

Norse Care (Services) Limited

St Augustines Place

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 inspection took place on 1 September and was announced. We gave 48 hours' notice, as the service is registered as a domiciliary care agency and we wanted to be sure that people would be available to speak with us.

St Augustine's Place provides support and personal care to the people who live in the 20 flats and 14 bungalows, which are part of the St Augustine's Place Housing with Care Scheme. Each person lives in their own home under a tenancy agreement with a housing association. At the time of our inspection 37 people were using the service.

There was a registered manager in post. 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 safe because staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. There were sufficient numbers of staff to support people and appropriate recruitment checks were carried out, so that only staff, who were suitable to work in care, were employed.

Identified risks to people's safety were recorded on an individual basis and there was clear guidance for staff to be able to know how to support people safely and effectively.

Medicines were managed and administered safely and people received their medicines as prescribed. Some people managed their own medicines but all staff who administered people's medicines had completed appropriate training. There were also clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people.

People were supported effectively by staff who were skilled and knowledgeable in their work. All new members of staff completed an induction. Staff received regular support and supervision and suitable training that was relevant to their role. Formal staff meetings were held and staff communicated regularly with each other and the management team.

CQC is required to monitor the Mental Capacity Act (MCA) 2005 and report on what we find. The management team ensured the service operated in accordance with the MCA and staff demonstrated a clear understanding of the MCA capacity and consent.

Staff supported people, where required, to ensure they had enough to eat and drink. People were also supported to access relevant healthcare professionals as and when needed.

Staff employed by the service were caring and attentive. People were treated with respect and staff

preserved people's dignity. People were encouraged and supported to be as independent as possible and were also supported to follow pastimes or hobbies of their choice.

People planned and agreed their own care with staff who were reliable and consistent. Detailed assessments were completed with people before they started using the service, to ensure the service could meet their needs. Each person's care package was completely individual and specific for that person. People's care records were regularly reviewed, to ensure they remained up to date and accurate.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible. Regular meetings were held for people who used the service and a liaison officer also helped people to express their views.

The service was well run and people's needs were being met appropriately. Communication between the management team, staff and people using the service was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Audits were carried out by the management team in order to identify any areas that needed improvement. Record keeping and management systems were in good order, with effective follow up procedures in place.

There was an open and inclusive culture at the service, with visible and positive leadership evident.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were recorded on an individual basis. There was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work at the service.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People who used the service were supported to have sufficient amounts to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed before the service started, to ensure people's needs could be met and people were involved in planning their care.

People were able to voice their concerns or make a complaint if needed. Any concerns were listened to, with appropriate responses and action taken.

Is the service well-led?

Good ●

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the management team, staff and people using the service was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. Audits were carried out to identify any areas that needed improving.

St Augustines Place

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 was carried out on 1 September 2016 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.

We gave 48 hours' notice, as the service is registered as a domiciliary care agency and we wanted to be sure that people would be available to speak with us.

Before our inspection, the manager completed a Provider Information Return (PIR). 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.

Other information we looked at about the service included statutory notifications. A statutory notification is information about important events which the provider is required to tell us about by law.

During this inspection we met and spoke with nine people who were using the service. We also spoke with the manager, the deputy manager and three members of care staff, including two team leaders. We looked at the care records for four people and a selection of medical and health related records. We also observed care interactions between people using the service and members of staff.

We looked at the records for three members of staff in respect of recruitment and training and a selection of records that related to the management and day to day running of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh yes I feel safe, the staff are so good." Another person told us, "I'm safe; I get very anxious about that [safety]. I can have my front door locked. They [staff] always call me first; they say 'we're coming over'. They always knock so I know it's them, so I don't worry about my safety at all."

The manager demonstrated that they understood what constituted abuse and explained how they would follow the correct reporting procedure if and when necessary. Staff also confirmed that they were equally as confident and would report anything they were concerned about straight away. The staff records we looked at showed that staff had received training in protecting vulnerable adults, which helped ensure they knew how to keep people safe.

We saw that safeguarding information was clearly displayed on the noticeboards around the service. This provided contact details of the local authority's safeguarding team and information for people using the service, staff and visitors, should they need to report any concerns.

People using the service had individual risk assessments, regarding various aspects of their everyday lives. We saw these covered areas such as nutrition, protection from pressure ulcers, moving and handling, mobility and risk of falls. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff confirmed they had easy access to these documents and we saw that they were reviewed and updated on a regular basis. For example, one person had acquired a pressure ulcer prior to using the service. We saw from this person's care records that staff followed the required procedures to promote the healing process and minimise further risks. We also saw that the person's progress regarding their health and wellbeing was regularly reviewed.

We saw that there were enough staff on duty to support people and safely meet their needs in a timely fashion. One person told us, "I have a pendant alarm; anytime I need help I just press the pendant and they [staff] answer practically straight away. When the staff are with me and someone calls they [staff] say, "Oh I'll be five minutes". I've never had to wait long myself." Another person said, "They [staff] come fairly quickly. If they are busy they'll tell you how long they'll be."

Some people we spoke with said they felt the staff were sometimes a bit 'over-stretched'. One person said, "I think they could do with a few more [staff], they're rushed off their feet." However, the manager explained how these occasions usually only happened for short periods during key times, such as very first thing in the morning. They also explained how people's dependency was continually assessed, to ensure that the staffing levels remained sufficient and appropriate. It was evident from our observations, discussions with people and a review of the rotas, that there were enough staff to meet people's needs.

The staff files we looked at and a discussion with the manager, confirmed that appropriate recruitment procedures were followed. These helped to make sure that new staff were safe to work with people who

used the service. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the service.

Medicines were managed and administered safely and people received their medicines as prescribed. Two members of the senior staff told us that designated and appropriately trained staff administered people's medicines. One person using the service told us, "The staff bring me my tablets; they're kept in a locked cupboard in my flat. They [staff] stay with me while I take them."

We looked at the medicines storage and recording systems and saw that people's medicines were appropriately stored in their own homes. People's records that we looked at, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

Some people managed and administered their own medicines and we saw that appropriate systems were in place to help ensure people continued to do this safely. We noted that staff checked that people took their medicines as prescribed and followed up any concerns appropriately. People who used the service said they were happy with how medicines were managed. For example, one person told us, "I self-medicate but they order it in for me and if I need to I can just pass over the whole lot to them. They [staff] won't move away until I've taken them [medicines], but they're discreet."

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "They know what to do, they don't have to ask me. Oh yes, I'm happy they understand me; they're all regular carers and I know all the carers well." Another person said, "They're good carers, they help me as much as they can. If I want anything they'll do it. They [staff] know the right things [personal care] you have to have. The way they get me up. They are marvellous."

A third person explained, "I have a brief 'check' call in the morning, another later in the afternoon and then they come mid-evening to see if I need any help with getting ready for bed. If I'm having a really bad day they'll 'up' the checks relative to how I am on a given day. I think they [staff] are very good and knowledgeable. One by one they've learnt about my needs; most have learnt by asking me and taking an interest."

The manager explained how all new members of staff completed a full induction, which included completing essential training courses that would be relevant to their roles. In addition, new staff completed the 'Care Certificate'. Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding, palliative care, end of life care, moving and handling, pressure care and dementia awareness.

Staff told us they were happy in their work and felt supported by the manager and deputy. One member of staff told us, "I've been here quite a few years now and I absolutely love it." Another member of staff told us that there was always support available from the other team leaders or the management team if it was needed. The manager confirmed that they themselves were also fully supported by the provider's operations manager. We noted that all staff received regular supervisions and appraisals, to ensure and monitor their ongoing competence.

We noted that communication between the staff team was frequent and effective, by way of regular staff meetings and information that was handed over at the end of each shift.

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager and staff demonstrated that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also assured us they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. People living in Housing with Care schemes are tenants in their own homes. This means that any restrictions to their liberty would need to be authorised by the Court of Protection.

The manager told us that an application had been made for one person using the service, as their capacity in certain areas fluctuated. The manager explained how they and the staff team had identified that this person was at risk because they sometimes became confused between day and night. The manager told us that they had followed the process for making decisions around keeping the person safe, in the person's best interests. Discussions regarding the person's care package had therefore been held with the person, their relatives and the person's care team.

People using the service confirmed that their consent was always sought before staff did anything. One person told us, "They [staff] always ask me if I want it [personal care] done." Another person said, "They [staff] do always say 'is it okay to do it [personal care] now? If not, we'll come back later.'" They always ask rather than say that they've got to do it".

People using the service told us that staff worked in accordance with their agreed care packages to ensure people had enough to eat and drink. Where necessary, people's intake of food and drink was also monitored and recorded. Many people did not require assistance or support with regard to their nutritional needs. However, a few people did need support in this area, which was provided appropriately. Some people also required staff to deliver cooked meals that they had pre-ordered and we observed staff members taking covered plates of food to people's flats and bungalows.

People who used the service told us that staff supported them with eating when needed. One person explained how staff encouraged them to do things for themselves, rather than doing everything for them. We observed interactions between staff and some of the people who used the service during lunchtime. We saw these were friendly, polite and personal and we saw that people were able to eat at their own pace. We also observed staff offering to top people's drinks up between meal courses.

If any concerns were identified regarding a person's weight or nutritional welfare, staff told us they followed these up with the most relevant people. Such as, with the person themselves, their family, social worker or health professional. For example, staff had seen that one person appeared to be having difficulties swallowing and a referral to a dietician was made via the person's GP. Another person was noted to receive their nutrition via percutaneous endoscopic gastrostomy (PEG). PEG enables nutrition, fluids and sometimes medicines to be fed directly into the stomach, bypassing the person's mouth and oesophagus. We saw that staff had received training in PEG feeding and were able to support this person to ensure they continued to manage their nutritional intake appropriately.

People told us they were supported to access healthcare professionals as needed. One person explained how the staff would assist if they needed help and added, "If I felt really unwell they [staff] would be there like a shot, they'd call my GP." Another person told us a chiropodist visited them every five to six weeks.

Is the service caring?

Our findings

People using the service told us that the staff were caring. One person said, "It [the care] really is good, I don't think you would get much better; the staff are all very helpful." Another person told us, "I'd say they're very professional and caring in the way they go about it [providing care]. For me it's like living in a house with an extended family. I think all these [staff] go that extra mile, they do! One member of staff gave up their break time to order my meds. Brilliant, staff fussing over me and my [relative] and I feel they have our welfare in their hearts; you can have friendly banter".

We noted that staff made people feel that they mattered. For example, one person told us how a member of staff had agreed that on their day off they would go into town on the bus with the person. However, this member of staff had needed to cancel at the last minute. The person told us, "But another member of staff on their day off stepped straight in."

We saw that staff interacted well with people in a warm and friendly manner. People were comfortable in the presence of the staff and we saw that staff gave their full attention when people spoke to them. For example, we heard staff asking people how they were and seemed genuinely interested in their responses. One member of staff was seen to be supporting a person by reading a personal message to them on their postcard. One person told us, "We talk and have a laugh; they [staff] are very good; we've got no complaints."

A discussion with the manager and observations of staff demonstrated that they had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people using the service had been fully involved in planning their own care. The care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles. Staff told us that they had easy access to all the information they needed regarding people's individual needs. We also saw that this information was stored safely but was accessible for staff in each person's flat or bungalow.

People told us they were treated with respect and that staff preserved their dignity. For example, people were addressed by their preferred names and doors were knocked upon, before staff entered people's flats or bungalows. People said they were also discreetly prompted or assisted, if they required any support with their personal care needs.

One person said, "They [staff] all knock on the door; they treat us with dignity." Another person told us, "I was very shaky in the shower but didn't want anyone in with me, so they [staff] used to come in and occupy themselves in the living room until I came out." A third person explained how staff offered a towel to preserve the person's dignity, when being assisted with washing. They said, "I feel respected and treated as an individual." A further person told us, "I can't get into the bath, so they [staff] wash me. They do ask me; they're very caring."

People were encouraged and supported to be as independent as possible. We also saw that people were

able to choose how and where they wished to spend their time. For example, one person told us how the staff encouraged them to attend social activities. Another person said, "I feel that I can be as independent as I want to be but, if something goes wrong, I've got the back-up."

A third person explained how staff encouraged them to do as much as possible to maintain their independence and keep mobile. They told us how they had a mobility scooter but that staff also encouraged them to use their walking frame.

Is the service responsive?

Our findings

People told us they had been fully involved in planning their care and received care and support that was individual to their needs. One person explained how their health and wellbeing fluctuated and that they had been very reluctant to lose their independence. They told us that when they were well, they needed very little support but when they were unwell, it could come on very suddenly. They said, "It's good to know they [staff] are around. I sometimes need to use my pendant to call for staff and they are always prompt to respond." This person also told us that all the support they received was completely as they had agreed during their pre-service assessment and in their care package.

A discussion with the manager and information in people's care records showed that each person completed an assessment, prior to using the service. The manager explained how they were very thorough with their assessments, because it was important to ensure that people's needs could be met properly.

We saw that the pre-admission assessments were used to form the basis of people's care plans and risk assessments. The contents of people's care plans were personalised and gave a full description of need, relevant for each person. In one person's care records we saw clearly written information regarding their specific health issues and what support the person required. Such as, being turned in bed to reduce the risk of pressure ulcers and how they needed to be supported to eat and drink.

People's care records also contained detailed pen pictures called 'My life so far'. This information gave a clear insight to who each person was. It described the person's life experience, their interests and their goals for the future. Our observations and discussions with people confirmed that what we read in the care records was an accurate reflection of each person as an individual.

We saw that people using the service made decisions for themselves in respect of what they wanted to do and how they wished to spend their time. For example, one person said, "They [staff] put me to bed when I want to; I don't go to bed until late."

One person told us that they had been, "in a pretty dark place" when they started using the service. This person told us how the assistant manager had helped them access a greenhouse and start growing vegetables. The person said, "That was it! It gave me a reason to get up in the morning."

The service had a complaints procedure in place. People who used the service told us that they could make a complaint if they needed to and said they were listened to, with action taken where needed. One person said, "If I had a concern I would just ring this [pendant alarm]; I think they would sort things out." Another person told us, "I would just tell the carers; they would always help me. I'd tell them if I wasn't happy, there hasn't been a problem." A third person stated, "I've every confidence it [any problem] would be dealt with."

The manager told us how meetings were held regularly for people who used the service and that group discussions and one-to-one chats were constant. In addition, one person who used the service had taken on the role of a liaison officer. This person explained that on occasions people who used the service would talk

of concerns with other people who used the service, rather than people in authority. This person told us how they gave feedback to the manager regarding any concerns. This meant that any issues could be identified quickly and, if action was needed this could be taken without delay.

Is the service well-led?

Our findings

People told us that the service promoted a positive culture that was person centred, open, inclusive and empowering. One person who used the service told us, "It's well managed and organised."

Another person told us how they acted as a liaison officer between other people who used the service and the management. They explained how they had approached the manager with the idea and the manager had been really encouraging of it. The person told us that, since doing this role, some issues had been identified that had not previously been noted. They said they felt this had resulted in appropriate action being taken more promptly.

We asked people who used the service how they would describe the general atmosphere and whether they would recommend the service to others. All the responses we received were very positive. For example, one person told us, "I have done; recommended them just a couple of days ago to somebody looking. The atmosphere is lovely; they all make a fuss of my [pet]." Another person said, "Yes I certainly would [recommend the service]." And added that it would break their heart to stop using it.

A third person told us that the management team were involved with the daily running of the service and that it all seemed to run so smoothly. This person also said they would recommend the service, saying, "Without a doubt." They told us they had been apprehensive at first but as soon as they started using it they thought, "Yes!"

We observed that people who used the service, relatives, friends and staff were considered to be an important factor in the way the service ran. The manager told us that any suggestions for improvements were listened to and action taken, where appropriate or necessary. The manager explained how they and the deputy manager had also begun working over the weekends. They told us that this helped them to be more available for people's friends and families, which gave these people greater opportunities for discussions and feedback with the management team.

The manager told us about the different ways they constantly sought feedback from people regarding the quality of the service provided. They told us these were by way of daily discussions, meetings with people who used the service and their families or friends, quality assurance surveys and via the liaison officer. Where any action for improvement was required, we noted that this was taken appropriately and with the involvement and inclusion of all the relevant people. People we spoke with confirmed that they were able to be involved in improving the quality of the service. One person told us this was by their role as the liaison officer.

Communication between the manager and the staff was noted to be frequent and effective and we looked at minutes from some of the staff and team leader meetings that had been held. We noted that topics discussed during these meetings included aspects such as training, medicines, quality assurance, the needs of current as well as new or prospective service users and other service specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed.

We observed that any concerns, issues or requirements could be highlighted at this point, to ensure people had continuity of care.

There were a number of other systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. The manager, as well as the provider's compliance monitoring team, also carried out regular audits covering areas such as health and safety, medicines, accidents, incidents and falls. This helped the service to identify and reduce any negative trends by taking relevant action where necessary.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.