

Norse Care (Services) Limited

Laburnum Grove Housing with Care Scheme

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

Laburnum Grove is a housing with care service that provides personal care to people living in their own homes. At the time of the inspection, 25 people were receiving support with their care.

At the last inspection, the service was rated as 'Good.' At this inspection, we found the service remained Good.

There was a registered manager working at the service. 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.

Why the service is rated Good...

The care that people received was delivered safely. The provider had systems in place to ensure the staff they employed were of good character and had received enough training and supervision, to enable them to provide people with effective care. People received their medicines when they needed them. Staff knew how to reduce the risk of people experiencing abuse and avoidable harm.

People had been consulted about what care and support they wanted to receive. People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible. People's consent had been sought in line with the relevant legislation and their care needs and preferences had been thoroughly assessed and planned. There were enough staff available to deliver care in a way that met these needs.

Where people required support to eat and drink or to maintain their health, the staff provided this. The provider encouraged people to raise concerns or give them ideas for how they could improve the quality of care people received. Any concerns or feedback raised were listened to and investigated. The provider learnt from people's concerns and feedback and action was taken to improve the care people had experienced.

The staff were kind, caring and polite. They treated people with respect, protected people's privacy and dignity and encouraged them to be independent.

The leadership at the service was good. The manager's had instilled a culture of 'teamwork' and 'working together' which made the staff feel happy in their work and valued. Staff understood their individual roles and were managed by a supportive management team who always had their door open to them if they wished to discuss anything.

The provider had effective quality assurance systems in place to assess, monitor and improve the quality of care people received. Where shortfalls had been identified, action had been taken to enhance the service

people experienced.

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 ●

Laburnum Grove Housing with Care Scheme

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 checked 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 was a comprehensive inspection that took place on 10 May 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in their own flats. We needed to be sure that people would be available to provide us with feedback on the care they received.

The inspection team consisted of 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 the inspection, we looked at information we held about the service. This included notifications that the provider had to send to us by law. Prior to the inspection, the provider also 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. We also contacted some healthcare professionals before we visited the service, to obtain their views regarding the quality of care being provided to people.

During the inspection we spoke with nine people who used the service and five relatives. We also spoke with four care staff, the deputy manager and the registered manager. We looked at three staff recruitment and training records and three people's medicine and care records. We also viewed records regarding how the provider assessed and monitored the quality and safety of the care they provided.

Is the service safe?

Our findings

The service remains safe. All of the people we spoke with and their relatives said they felt they or their family member were safe when the staff provided them with care and support. One person told us, "I like it here. I like the carers. The managers here have been so good to me. I feel safe here". A relative said, "To know that [family member] is safe is such a weight off my shoulders."

Systems were in place to protect people from the risk of abuse or avoidable harm. The staff we spoke with demonstrated they understood what types of abuse people could experience and how to report any concerns, if they had any. This included outside of the provider's organisation. They told us what actions they took to decrease the risk of people experiencing harm in a number of different areas including falls, developing pressure ulcers or from not eating or drinking enough. Although staff took actions to keep people safe, they told us they respected people's wishes to take informed risks. For example eating particular foods that may be of detriment to their health.

Records were in place to show that any concerns about people's safety had been reported to the necessary individuals and appropriate organisations both inside and outside of the provider. These had been investigated and if actions had been required to be taken to improve people's safety, this had been implemented. There was enough information in people's care records to guide staff on what they needed to do to reduce the risk of people experiencing harm that may have been avoidable.

There were enough staff to meet people's needs. One person told us, "There are enough staff. If I ring my buzzer they come straight away." A relative said, "They are very quick to respond. They find out what [family member] wants and then they give [family member] a time when they will arrive." The staff we spoke with agreed that there were enough of them to provide people with safe care. The registered manager regularly assessed how many staff were required to provide people with the care they needed. There were contingency plans in place to cover any unplanned staff absence. Robust processes were in place to ensure that staff employed to work in the service were safe to do so.

People received their medicines when they needed them. One person told us, "I get my tablets first thing in the morning and they are on time." Another person said, "They give me my tablets four times a day. I do forget what they are for, then they explain it again." The staff demonstrated they were aware of good practice when supporting people to take their medicines. They had received training and continual supervision to help them do this safely. The records we looked at showed that people had been given their medicines correctly.

Is the service effective?

Our findings

The service remains effective. All of the people we spoke with and relatives said they felt the staff had received good training and were knowledgeable about their work. One person said, "They are all competent and know what they are doing." Another person told us, "Staff are so good, they know what they are doing."

The staff said they received a good level of training that covered many different subjects to help them provide people with effective care. They also said they received good levels of supervision and support. New staff received comprehensive induction training. They were monitored by a more experienced member of staff before they were able to provide people with care on their own. The staff were supported to complete related professional qualifications if they wished to do this.

The staff sought people's consent in line with the relevant legislation. One person told us how staff always asked them first before they provided them with care. They told us, "They always ask me. They don't do anything without asking."

The staff told us that some people using the service sometimes lacked capacity to make their own decisions in relation to their care. The staff therefore had to work within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had a good understanding of the MCA and how this impacted on their daily practice. They told us they offered people choice and took actions in people's best interests, if they were unable to consent to a decisions themselves. The records we looked at showed us the registered manager had taken into account people's ability to consent to their care when planning the support they required.

Where people required support to eat and drink, this had been delivered to meet people's needs. One person told us, "I don't like cooking. I have fish and chips on a Friday and yesterday I had sausage in pastry. You get a choice of two." The staff told us about people's likes and dislikes and were knowledgeable about those who required a specialist diet. People's diverse and cultural needs had been taken into account when assessing what support people required in this area.

Records showed that staff closely monitored people where there was a concern they were not eating and drinking. Referrals had been made to the relevant healthcare professionals for advice and support when necessary.

People were supported with their healthcare if people consented and agreed to receive this type of support. One person told us how the staff had called the emergency services one evening when they had become unwell. Another person said, "They have called a doctor." The healthcare professionals we spoke with prior to the inspection, told us that staff always contacted them in a timely manner if their advice was required.

They also said that staff always followed their advice to support people with their healthcare needs. Records showed that various professionals visited people if needed. These included the GP, district nurses, dieticians and occupational therapists.

Is the service caring?

Our findings

The service remains caring. Without exception, all of the people and relatives we spoke with told us the staff were kind and caring and that they treated them or their family member with dignity and respect. One person told us, "The staff are so kind and helpful. They are wonderful, just wonderful." Another person said, "They are all lovely, just so kind." People and relatives also told us that the staff encouraged their/their family member's independence. One person said, "They encourage me to do things myself, they are marvellous". A relative told us, "It would be very easy to hoist [family member] but they don't, which means that after three and a half years [family member] can still transfer themselves."

Through conversations with staff, it was evidence they valued their relationships with people and that they knew them well. Staff told us how they sometimes had gone above and beyond what was expected of them when supporting people with their care needs.

One staff member told us how they and their colleagues often supported one person, in their own time, to attend appointments. This was because they knew the person valued their support when doing this. The registered manager told us of a time where a staff member had spent time with one person using the service after they had experienced a traumatic incident. The registered manager said that the staff member did this in their own time. They also said that this had had a positive effect on the person's wellbeing. Another staff member told us how they had helped one person to be more independent. Their input had helped this person access the community on their own more frequently which they said, had improved the person's confidence and again, their wellbeing.

The registered manager told us that at Easter, everyone who used the service had been given an Easter Egg as a gift and that on their birthdays, the service provided them with a birthday cake to celebrate the occasion. We also saw that staff had bought Christmas presents for people that were unable to go out and buy them themselves. This was so they could give them to their friends or family.

Staff told us how they promoted people's privacy and dignity such as closing curtains when providing people with personal care and ensuring that doors were closed. The people we spoke with confirmed this. One person told us, "They cover me to maintain my dignity whilst having a wash."

People and relatives told us they were consulted and involved in their or their family members care and were able to make decisions in relation to this. People said they were always able to make choices about their care. A relative told us, "When it was [family member's] care plan review I was invited and they welcomed any comments or suggestions." People had been involved in the original assessment of their needs and wishes before they started using the service. Regular reviews of their care had been conducted with them to ensure that it met their needs. The staff told us they always offered people choice and there was clear information in people's care records to guide staff on how to support people to make decisions and choices.

Is the service responsive?

Our findings

The service remains responsive. The care that people received had been planned and delivered to meet their individual needs and preferences. People told us that staff had time to sit and chat with them which they valued. One person told us, "They come in and have a chat with me. They help me when I need help and provide me with information if I need it." Another person said, "We choose what time we go to bed". A healthcare professional we spoke with told us they felt the service was responsive to people's individual needs.

All of the staff told us they could meet people's individual needs. They demonstrated to us they knew people well. They were able to tell us about people's individual needs, preferences, likes and dislikes. One staff member told us how some people always liked to be up early in the morning and that the care they received had been planned to meet this need.

People were given information about other services that could help them if they required this. This included advocacy services and organisations that could provide financial advice. The staff told us how they had helped one person choose a taxi service so they could access the community more regularly to do their shopping. Another staff member told us how they were aware that some people could be socially isolated and so they encouraged them to access communal activities.

People's care needs and preferences had been assessed. There was comprehensive information in place to guide staff on how to deliver the care that people wanted. This detailed people needs, wishes and daily routines. This information had been regularly reviewed to ensure that it accurately reflected people's current needs. The staff told us that these care records provided them with sufficient information to enable them to give people the care they required.

They registered manager listened to people's concerns and complaints and learnt from these. People and relatives told us they knew how to complain and that any concerns they had raised had been dealt with to their satisfaction. This people said, made them feel listened to and valued. One person told us, "At the tenant meetings they tell us things, we go through everything, complaints that sort of thing. We got a dart board for people in wheelchairs." A relative said, "I have the manager's e-mail so if I have a question I can email [registered manager]. I find if you have a question there is always someone to ask."

The staff knew they had to report to the registered or deputy manager any verbal complaints or concerns raised. Records showed that the registered manager had thoroughly investigated and addressed any complaints or concerns that had been raised.

Is the service well-led?

Our findings

The service remains well-led. All of the people and relatives were happy with the level of care provided. All of them told us they felt the service was well-led. One person told us, "It's 101% great." A relative told us, "The manager is very approachable."

The registered manager had promoted a positive, person-centred culture within the service through regular training and communication with the staff and people using the service. All of the people and staff we spoke with agreed that there was an open culture within the service. They said they could raise issues or concerns without fear and felt confident these would be dealt with.

Good leadership was in place which promoted staff morale and helped the service run smoothly. The registered manager was supported by a deputy manager and team leaders. The staff told us that all senior staff working at the service were approachable. Some staff gave us examples of when the senior staff had been extremely supportive to them during difficult times in their lives. It was clear from our conversations with staff that the registered manager had instilled a culture of team working for the benefit of the staff and people using the service. The staff told us that they understood what was expected of them, were always thanked for doing a good job and were listened to. This they told us, made them feel valued. A healthcare professional told us they felt the leadership at the service was good. They said this was because the communication and collaborative working between the staff and themselves had improved under the registered manager's leadership, for the benefit of people using the service.

Good links with the local community had been established. A coffee morning took place in the service that people using the service and others living in the community could use. This was in place to help reduce the risk of people experiencing social isolation. Links with a registered charity had also been set up so that people could be provided with an advocacy service if they required this.

The registered manager had good systems in place to drive improvement. These systems included audits in areas such as medicines management, staff training, the accuracy of people's care records and staffing levels. Any incidents or accidents that had occurred whilst people were using the service had been analysed so that any patterns could be identified. Observations of staff practice had taken place regularly to facilitate their learning and help them improve where necessary. Feedback from people and relatives was also sought through questionnaires and on a daily basis to help improve the quality of care they received. We saw that if any of these areas had identified the need for action to be taken to improve the quality and safety of care being provided, that this had taken place. For example, referring people for specialist advice or providing staff with further training. The provider also completed regular audits of the service to assess and monitor that the care being provided was of a good standard.