Norse Care (Services) Limited

Oakes Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 October 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could meet with people who used the service.

The service is registered to provide personal care to older people in their own home. On the day of our visit 43 people were using the service. People who used the service have their own individual flat in a purpose built environment.

There was a registered manager for this 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.

People and their relatives told us that people were safe using the service. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. These recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward. Staff were competent with medicines management and could explain the processes that were followed

There were sufficient staff to keep people safe and meet their immediate needs, and the registered manager had followed safe recruitment procedures. The majority of care provided was individualised according to each person's needs and preferences. However, some people did not always receive care in line with the choices they had agreed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent from people and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff maintained people's privacy. Relatives felt that staff were understanding of people's needs and had positive working relationships with people. People and their relatives were involved in assessments and reviews of their needs. Staff had knowledge of changing needs and made relevant changes to care records with the people who used the service.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality

assurance systems were in place to regularly review the quality of the service that was 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.

Staff knew how to recognise and report abuse and had received safeguarding training. There were enough staff to ensure immediate needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk against harm. Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were supported with their diet where required.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and dignity .They took time when delivering support and listened to people. Staff maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People made choices about their care and support. Sometimes at busy times these choices were not always met.

People did have care records that were reflective of their personal needs.

There were processes in place to support people to raise concerns and people felt confident to do so.

Is the service well-led?

Good

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

Oakes 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 visit took place on 26 October 2016 and was an announced visit. This meant that we gave the service notice of our arrival so that we could meet with people who used the service. The inspection visit was carried out by two inspectors.

Before the inspection, the provider 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 reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

We spoke with nine people that used the service and three relatives. We also spoke with the registered manager, the deputy manager and three staff members. We reviewed the care records of three people, training records and staff files. Additionally we viewed a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe using this service. One person said, "I am very happy with everything [in relation to feeling safe]". One relative told us, "I have real peace of mind that [relative] is well looked after".

Staff had the knowledge of how to protect people from harm when using the service. Staff felt confident to raise concerns with their line manager and gave examples of when they had done so. Staff were able to explain the processes that were in place for protecting people from harm. We saw there was a training board with information on how to protect people from harm and who to contact. Staff told us they found quick guides like this very useful. The registered manager told us, and staff confirmed that they had received relevant training to keep people safe, and we saw records to confirm this. This showed us that staff were committed to keeping people safe and had the support to do so.

We saw that risk assessments were in place in people's care records. This included relevant risk assessments for the delivery of care, moving and handling and falls. For example, one person was at a higher risk of falls. The care record explained the risks and actions that needed to be taken by staff. There was also information as to what could happen if this process was not followed correctly. Another person had recently had a fall from their bed. We saw that the risk assessment included the use of the profile bed and that a referral for a new hoist should be made. This was because the current hoist was no longer appropriate for this person's needs. Both of these had been put in place, and the occupational therapist was due to assess this person for a new hoist. This showed us that the registered manager and staff assessed risk if a person had fallen and made appropriate referrals to healthcare professionals to reduce the risk in the future.

We saw that one person had a risk assessment in place to minimise the risks around their medicines, if they were to attempt to self-administer. The person did not always remember if they had already taken their medication. The risk assessment was placed at the front of the person's file and asked staff to ensure they read the daily notes before delivering any medicines. Staff told us it was important to check the risk assessment for any changes. Staff confirmed that they found all risk assessments useful. This showed us that staff had access to information that supported them to minimise the risk of harm to people using the service.

People told us that staff were quick to respond when they needed help. One person told us, "They help me get up and go to bed, always come when I need them". Another person said, "I like the peace of mind that staff come quickly if you ring the bell". A relative confirmed, "Always someone popping in to see if [relative] is okay, very reassuring".

Staff told us that sometimes they felt under pressure as the needs of the people using the service had changed. However they confirmed that everyone still received a service when they needed it. When we spoke with the registered manager they told us that they had recently carried out an assessment of people's needs and dependency levels. This had shown that as people's needs had increased they had higher levels of dependency. They continued to tell us that staffing ratios were not determined at service level. The

registered manager and the deputy were now reviewing people's needs before agreeing to deliver the care. This was to manage the current level of need with the staffing ratios they had in place. The registered manager also told us that all people received support and care when they needed it. Therefore there were enough staff to meet the immediate needs of people and in a safe manner.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff deemed suitable by the service were employed to work with people who used the service.

We saw from people's records that staff administered the majority of people's medicines. There were safe medicine administration systems in place and people received their medicines when required. Staff told us that medicines were kept securely and we saw that each person had a Medicines Administration Record (MARs), which was individual to them. The MARs we viewed where up-to-date and included any allergies the person may have and counts of medicines remaining were recorded. Some people had medicines that they took that were not at set times known as PRN medicines (medicines that are administered as required). We saw that these were recorded appropriately on people's MARs.

We saw that two people had medicines to take at specific times and that these had been highlighted on the MARs. This supported staff to know when they should be taken, for example one medicine was only once a week. This minimised the risk of staff not administering the medicine on time. Another person required support to ensure the dose of their medicine was appropriate for their needs. We saw that the appropriate tests had been carried out and the care record and MARs had been updated accordingly.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Good

Is the service effective?

Our findings

People told us that they felt staff had training to support them with their needs. One person told us, "All staff know what they are doing".

The registered manager showed us their records for staff training and the timetable for when this was due for renewal. Staff told us that they received the relevant training they needed for their role and that this was useful. Staff told us that they could ask for any additional training if they felt it was an area that would benefit their role.

We saw, and staff confirmed that new staff undertook the Care Certificate (this is a set of standards that social care and health workers work to in their daily working life). Existing staff were supported to undertake a formal qualification in health and social care. Staff also told us about the induction that they received, which included training and shadowing more experienced members of staff. Staff and team leaders confirmed that a staff member could not work alone until this process had been completed. At the end of this process the staff member was assessed as competent in their role by a senior staff member. Staff told us that they felt this process was very useful and that if they felt they needed more shadowing time then this was available.

The registered manager told us that they measured staff competency in a number of ways. This included observations, spot checks and formal one to one meetings with care staff. We saw that the records of these competency checks and the outcomes were kept by the management team. Staff confirmed to us that these were useful and helped them to carry out their role effectively. Staff told us that they did not need to wait until these formal occasions to seek support from their line manager. They could do this at any time; meaning that staff had support at all times to carry out their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that where people had the capacity to make decisions and consent to care this had been recorded. Records had been signed by people that used the service or a representative that they had nominated.

Records showed that some people who used the service had reduced or no capacity to make decisions. In one instance a person had been assessed as not having capacity to make certain decisions and the relevant capacity assessments had been undertaken. We saw that the appropriate referral to the Court of Protection

had been made and best interests' process had been followed. The registered manager explained that this process had been undertaken for 11 people using the service. The registered manager had taken steps to ensure staff knew what the impact for people was and created a guide to support staff. This guide included information on the person and the reasons why they were subject to the Court of Protection. Care records showed where people could still make day-to-day decisions and staff were able to give examples of this. One person who lacked capacity was heavily reliant on writing information that was important to them down, for example to consent to medicines and the time they were due. We saw in their care record and staff confirmed that they used a system of calendars and diaries to ensure the person remained in control of their care and support.

Staff told us that they understood the principles of the MCA and what this meant for people. They said they had received training on the MCA. Staff told us that they would always assume a person had capacity and empowered people to make decisions where they still could and involved them with as many decisions as possible. This showed us that staff and the management team understood the law and regulations of the MCA.

At the time of our inspection visit no one was at risk of not receiving enough to eat or drink. The majority of the people that used the service prepared their own meals. Some people told us that if they called for support in the night then staff would check if they required a drink. One relative told us, "If [relative] is not well enough to get their own food staff will assist with this".

We saw that in one record a person required support from a Speech and Language Therapist (SALT) to support with their eating and drinking. There was a risk assessment in place that was relevant to this person and stated they should have a soft or pureed diet. When we spoke with staff that supported this person they were able to tell us about the diet that was suggested for this person. Staff confirmed that they would support the person whilst eating to ensure they had access to different choices of meal that were to their preference.

One person told us, "[Staff] very good at checking on you when you are not well", they went on to confirm that when they were not well staff would call a GP. Care records showed there were a number of different healthcare professionals involved with people and appropriate referrals when people needed extra support. Staff told us that they felt confident which healthcare professionals to call if they needed to, and they would support people to attend appointments.

Good

Is the service caring?

Our findings

People who used the service were very positive about staff and the service that they received. One person told us that the staff were very caring and that they were, "All lovely". They told us that they were happy with the service and the staff. A relative confirmed saying that all staff were kind and caring.

People gave us examples of how staff maximised a person's independence. For example a person told us that when they and their spouse started receiving care from the service, staff thought their spouse's dementia was quite advanced. Staff spent time with this person to orientate them around their local community and to support with their food shopping. Now the person was more confident and able to mobilise independently. Staff confirmed that they felt it was important to maximise independence. They told us that they asked people if they wanted to do any tasks themselves or if they would like any help at that given time. One staff member told us that a person had recently needed more care than normal. They went on to tell us that this person was a very private person and did not like being supported with personal care. This meant that staff had to support this person in a manner that increased their confidence and meant they could return to being independent. The staff member told us they achieved this by encouraging the person to do some tasks to gain their confidence. Staff confirmed that this person was now able to wash and dress independently again.

Staff told us it was important to be empathetic and listen to what people wanted when delivering any care. This supported staff to know what tasks a person was confident to carryout themselves and used this knowledge to maximise a person's independence. They said that by getting to know a person they felt more able to deliver care that was effective to that person.

People told us that they had a care record and that they were involved in developing it. A relative confirmed and told us that their relative had a care record, and they had both been involved in putting it together. Staff confirmed that care records were reviewed regularly and each person had a key worker that was responsible for this. Care records included information on a person's likes and dislikes and preferences for their care needs. Care records were individual to people's needs and allowed people to have control over the care they received. The registered manager confirmed that care records were completed in collaboration with the person. They told us that they were updated regularly and that staff knew where to access the information about a person.

People told us that staff were respectful of their privacy and dignity. One person told us, "They are respectful and kind". Another person told us, "[Staff] cover me up to maintain my dignity" and another person said, "Male carers are very respectful and always protect my dignity". Staff confirmed that this was important and gave good examples of dignified care. For example staff said they would knock on people's doors or close curtains before delivering care. A staff member told us, "This is their home we need to respect that and the [people who used the service]". This showed us that the management team and staff were committed to delivering care that was dignified and respectful for people who used the service.

We saw that daily records were kept for the care people received. We saw that these had been written in

courteous and respectful manner and contained only necessary information about the person's care. This showed us that the management team and staff were committed to recording information about a person in a dignified and respectful manner.

Good

Is the service responsive?

Our findings

People who used the service had different views on whether choices about their care and support were observed and acted upon. People who used the service did tell us that staff observed people's general choices about their care. One person told us, "[Staff] know when I like to get up and usually come at that time". Another person said, "They [staff] always ask if we need anything else and do everything we want".

People's care records showed that a person's choice around getting up and going to bed was recorded. We saw that one person had to take medicines at 7am each day but that they preferred to go back to bed for another hour after this. We saw in this person's daily records that this happened and the person was supported to get up between 8am and 8.30am.

Two people told us that they had been asked if they preferred a shower or a bath and their choice, to have a bath, was recorded in their care record. They told us that for a period of time this choice had not been met, but that they had been offered a shower in place of a bath. The registered manager confirmed this had been the case and explained why this choice had not been observed and that people had been offered showers or baths during the afternoon. However the registered manager did confirm that this should now be back in place and baths should be offered. Both people did confirm that they were now offered baths, but that this had just been reinstated.

Additionally two people told us that they had not been asked if they preferred a male or female carer. People told us that the male staff were extremely good and respectful but that they would prefer a female member of staff. One person did tell us that they had not approached the registered manager to discuss this. Therefore the registered manager was unaware of the person's wishes to have a female carer.

When we spoke to staff they told us that they knew that which people preferred female carers. They told us that where they could accommodate this they would. However on some occasions due to which staff were on shift this was not always possible. People were asked if they would prefer to wait until a female staff member was available or if they wanted the male carer to continue. One staff member told us that they would respect a person's decision if they wanted another carer to support them and would arrange this. Staff told us that they found a person's care record very useful, not only to deliver the right care but to know people's preferences. Staff also knew people well and what their overall preferences were and acted on these where they were able. Where these choices had not been met the management team was aware and were working to rectify the situation.

We saw that some people required support to get up and to get ready to attend social activities. Some people required the support of staff to mobilise or with personal care to attend church or day centres. People who used the service confirmed that staff delivered this support which enabled them to access the things they enjoyed to do.

People said that if they needed to discuss anything that they were not happy about they would talk to the manager or to staff. One person told us, "I have no complaints but if I did I know they would sort it out for

me". Another person said that they had taken concerns to the registered manager, "And they always take immediate action to put things right". A relative confirmed, "I know who to contact if concerned but I have not had to".

Staff told us that if someone raised concerns with them they felt confident to speak to the management team. They confirmed that the management team would listen and would take appropriate action. We saw that a complaints process was in place and the service had received two complaints in the last year. Both of these complaints had been dealt with appropriately and in line with the services process this was to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

People and their relatives told us that the management team and staff were very approachable and they would recommend the service. One person told us, "I can sum up the care here, absolutely superb". A relative confirmed and said, "I can call and they know who I am and are very helpful." Another relative told us, "I would recommend the care here to anyone".

Staff told us that they felt well supported by the management team. One staff member told us, "I love my job it is very rewarding" and another said, "We are a really good team, love working here". The organisation had a number of long standing staff members which gave consistency to the people who used the service. Additionally the registered manager also felt supported by their immediate line management in their role.

Staff told us that they knew how to raise concerns outside the organisation, and no one told us they had cause to do this. Staff told us that they could see their line manager or the registered manager at any time. They also said that they were a close team and were very supportive of one another. This showed us that the management team were committed to having an open culture and they listened and supported their staff.

The aims and values of the service included 'dignity in all we do'. Staff understood these values and championed them at any opportunity. Staff took pride in their roles and gave examples of how they worked with people to meet their goals. Staff told us that they had regular staff meetings and that they could add items to the agenda for discussion, records confirmed this.

Appraisals were in place to look at staff members overall performance and set goals for the following period. Staff had shifts where they were observed by their manager, this encouraged them to learn from the management team and apply best practice. Staff told us that they found team meetings, appraisals, observations and formal one to one meetings very useful. They concluded that this supported them well in their caring roles.

The registered manager understood the key challenges and achievements of their service. For example the registered manager was aware that they were sometimes unable to meet personal choices due to the number of people with higher levels of need. As a result the registered manager had undertaken a dependency analysis of the service and this had shown that the people using the service currently had higher levels of dependency compared to the staffing ratio. This meant that the needs of the people currently using the service were higher than the service was used to meeting. This had supported the registered manager to present a case to their line manager as to why the service may have to refuse some care packages in the future, if they could not meet their needs effectively.

The registered manager had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance and audits around health and safety, including accidents. There were processes in place to analyse these audits to understand what was not working well, or why an incident had happened. Records showed that as a result individual action plans were in place or people's care records had been amended.

The registered manager told us that they visited people that used the service and would look at care records and daily notes to ensure the care record was followed. Staff were subject to observational checks to ensuring that they presented themselves in a professional manner at work and that they adhered to the organisations policies and procedures.

The registered manager had in place an overall management audit that identified areas which required improvement. This record looked at all the audits that had taken place what action was needed and what had already been carried out. This showed us that the registered manager was committed to acting upon any issues raised in audits to maintain the quality of the service.

The registered manager told us, and records confirmed that views were also gathered at people's reviews or the 'tenants meeting'. People contributed to this meeting and minutes showed actions that had taken place as a result of anything raised. The service used satisfaction surveys to gain the views of people who used the service, their families and visiting professionals. We saw that these surveys had been analysed by the service. These analyses showed the positive comments received but also where it was felt improvement was needed. The outcomes had been shared with people who used the service and families. We observed a board on display that showed people 'what you said we did' scenarios. This board showed the comments taken from satisfaction survey and the actions that had been undertaken by the service to improve the service. Action plans were up-to-date and the registered manager saw quality monitoring as integral to the service provision.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.