

Norse Care (Services) Limited

Westfields

Inspection report

Westfield Road
Swaffham
Norfolk
PE37 7HE

Tel: 01760721539
Website: www.norsecare.co.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

This inspection was unannounced and took place on 5 and 6 April 2016.

Westfields is registered to provide accommodation and personal care for up to 41 older people. There were 31 people living at the service at the time of the inspection.

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.

There were appropriate processes and risk assessments in place to help protect people from risks to their safety and wellbeing including the risks of avoidable harm. Staff understood their responsibilities to protect people from harm and were aware of the signs of potential abuse. Staff were confident about how to report these within the service. Medicines were stored safely by staff who had received training and been observed in practice. Medicine records were up to date and clear.

There were enough staff to meet people's needs. The provider had a recruitment procedure in place and staff were only employed in the service after all required pre-employment checks had been carried out. People living in the home were involved in the interviews for new members of staff.

Some staff lacked knowledge in the Mental Capacity Act and Deprivation of Liberty Safeguards. Improvements were needed in the clarity around recording decisions about people's capacity to make their own decisions. People were able to make day to day decisions about their care and the staff who cared for them. Care plans were in use however these didn't always contain all the information required. People's privacy and dignity was respected.

People and their relatives were positive about the care that people received. People's health and nutritional needs were met. People had a varied diet and had choices available to them. There were a range of activities available and people were able to participate in them. People could maintain their own interests and hobbies where they chose to do so.

There was an open and transparent culture within the service. People and staff told us that the registered manager was approachable. The management team was visible throughout the home. The registered manager knew people and their relatives well. There was a quality assurance system in place which monitored the quality of the care provided.

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 were supported by staff that had undergone pre-employment checks prior to commencing work.

People were supported to access their medicines safely.

People were supported by a sufficient number of staff.

Is the service effective?

Good ●

The service was effective.

Capacity assessments had not always been completed fully. This meant that there was a risk that staff were not always acting in accordance with the Mental Capacity Act 2005.

Changes had been made to the supervision system to ensure that staff were supported through regular supervision.

People were supported to have a balanced diet.

People had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People had a positive relationship with the staff that supported them.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Staff knew the people they were supporting well.

People had the opportunity to take part in activities and maintain their interests whilst living at the service.

Is the service well-led? **Good** ●

The service was well-led.

There were opportunities for people and staff to express their views about the service.

There was an open and transparent culture at the service.

There was a complaints procedure in place.

The provider carried out a quality assurance process.

Westfields

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 April 2016 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with seven people who lived in the service. We also spoke with two relatives. Throughout the inspection we observed how the staff interacted with people who lived at the service. Some people were not able to communicate their views of the service to us and therefore 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 talk with us.

We also spoke to the service manager and six staff who work at the service. These included five care staff and a kitchen staff. During the inspection we looked at three people's care records and records in relation to the management of the service including staff recruitment records, staff supervisions, complaints and quality assurance records.

Is the service safe?

Our findings

People told us that there were usually enough staff, "They [staff] come quickly when I call them to help me." Another person told us, "Sometimes they [staff] are really busy and they are rushed off their feet. It would help them if there were a few more of them." We saw that staff had time to sit and interact with people. A relative told us, "I feel the service is slightly understaffed. The staff don't have enough time with people. They are always so busy and on the go." We spoke with staff and asked them about whether they felt there were enough of them on duty at any one time. One staff member told us, "It doesn't happen often that we are short staffed, it really isn't too bad." Another staff told us, "We were short staffed yesterday but that was the first time that we were in a long time." We were also told by a staff member, "There are the odd times when staff phone in sick that we are short staffed but it really isn't that often."

We were told by the registered manager that there were four staff posts that they were trying to recruit to. When short staffed, the registered manager told us that the service used staff from the providers bank scheme. People told us they felt safe living at the service. We were told, "Once I was here a few days, I thought I'm not going anywhere else." Another person told us, "I love it here, I feel safe and well cared for." A third person told us, "They [staff] all get five stars from me."

We asked the registered manager about the level of staff and how the numbers required were calculated. The registered manager told us that there wasn't a specific tool used to calculate how many staff were needed on each shift. They told us that they used a tool which highlighted people's mobility support needs and that this informed the support needs of people across the service. The registered manager told us, "There were a number of vacant staff posts, six at one time; however this has improved a lot now." We saw that staff had time during the day to talk to people and they spent spend time with them. The interactions between people and staff were not all interactions were task focussed.

All the staff we spoke to told us that they had received training to safeguard people from harm. They showed that they had understood how to recognise and report within the provider organisation any concerns to protect people. One member of staff told us, "I would always pass on and report any information if I was concerned that someone was at risk." Another said, "I always listen to people and would escalate concerns. The telephone numbers that we need to report are available in the office." We found that not all care staff were aware of who they should report safeguarding concerns to externally of the service. However, senior care staff told us that the information was available.

People had individual risk assessments in place. We saw that for one person, these were not always reviewed regularly. However when we spoke with staff, they were confident about people's current support needs and associated risks and these were in line with the risk assessment on file, despite it not being reviewed recently.

We saw that a number of health and safety checks were carried out. We saw that relevant checks to ensure the environment was safe were undertaken. For example, temperature monitoring, fire alarms tests, hoists

and slings, and kitchen and laundry equipment were undertaken and recorded. Checks were also carried out equipment used to help people move such as hoists.

We were told by some people that they had taken part in recruitment interviews for staff. One person told us that it was very important to them that they had the opportunity to take part in these interviews, "I can ask new staff questions about how they are going to look after us." The registered manager also told us that this was an important part of the process so that people living at the service were involved in selecting which staff would support them. We viewed three staff files to check that the recruitment process and checks carried out before staff commenced employment. Staff confirmed that they did not start to work at the service until their pre-employment checks were completed. The records we viewed showed that the appropriate checks had been carried out.

There were suitable systems in place to ensure the safe storage and administration of medicines at the service. All medicines were administered by staff who had received appropriate training. The medicines training was followed up with a competency check and observation of staff practice administering medicines. One staff member said, "I shadowed a manager and was then watched several times to make sure I was safe to administer medicines." Our observations showed that people were supported by staff with their medicines in an unhurried and discreet manner. The medicine trolley was attended by staff or kept locked at all times and we observed that staff only signed for medicines once the person had taken them.

Medicines were stored in a designated medicines cabinet within a locked room. Records were in place for the recording of medicines administered to people. We were told by a member of staff that daily audits of medicines administered and signed for were undertaken. We were also told that a weekly audit of medicine stock levels was undertaken to ensure people did not run out of their medicines. We saw evidence of these audits within the records held in the medicines room.

Is the service effective?

Our findings

We looked at staff records and saw that staff supervisions had been happening infrequently. The registered manager told us that they were aware of this and since February 2016, they had begun to implement staff supervisions according to their new structured approach. Supervision is important as it gives staff an opportunity to meet with a line manager to discuss the staff development, support and training needs. Staff told us that they had received supervision although this had been happening infrequently. All staff we spoke with told us that they felt they could approach the registered manager or deputy manager at any time. Staff told us that team meetings happened monthly and that they felt involved and were able to contribute.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 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).

Not all of the staff that we spoke with understood or were able to demonstrate that they knew about the principles of the MCA. Some staff were aware that people may have an authorised DoLS in place; however they were not all aware of the reasons why. The registered manager told us, and could evidence, that staff had received MCA briefings and this was discussed regularly at staff meetings. We looked at four people's care records and saw that in some of the care plans people's capacity to make decisions had been considered. However, in one of the plans we saw that the care plan held conflicting information about whether the person had capacity to make a particular decision or not. We also saw in the same person's plan that not all best interests' decision making processes had been completed.

Staff told us that they had access to the training they needed to do their job. We saw from training records that training was undertaken by staff in areas such as moving and handling and safeguarding people from harm. The training matrix we viewed showed that the majority of staff had training that was current.

People and their relatives spoke positively about the quality and choice of food available. We observed that the mealtime experience was relaxed and people were supported in an unhurried manner. There were lively conversations at the table and during the mealtime we saw lots of interaction between people and staff.

People were offered a choice and the food was well presented. People told us, "The food is lovely. I can choose at the time what I would like to eat. If I don't like what is on the menu, I can have something else." One person told us, "We have a choice of two main courses, several desserts and the coffee and tea are on tap. The food is excellent." We were also told, "I can have anything from shepherd's pie to curry. I love it,

couldn't wish for anything better." We saw that people were encouraged and supported to be involved in the meal preparation and clearing up process where they chose to do so. We saw some people helping with setting the table and taking crockery to the kitchen afterwards. We were told by one person, "It is important to me that I can help and do my jobs, I don't want to just sit there."

We saw a number of people had their meal in their bedrooms through choice. The meals were taken to people by staff who ensured that the plates were covered to keep the meal hot. One person told us, "You can have your meal in your room if you would like. They will also bring your relative a meal if they would like one."

People's weight and nutrition were regularly reviewed in line with their care plans. People's health records showed that their nutritional needs were assessed and monitored to ensure that their wellbeing was maintained. Staff we spoke with were aware of which people required additional nutritional support. We spoke with one staff that worked in the kitchen and found that they were aware of people who required specific food for nutritional purposes. We were told, "I get a list every day to the kitchen, which tells me who needs anything specialist."

People told us that their healthcare needs were met. One person said, "Transport is organised for doctor visits and he comes here too". A relative told us, "They look after [people]. If they need a doctor they always get one and they keep me informed too. They always phone me and let me know what is going on." Records were kept of appointments with and referrals to healthcare professionals such as people's GP and district nurses. We spoke with a visiting healthcare professional who told us, "It is really positive here. Staff do as we ask and are very proactive and positive. They [staff] notice things. Referrals are very prompt and if they [staff] are concerned then they act really quickly." We joined in a staff handover meeting during our inspection and saw that staff discussed outcomes of healthcare appointments and referrals for people where these were needed.

Is the service caring?

Our findings

People and their relatives spoke highly of staff. One person told us, "I really love it here. I wasn't sure I would stay but I really love it and don't want to go anywhere else." Another person told us, "It is lovely here. The staff are easy to talk to, we have a laugh and I like that." A third person told us, "Staff are kind and eager to help me."

People told us that staff met their needs. We were told by one person, "Staff know what I like, and they know how I like to be helped." Another person told us, "Staff are kind and eager to help."

Staff knew people well and told us about people's history and preferences for their care and support. This information was in line with what was recorded in people's care plans. One staff member told us, "I pride myself on my work and how I treat people as they are someone's mum or dad. I treat them with the dignity and respect that I would like."

We were told by people and their relatives that visitors were made welcome. One person told us, "My visitors are made welcome and can bring in pets, one comes in quite often." A relative told us, "Its fantastic here. I visit regularly and turn up at different times of the day. Care that is given [to people] is good." We saw that there were a number of areas at the service where people could sit with their relatives when they came to visit. These were in various different parts of the service and some areas included reminiscence items.

People told us that staff respected their privacy and dignity. One person told us, "They [staff] know how I like to be helped. They [staff] know what I would like. I am bathed every week. Staff always lock the door, lift me gently and cover me with towels. I always feel safe and secure." Another person told us, "I prefer not to be checked on by staff at night and they know that and don't disturb me." We asked staff how they promoted people's dignity and were told by one staff, "When helping people with personal care I always make sure the curtains are shut and cover people up as much as possible." Another staff said, "I never just do things for them [people]. I always ask them what they would like and how much help they need so they do things that they can do for themselves still. We always offer choice." We observed staff knocking on people's doors before going in them and talking to people in a respectful way.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. The care and support plans that we checked showed that the service had conducted an assessment of people's individual needs to determine if they could provide them with the appropriate care. A relative told us, "They took the time to assess [relative] fully and to really find out about them."

We saw in two people's care plans that they did not give staff all the information that staff needed to support someone. Some people required support if they became upset or angry, and whilst staff were recording such incidents, the care plan did not tell them what they should be doing in such situations. When we spoke with staff, they were all approaching this differently but told us that their approaches were successful at helping to calm people. We spoke with the registered manager who told us that there was some information on how to support people effectively in some of the care plans and that this was being developed further.

We saw that staff were responsive to people's needs. We saw that people were provided with food and drink when they requested this. We saw that staff offered people choice and were also patient when people needed time to understand and decide on their choice. One person told us, "[Staff member] is our little ray of sunshine. Nothing's too much for [staff member]."

People were supported to make decisions about when they got up and when they were supported with their personal care as well as what they wanted to do during the day. For example, one person told us, "I choose when I want to get up, it is my choice." One member of staff told us that people have a choice and can decide where they spend their time, "The second lounge is somewhere where people can choose to go if they want it to be quieter." A relative told us, "My [family] always sits in the second lounge. Staff takes notice of [relative] and asks [relative] if they are okay."

On the first day of our inspection we saw that in the second lounge there was very little activity taking place and people had the radio on playing through the television in the corner of the room. Most people sitting in this lounge were sleeping for the majority of the morning. On the second day of our inspection we were told by one staff, "It's an area to give people extra support and it was just yesterday that there was nothing much going on. This was because staff were on leave who ordinarily work in there." One staff member described the variety of activities that people take part in such as baking, music, arts and crafts. One person told us, "We have animals brought in and entertainment, singing most days, games and quizzes." Another person told us, "The activities staff are brilliant, we have raffles." Another person told us, "We have a hairdresser; chiropody and can have newspapers delivered."

The registered manager told us that the service had also joined, 'Ladder to the Moon' which is an organisation which 'supports care organisations to develop active, creative and vibrant care services'. We were told that it was used at the service to promote a creative and focussed activity to take place each month. The registered manager told us about some of the activities which have been undertaken so far.

We were told by one person that they loved being in the gardens and that gardening was a passion of theirs. The registered manager told us that this person had volunteered to do the garden flower pots and planting. We were told by the person, "I am really happy that I can do the pots for the garden, I really enjoy gardening." Another person told us that they liked to take care of the two chickens that live in the service garden. We were told, "I get up really early at 6am because I like to feed the chickens and let them out. I also look after them throughout the day and put them to bed again at night."

We were told by one person that they liked their own space and chose not to join in with the activities, "I enjoy the tranquillity of my own room. I can enjoy my interests and music and the garden. Staff do pop in for a chat and they check on me regularly."

We saw that people were invited to attend meetings. We looked at the minutes of these meetings and saw that people were provided with updates about the service. The use of call bells and whether people felt they were answered quickly enough was covered at the most recent meeting. We saw that overall people were happy with the response time of staff. Other topics at the meetings were covered such as activities and maintenance around the service.

People told us that they would speak to the staff or manager if they were concerned or wanted to make a complaint. A copy of the complaints procedure was displayed on the noticeboard, situated near the front entrance to the service. The registered manager told us that they encouraged open dialogue with people and their relatives so that any potential concerns did not build up. When asked, people told us who they would approach with an issue or complaint. However, two relatives told us that they had not seen the complaints procedure nor had the process explained to them.

We asked staff how they handled complaints. One staff member said, "If someone is unhappy, I always find out the details and if talk to them, they like a full explanation." The staff member also said, "I always tell them they can speak to the manager or deputy or even one of the team leaders. 90% of the time they are available and the office door is open. It is only closed if they are having a meeting. They [managers] are always floating around." We looked at records of complaints and saw that these were not received regularly but where one was it was addressed fully and in a timely manner.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with told us that they knew who the registered manager was. One person said, "Our manager is lovely and always here." We found that the registered manager was knowledgeable about the people who live in the service. We saw lots of interactions between people who live at the service and the registered manager and observed how relaxed people were. A relative told us, "It is clear who the manager is. We know [registered manager] well and can talk to her."

We asked staff about the culture and values of the service. Staff told us that they felt part of a team. One staff said, "I love it here, I get on well with everyone. It is great being part of the team, we all work well together." Another staff told us, "I do genuinely love my job, it's a lovely care home and we are a great team here." A third staff member told us, "The manager is up for new suggestions, their door is always open. Even personal stuff, they're always there for you. I love it, I really love it here." Relatives told us that the registered manager was very supportive and approachable. One relative told us, "[Manager] is very good. I can talk to [manager] they also ring me and communicate to keep me informed."

Staff told us that staff meetings took place and records confirmed this. Minutes from staff meetings showed that a range of topics and issues relating to the running of the service were discussed and information was shared with staff. For example at a meeting on 2 March 2016 staff were updated on the feedback the service had received from people. We saw that the people had reported they were unhappy with some aspects of the laundry within the service and that staff were reminded of what they needed to do to put this right. We also saw that medication training was discussed.

The registered manager told us that they were aware that staff had not been receiving one to one supervision very often and that the management team had been struggling with regular supervision meetings. The registered manager told us that there was now a structured plan in place to address the lack of meetings. The management team at the service had also put in place a plan for regular work place observations of staff.

The registered manager told us about how the service was making links with the local community. We were told that some people were supported to go to the local chapel when they choose to. We were also told that staff were trying to forge links with a local school in order that some of the children would go to the service and talk to people.

The registered manager told us about the provider quality audit team. We were told that a themed audit took place on a regular basis. We saw that a range of audits were undertaken by this team at the service. These audits included care plans and handover processes.

There was no record within the service of any safeguarding referrals that had been made or any lessons learned or actions take. We spoke with the registered manager about this who agreed to consider putting

this in place as a useful tool. Monitoring the number of, and nature of, safeguarding referrals made would enable the provider to review any patterns or trends.

The registered manager told us that they felt supported by their line manager. We were told that the area manager visited every six weeks and had carried out a one to one meeting with the manager. There were no records of any audits carried out by the area manager or provider.

The registered manager described the quality assurance process that the provider had in place. We were told that questionnaires were sent to people, their families and staff to complete. The registered manager showed us the action plan for the service that had been produced as a result of the quality assurance process. We looked at a copy of the feedback received from people. The results were positive with the exception of how people's laundry was looked after. The registered manager also told us that they were receiving support from the provider to work through the action plan. One relative that we spoke to told us that they had received a questionnaire to complete. Another relative that we spoke with told us, "We haven't had any survey or questionnaire to complete but if we thought that anything was wrong here we would say. They are approachable and friendly."