

Norse Care (Services) Limited

Lisbon 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

This was an announced inspection that took place on 19 July 2016.

Lisbon Court is a 'housing with care' service that provides people with personal care in their own homes. At the time of the inspection, 29 people were receiving care.

There was a registered manager 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.

People received care from staff who were kind and caring and who treated them with dignity and respect. The staff knew people well which enabled them to provide people with care that met their individual needs.

There were enough staff to meet people's care needs and people received their medicines when they needed them. The staff knew how to keep people safe and people's consent was requested before the staff performed any tasks. People were involved in making their own decisions about the care they wanted to receive and this was respected.

There was an open and transparent culture at the service where people and staff felt listened to and could raise any concerns they had without hesitation. Both people and staff could be confident that action would be taken to address any concerns if made.

Where part of their care package, people received support to eat and drink enough to meet their needs. They were supported to maintain their health and advice from specialist healthcare professionals was sought when necessary.

There was good leadership at the service. The staff understood what was expected of them and they had received enough training and supervision to give them the skills and knowledge to provide people with safe and effective care.

The quality and safety of the service was regularly assessed and monitored to make sure the care that people received was of good quality and met their individual requirements.

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.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with support when it was required.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had the required knowledge and skills to provide people with effective care.

Staff asked for people's consent before providing them with care.

Where part of their care package, people received enough food and drink to meet their needs. They were also supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People were listened to and their opinion mattered. They were asked how they wanted to be cared for and were treated with dignity and respect.

People's independence was encouraged.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences had been assessed and these

were being met.

People knew how to complain if they needed to and any concerns and complaints raised had been investigated.

Is the service well-led?

Good ●

The service was well led.

There was open culture within the service where people and staff felt comfortable to raise concerns.

People and staff felt listened to and valued.

The quality and safety of the care provided was effectively assessed and monitored.

Lisbon Court

Detailed findings

Background to this inspection

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

This inspection took place on 19 July 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. One inspector carried out the inspection.

The provider completed a Provider Information Return (PIR) before the inspection. 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 other information that we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the service, we spoke with four people who used the service, three staff members, the deputy manager and the registered manager.

The records we looked at included four people's care records and other records relating to their care and three staff training records. We also looked at records in respect of how the provider monitored the quality of the service.

Is the service safe?

Our findings

The provider had systems in place to protect people from the risk of abuse and avoidable harm. All of the people we spoke with told us they felt safe when staff provided them with care and support in their own home. One person said, "Yes, I feel very safe when [the staff] are with me." Another person told us, "I feel very safe and secure. The staff make me feel that way."

The staff we spoke with understood the different types of abuse that people could experience. They demonstrated they knew how to report any concerns if they needed to. This included reporting them to outside organisations such as the local authority. The registered manager was also clear about how to deal with any safeguarding issue should it arise. Information was available to people to help them raise a concern outside of the provider if they felt this was necessary.

The staff had assessed risks relating to people's safety. This included risks such as falls, supporting people to move and the environment. There was clear information within people's care records to provide staff with guidance on what they needed to do to reduce these risks. The registered manager had regularly reviewed these risks to make sure the actions required were appropriate. The staff members we spoke with had a good understanding of how to minimise risks to people's safety to protect them from harm. For example, one staff member told us how they walked with some people to decrease the risk of them falling.

The staff had recorded any incidents or accidents that had occurred. The registered manager had then assessed them in an attempt to reduce the risk of them re-occurring. For example, seeking advice from specialist healthcare professionals to help reduce the risk of people experiencing falls.

The staff we spoke with understood how to deal with emergency situations. They gave us a good account of what they would do if they found someone unwell in their own home. They told us they had been trained in first aid and would seek assistance from the emergency services if needed.

There were enough staff to meet people's needs. One person told us, "[The staff] are always there if I need them." Another person said, "They [staff] usually respond very quickly when I need them." Two people did comment that they wished the staff could spend more time talking to them. However, they said they understood that when the staff were very busy this was not always possible. The staff we spoke with said there were enough of them to meet people's needs but two of them did say they would like to spend more time with people. They added however, that people always got the care they needed.

The registered manager had calculated how many staff were required to work at the service. This calculation had been based on people's needs. The registered manager told us they kept this under review on a daily basis and that staffing levels were increased if needed. Existing staff, bank staff, the registered or deputy manager covered any unexpected staff shortage.

People received their medicines when they needed them. They were given to people in a safe way. One person said, "Oh yes, the staff bring me by tablets and make sure I take them." Another person told us, "I just

need to ring the bell and the staff come and give me my medicine when I need it."

We checked three people's medicine records. All of these indicated that people had received their medicines as intended by the person who had prescribed them. Some people administered their own medicines and we saw that this had been assessed to make sure it was safe for them to do so.

There was clear information in place to assist staff to give people their medicines safely. This included information about people's allergies and guidance on when to give people medicines that were for occasional use.

Staff who gave people their medicines had received training on how to do this safely. Their competency to do this had been recently assessed. The staff we spoke with told us how they gave people their medicines. They demonstrated to us that they followed good practice.

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to provide them with effective care. All of the people we spoke with told us they thought the staff were well trained. One person told us, "Oh they [the staff] know what they are doing." Another person said, "I had a new carer the other day. They were brilliant. So good that I put them forward for some reward points so it could be recognised."

All of the staff we spoke with said they felt they had received enough training to provide people with effective care. They told us they had received training in subjects such as supporting people to move, safeguarding people from harm and infection control. The training consisted of both computer and classroom based learning. Most staff said they thought the delivery of the training was good. Some staff had received training in other subjects such as diabetes care, dementia and how to give people insulin.

The registered manager told us that the provider had a training manager who was very responsive to any requests for extra training. Therefore, they were able to make sure staff were familiar with any conditions that people required support with such as catheter or colostomy care. The registered manager had also built up good relationships with community professionals who delivered training to the staff. We saw that a specialist in diabetes care had provided staff with training in this subject.

The registered manager had regularly assessed the staff's competency to provide people with safe and effective care. The staff told us that they received feedback following these observations so they could improve their practice if they needed to.

All of the staff told us they had regular supervision meetings. Supervision enables staff to discuss their performance and any further training they require. It also gives them the opportunity to talk about how they want to develop their care practice further. The staff said they felt very supported by the management team at Lisbon Court. One staff member added that they were being actively encouraged to develop within the service which they were pleased about.

A staff member who joined the service recently told us about their induction training. They said this had been good. They explained that it had involved them shadowing a more experienced member of the care team until they were confident they could work on their own. They told us they had been given plenty of time to build their confidence.

Consent was obtained from people prior to them receiving care. All of the people we spoke with told us staff requested their consent before they performed a task. One person said, "Yes, they [the staff] always ask." Another person told us, "They [the staff] are very polite, they would not do anything without asking me first." People who received care had signed their care records consenting to this.

The registered manager and the staff told us that all of the people using the service had capacity to make their own decisions. However, they were aware that some people who used the service had recently been diagnosed as living with dementia. They had therefore received training in the Mental Capacity Act 2005. 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. 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.

All of the staff we spoke with understood how to apply the principles of the MCA 2005 to their daily care practice if they needed to. They were clear that if in the future they needed to make any decisions for the person, that these had to be made in the person's best interests. The registered manager understood that if anyone had to be deprived of their liberty in their best interests, that this needed to be referred to the Court of Protection for authorisation.

Some people received assistance from the staff with their eating and drinking needs. Where this occurred, people told us they received sufficient food and drink. One person told us, "They [the staff] help me with eating. That's fine. I get what I want." Another person said, "The staff always leave me with a drink. They keep telling me to drink and say I need to drink more."

The staff we spoke with demonstrated to us they understood the importance of encouraging people to drink plenty of fluid. They were also aware of people's food choices and how they liked to have their food prepared.

Where there were concerns about people not eating and drinking, we saw that the staff were supporting people with this. They had reported any concerns to the necessary healthcare professionals. For example, one person had not been eating much. This had been referred to a dietician who had provided the staff with advice.

The person's food intake had been monitored as requested by the dietician so the staff could see if they were eating enough for their needs. The person was also to receive drinks, on the advice of the dietician, that contained extra calories. However, when we checked the person's records for the week prior to the inspection, they did not indicate that these drinks had been offered to the person as often as they should have been. One staff member we spoke with told us these were given to the person regularly. We advised the registered manager about this. They agreed to immediately check to make sure the person was receiving these drinks.

People were supported by the staff to maintain their health. One person told us, "They [the staff] will soon get the doctor out to you if you need one." Another person said, "I have an optician and chiropodist that they [the staff] arrange for me." A further person told us how the staff arranged hospital transport for them so they could attend their appointments.

The staff contacted healthcare professionals in a timely manner when there was a need for their specialist advice. This included GPs, district nurses, chiropodists and dieticians. A healthcare professional we spoke with during the inspection told us they were contacted quickly if there were any concerns about people's health. They also said that the staff listened to them and implemented any care that they recommended to support people with their healthcare needs.

Is the service caring?

Our findings

The staff had developed positive and caring relationships with people using the service. All of the people we spoke with told us the staff were kind, caring and compassionate. One person said, "The staff are really very good. They are so kind and lovely." They added, "They are always smiling and they work so hard." Another person told us, "The staff are amazing. I cannot fault them. They work their socks off for you." They added, "Some of them always do little extra things for you like washing up or emptying the bin. They are not asked, they just do it. That is thoughtful and kind."

People told us that the staff knew them well. They said that for most of the time they saw the same staff which helped with this. One person said, "Yes they know me well." They added whilst smiling, "Sometimes I think they know me too well!" Another person told us, "They [the staff] have got to know me well. They know what I like to do and they respect me. They let me get on with it."

From our discussions with staff it was clear they knew the people they provided care for. This included people's likes, dislikes and routines. The registered manager and deputy manager both demonstrated that they knew people well. During the inspection, we observed the registered manager and the staff chatting with people in a friendly and caring manner. They were seen asking people how they were and how they were going to spend their day. People looked comfortable engaging with the registered manager and the staff. People's care records contained details about their life history and the staff said they used this information to strike up conversations with people that were meaningful to them.

People were actively involved in making decisions about their care. All of the people we spoke with told us they felt able to make decisions about the support they received. One person said, "I'm asked what support I want to receive. I can say what I want, they listen." Another person told us, "I've sat down with them before [the staff] and talked about how they help me. They asked me my opinion which was good."

The staff we spoke with understood the importance of offering people choice and allowing them to make decisions about their own care. We saw that people and their relatives had been involved in reviews of their care.

People's dignity and privacy was respected. All of the people we spoke with told us they felt treated with respect by the staff and that their independence was encouraged. One person said, "They [the staff] are very good. They are good to me. When they help me wash they always make it dignified." Another person told us, "They [staff], knock on my door. They encourage me to do what I can for myself like washing my face."

The staff explained to us how they protected people's privacy and dignity. One staff member said they protected people's dignity by keeping them covered when supporting them with personal care. They also demonstrated to us how they encouraged people to be more independent. For example, assisting them to make parts of their own meal.

Is the service responsive?

Our findings

When asked, most people told us their preferences regarding how they wanted to be cared for were met. One person told us, "I like to get up early in the morning and they [the staff] always help me wash and dress." Another person said, "I like to have a shower each day and I can have that. I need help but the staff are always there." However, one person told us that they wanted to receive their evening medicine earlier. This was so they could go to bed when they wanted without having to wait for the medicine first. We fed this back to the registered manager who agreed to make sure the person could have their medicine when they wanted it.

People's individual care needs and preferences had been assessed before they started using the service. The staff had recorded these within people's care records and reviewed them regularly to make sure the information contained within them was accurate. There was information in place that provided staff with clear guidance on people's individual daily routines and how they wanted to be cared for.

When spoken to, the staff told us there was enough information within the care records to help them provide people with the care they needed. They also said that the registered manager communicated any changes in people's needs to them in a timely manner so they could give people the support they required. This information was also communicated in handover meetings that were held at each shift change where staff discussed people's current care and health needs.

People took part in activities within their local community where it had been identified as part of their care package. One person told us how they attended a 'knit and natter' club that had recently been set up. Another said they often played bingo with the support of the staff.

The staff were aware if anyone was at risk of social isolation. They told us that people had access to advocacy services if required but that everyone using the service had family available to help if needed.

One person told us they liked to go out into the community and that they were not able to do this as much as they would like. They also said that although they did not feel isolated, that they would like more people to talk to. The registered manager told us they were aware of this and were therefore trying to arrange for the person to receive support in these areas.

People told us they did not have any complaints but that they felt confident to raise any issues with the staff member or the registered manager if they were unhappy about anything. One person said, "I don't have any complaints at all."

The staff gave people a copy of the provider's complaint policy when they started using the service which detailed how they could make a complaint. The registered manager had recorded both verbal and written complaints. These had been fully investigated. In some cases, meetings had been held with the person who had made the complaint in an attempt to reach a solution. We were therefore satisfied that people's complaints had been dealt with appropriately.

Is the service well-led?

Our findings

All of the people we spoke with told us they were happy with the care and support they received from the staff at Lisbon Court. One person told us, "They do everything well, I am very happy." Another person said, "The care is very good, excellent." Everyone said they would recommend the service to others.

People told us they knew who the registered manager was and that they felt the service was managed well. One person told us, "Yes, it's managed well. [The registered manager] is very pleasant." Another person said the registered manager was friendly and that they liked them. They said, "[The registered manager] is more caring than I thought they would be. You don't always expect that do you?"

There was a positive, open culture within the service. People said that the staff and management team at Lisbon Court were approachable and that they felt able to speak to them without hesitation. They added that they felt listened to by the staff. One person told us, "They [the staff] are so nice. I have no problems with telling them if I am worried about anything." Another person said, "The staff are really friendly. I can tell them anything and they will sort it. They always listen."

We observed people speaking to the registered manager regularly during the day with some visiting their office for a chat.

The staff told us that the management team at the service were approachable and that they listened to them. They said they could speak to the management team about anything. They added that they felt confident the management team would take actions if needed to make sure people received the care they needed.

The registered manager demonstrated good leadership. The staff understood their roles and responsibilities and said they felt valued. One staff member told us how they had recently received a thank you card and a small present from the registered manager in recognition of their hard work. They said this had been very much appreciated. Another staff member said the registered manager was encouraging them to develop into a role they wished to do in the future. They said they found the registered manager to be very knowledgeable about the care sector and that they found their advice invaluable.

The registered manager was observed talking to people and staff regularly during the inspection. The registered manager told us that they appreciated how hard the staff team worked and felt that they had excellent staff working at the service.

The registered manager assessed and monitored the quality and safety of the care provided and the systems in place to do this were effective. These included audits which were regularly conducted in respect of people's medicines, nutrition and care records. The registered manager had identified any shortfalls which had been addressed. The completion of staff training and their competency to provide effective and safe care had also been regularly monitored and re-training given if necessary.

The registered manager reviewed the number of staff working on each shift to make sure there were enough

of them to meet people's individual care needs and preferences. Incidents, accidents and complaints were monitored so that the registered manager could learn from them and improve the quality of care that was being provided if necessary.