff regarding their medicines and this was recorded appropriately.

Regarding the storage of medicines, they were secure but not kept in a temperature-controlled environment. Staff had sought advice from a pharmacist about certain medicines when the area became warmer than the advised 25 degrees. However, we discussed with the deputy manager the need for temperature control for all medicines, especially given the high turnover of medicines on the respite unit. There was some risk that if medicines were stored above a certain temperature, it may affect their effectiveness and integrity. They agreed to liaise with the registered manager about this when they returned from leave.

There were procedures in place for the prevention of the spread of infection, such as protective equipment (PPE) for staff to use for personal care, such as disposable gloves. The service was clean and tidy throughout, and there were regular checks to ensure this was maintained. There was a member of staff who championed infection control and checked that procedures were followed.

There were lessons learned and improvements made where needed. We saw from meetings that when an error had been made, for example, associated with medicines or recording care, this was discussed with staff and checked afterwards. We saw that improvements had been carried out in furthering staff knowledge in some areas, for example in encouraging hydration, which improved the processes around keeping people safe. Incident and accident forms included actions to be taken where needed, and the deputy managers checked that this was adhered to.

Good

Is the service effective?

Our findings

At our last inspection this area was rated Good, and we found it remained Good.

On arrival in the respite unit and prior to this, people were asked about how they wanted their care to be delivered. One person confirmed they were asked about any allergies, food preferences, and whether they wanted their bedroom door open or shut during the day or at night. We saw this was used to create a person-centred care plan. A deputy manager explained that they liaised with hospital staff, family and social workers to support gathering relevant information as part of a pre-assessment of needs when required.

The people we spoke with felt that staff were competent to provide their care. One person said, "I've got confidence in [staff]." Staff confirmed they received training in areas such as infection control, practical first aid and manual handling and a range of computer based courses such as pressure care. Staff also had options to access additional training such as end of life care, dementia, epilepsy and diabetes. Staff were positive about the training and said they received enough.

Staff continued to receive regular supervisions, and additional when required. Supervision is an opportunity for staff to discuss their role, and training needs, and objective with their line manager. New staff received a comprehensive induction which included training, such as the Care Certificate, which is a set of standards expected in care work. They shadowed more experienced staff before working alone with people. A deputy manager told us that new staff competency was always checked, including delivery of personal care.

Staff continued to support people, where required, to maintain a healthy balanced diet. In the respite unit people were given a choice of meals and specialist diets were catered for. If people were identified as being at risk of not eating or drinking enough, staff kept a record of food and drink so they were able to monitor and take action if needed. We saw that drinks were always available to people and within reach.

Staff worked well with external health professionals, including therapists, social workers, GPs and nursing staff, to ensure continuity of care. For example, on the respite unit, liaising with an occupational therapist when needed to ensure people had appropriate equipment in place before staying at the service. Staff told us that the housing with care service also collaborated with other professionals, such as physiotherapists, who in some cases, supported mobility care planning. People were supported to access healthcare when they needed, such as a GP, nurse or chiropodist. We heard and observed this support being offered throughout our inspection visit.

We inspected the premises of the respite unit providing accommodation, which was purpose-built with a pleasant, light environment, rails along the walls, even flooring and spacious doorways for people who used wheelchairs. There was also an accessible courtyard garden with pleasant flower baskets and beds.

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 decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People told us staff asked for consent before delivering care to them. There were no DoLS application in place as these were not currently needed for anybody using the service. People's capacity was taken into account when they came into the service, and if there were any changes, capacity was assessed as necessary. However, at the time of our inspection visit, people using the service did not require capacity assessments for specific decisions. We observed that people had their rights upheld.

Good

Is the service caring?

Our findings

At our last inspection this area was rated Good, and we found it remained Good.

Staff and people had developed positive relationships. People told us staff were always polite and respectful, one person also telling us, "They are very kind." We observed many friendly and humorous interactions between people and staff. All the staff we spoke with were passionate about their caring roles, and spoke of people with respect and affection.

One person told us, "[Staff] listen to you." We saw that people were supported to express their views through meetings for people using the services, and surveys, which had easy-read options such as pictures, to support people's communication. We saw that staff adapted their communication to people's needs, to allow them to make and understand any decisions and choices.

People told us that when staff supported them with personal care, such as showering, they did so respectfully and with dignity. We saw that staff always knocked on people's bedroom doors and awaited an answer before going in, which respected their privacy.

Staff continued to encourage people to maintain and increase their independence by supporting them with their mobility and doing what they could for themselves. The care plans supported this practice, by ensuring staff were guided on what people were able to do for themselves before requiring assistance. In some cases, the respite unit staff supported people who had been in hospital settings following illness, to increase their independence to a standard they were safe to return home to live. In some cases, people had been supported to move into one of the housing with care flats and continued receiving support from the service.

Good

Is the service responsive?

Our findings

At our last inspection this area was rated Good, and we found it remained Good.

There were care plans in place with guidance for staff on how people preferred to receive care and support, and about their individual conditions and needs. One person told us, "Everything is the way you want it." People were supported to get up and go to bed when they wished and have baths or showers as they wished. Care plans included details which supported and enhanced people's wellbeing, such as the people and preferences that were important to them, and some important parts of their life history.

Staff encouraged people in both services to attend the day centre, which was run in the same building by the same organisation, Age UK Norfolk. However, two out of the three people told us they would like more activity. We established that although there was daily activity available to people in a group setting, which included various games, crafts, and entertainment sessions, there were no one to one activities available. We discussed this with the deputy manager of the respite unit to consider.

All the people we spoke with said they felt confident and able to complain if needed. We looked at complaints and compliments, and found any concerns had been resolved appropriately in both services. The services had received many compliments from people and relatives.

There was not currently anybody receiving end of life care, and the respite service did not support people for long term care. However, end of life care provision had been considered in people's care plans and included who staff should contact to discuss this with if needed. Training was also provided, and there was a nominated staff member to go to for support with end of life care information, as well as written further information available to staff around advance care planning.

Good

Is the service well-led?

Our findings

At our last inspection this area was rated Good, and we found it remained Good.

There was a clear structure of accountability and management in place, and the staff we spoke with worked in line with the organisational values, which included listening to people and caring. There was a registered manager, a deputy manager each for the housing with care and respite services, and team leaders who led the shifts of care staff, and seniors at night. There was good morale and staff were positive about the registered manager. Staff we spoke with, including agency, felt it was a supportive organisation to work for, and records we looked at, such as staff supervisions, confirmed this. Staff were aware of, and felt comfortable to use, the whistleblowing policy, which specified how staff would be supported through raising concerns about the service, and who they could contact.

People and their families continued to be regularly consulted about the service and had opportunities to give feedback. This was through regular discussions with care staff, both around planning care and ensuring they were satisfied with the care provided, as well as surveys and meetings. We saw that the deputy manager on the respite unit was visible on the unit throughout the day and was approachable to people.

There were many systems in place for assessing the quality of the service, both from trustees for the organisation, health and safety staff and the management team. Regular audits of medicines took place, both by the registered manager, deputy manager and team leaders on the respite unit. Other checks included daily management walk round, which included health and safety, staffing, handover quality, nutrition and hydration and customer satisfaction. We saw that when staff raised any concerns to the deputy manager that these were acted upon. Daily records were checked regularly and action taken when gaps were found. Other checks included health and safety and infection control audits, and associated action plans which were then completed.

The quality assurance systems had not picked up one area for improvement, for example, identifying and guiding staff on some risks to people's health caused by their conditions. However, we were confident with the response from the deputy manager, who implemented further care plans for these areas.

There was a running improvement plan in place for 2018-2019 which covered both services, and some of the improvements specified had already been completed, such as furthering staff training in end of life care. We saw that this closely reflected the improvements that had been included in the service's last Provider Information Return (PIR) they sent us. We saw from meetings that any areas for improvement were quickly identified and addressed with staff. The deputy manager showed us a new system of 'spot training' they had recently introduced which supported staff with additional learning in some areas such as hydration.

The services worked well in partnership with other organisations, such as the hospital, local pharmacy and GP surgery, and other care services to ensure a smooth transfer of care for people. The managing staff of the different services within the organisation also worked closely together to share ideas and ensure people were offered a variety of services.

The service notified CQC of events as required, and we found that the service provided reflected what had been in the last PIR, including improvements made.