

Norse Care (Services) Limited

Priorsmead

Inspection report

Priors Mead, Canterbury Way,

Thetford, Norfolk, IP24 1EB

Tel: 01842 752 039

Website: www.priorsmead@norsecare.co.uk

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Priorsmead is a home providing personal care and accommodation for up to 16 people. All bedrooms are single occupancy. There are three lounges, a library, dining room and gardens for people and their visitors to use.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place on 31 July 2013 we found the provider was meeting all the regulations we looked at.

This unannounced inspection took place on 11 June 2015. There were 14 people residing at the home.

The atmosphere was very welcoming, calm and friendly. People moved freely around the building spending their time in various comfortable communal areas or their bedrooms, as they chose.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were

Summary of findings

sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected.

People received care and support from staff who were friendly, caring, kind and respectful. Staff respected people's privacy and dignity. People and their relatives were encouraged express their views on the service provided.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care that met each person's needs. Changes to people's care was kept under review to ensure the change was effective. People were encouraged to maintain and develop hobbies and interests. 'Event' type activities, such as entertainers and group activities, such as bingo, were also organised.

The registered manager managed another service in addition to this one, St Edmunds in Attleborough, Norfolk. The registered manager was supported by senior staff, care workers and ancillary staff. People, relatives and staff told us the home was well run. Staff of all levels, including the registered manager, were approachable. People's views were listened to and acted on.

Summary of findings

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 was safe.

People were kept safe because staff had a good understanding of what how to protect people from harm, including how to report concerns and who they could report their concerns to.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed by the service after pre-employment checks had been satisfactorily completed. There were sufficient staff with appropriate skills to meet people's assessed needs.

Good



Is the service effective?

The service was effective.

People received care and support from staff who were well trained and supported. Staff knew the people they care for well. Staff understood, and met, people's individual preferences and care needs.

People's rights to make decisions about their care were respected.

People were supported to ensure their healthcare and nutritional needs were effectively met.

Good



Is the service caring?

The service was caring.

People received care and support from staff who were friendly, kind, caring and respectful.

People were supported to maintain, relationships that were important to them.

Staff were knowledgeable about people's needs and interests.

Good



Is the service responsive?

The service was responsive.

People's views were listened to and acted on. People's rights were respected and promoted. People, and their relatives, were involved in their care assessments and reviews.

People were encouraged to access the community and develop and or maintain interests and hobbies.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Good



Is the service well-led?

The service was well led.

The home was well run and people, relatives and staff were encouraged to provide feedback on the service in various ways.

Good



Summary of findings

The service had an effective quality assurance system. This was used to drive and sustain improvement.

The registered manager looked to develop the service and had plans in place for development over the next 12 months.

Priorsmead

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 unannounced inspection took place on 11 June 2015. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the home. This included notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with seven people and four relatives. We also spoke with the registered manager, the deputy manager, two team leaders, the assistant chef and two care workers. Throughout the inspection we observed how the staff interacted with people who lived in the service. We asked for, and received, feedback from Norfolk County Council who commissions the service at this home.

We looked at five people's care records, staff training records and two staff recruitment records. We also looked at records relating to the management of the service including audits, meeting minutes and records relating to compliments and complaints.

Is the service safe?

Our findings

The people we spoke with said that they felt safe and trusted the staff. One person told us they trusted the staff “one hundred per cent.” People and their relatives told us they could speak with staff or the manager if they were worried about anything. One person’s relative told us they were concerned about the way another person had spoken to their family member. They told us, “Staff handled it very well: 10 out of 10.”

We saw that information was available around the home about protecting people from potential harm which included who to contact if they had any concerns.

Staff told us they had received safeguarding training. They showed a good understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, “I would report straight to my manager.” Senior staff were clear about reporting concerns to the appropriate authorities.

All staff described how to escalate a concern within the organisation. Staff were aware of the provider’s whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and their responsibilities to the people who used the service.

People told us that staff helped them to stay safe. One person told us, “They are very safety conscious. They test the fire alarm bells every Monday. If you go out on your own you just let them know.” Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whilst still promoting their independence. These included risks such as poor nutrition, falls and medicines. We saw that staff had completed risk assessments in relation to the person falling. These included physical ailments, footwear, medicines and the environment. We saw that the actions in these risk assessments were being followed in order to promote people’s safety.

Staff were aware of the provider’s reporting procedures in relation to accidents and incidents. All incident forms were read by a senior member of staff who identified whether further action was required to reduce the risk of recurrences. For example, whether a person’s care plan needed to be reviewed.

The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member’s experience, good character and suitability for the role. This showed us there was a system in place to make sure that staff were only employed if they were assessed as suitable to work with people who used the service.

People and staff told us, and we found, that there were sufficient staff to meet the needs of the people they cared for. One person told us, “There are always staff on the floor. You can call them anytime.” People and their relatives said that call bells were answered promptly, although sometimes staff told them they would “be a few minutes.” People said that staff always returned within an acceptable timeframe.

The registered manager used a suitable system for assessing the staffing requirements based on the dependency of the people who live there, increasing staffing levels if the need arose.

The registered manager told us the service had a low turnover of staff. This provided a stable staff team who got to know the people who use the service well. People and staff agreed with this view. The registered manager and staff told us that existing staff covered staff illness and leave. They said that most staff, including the registered manager and senior staff, lived locally and also provided emergency and short notice cover.

People were safely supported with their medicines. People told us they always received their medicines on time. One person told us, “[The staff] are very good at remembering [my medicines].” People told us that they had been encouraged to administer their own medicines and staff told us the assumption was that people would self-medicate whenever possible. One person told us, “When I first came in I did my own tablets.” The person went on to tell us that their needs had changed and staff had increased the assistance they provided.

Staff told us that they were trained to administer medicines and that their competency was checked regularly. We found that medicines were stored securely and at the correct temperatures. Records clearly identified who was responsible for administering each medicine. Appropriate arrangements were in place for risk assessment and the recording of medicines received and administered.

Is the service effective?

Our findings

We asked people and their relatives if staff met their needs. They told us they did. One person told us, “We’re well looked after.” One person’s relative told us, “Place is absolutely brilliant and staff are lovely.”

Staff members were knowledgeable about people’s individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One member of staff told us, “When I first came here I wasn’t very confident. I’ve had training and I get positive feedback.” New staff confirmed they had completed an induction to the Common Induction Standards. This was a nationally recognised standard and included written and observed competency tests. They told us their induction training covered topics such as safeguarding and moving and handling. They also told us that they ‘shadowed’ a more experienced member of staff until they were assessed as competent to provide care. People verified that this was the case. One person told us, “New staff... stand and watch the other staff then get a go themselves.”

Staff members told us about the provider’s mandatory training programme and additional training they had access to. This included, but was not limited to confidentiality, fire safety, food hygiene. Additional training included dementia awareness and skin care. Staff told us they received regular updates in legislation and good practice from the provider and senior staff. Some staff members had been identified as “champions” for various topics. This meant they received in-depth training in that area and provided on-site support to staff. These staff champions spoke enthusiastically about their areas of expertise. One told us, “The course really grabbed me.” Topics covered by champions included, but were not limited to, end of life care, dignity and dementia.

There was a clear system in place to identify when staff had received training and when refresher courses were due. Most staff were up to date with training and we could see that further sessions were planned. People told us that staff were aware of their needs and knew how to meet them.

Senior staff told us the provider’s policy was that staff have an annual appraisal which is reviewed six monthly and formal supervision sessions six weekly. Staff members told us they enjoyed their work and were well supported. They

said they attended staff meetings and received supervision. One member of staff told us that meetings and their supervision sessions gave them an opportunity to, “voice any concerns.” Staff told us the registered manager encouraged them to develop their skills. One member of staff told us that the registered manager was, “Very good at supporting you in areas you are interested in.” They went on to tell us how the registered manager had supported them to apply for a promotion. Staff told us that senior staff addressed any areas for improvement and recognised good performance with positive feedback.

People’s rights to make decisions were respected. At the time of our inspection everyone living at the home were able to make decisions about their care and told us they were consulted about this. For example, the time they were assisted to get up or go to bed. People had signed their records to show their agreement to the care provided.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and spoke knowledgeably about this. They were aware of the need to assess people’s mental capacity and to make and record best interest decisions where this was appropriate. The registered manager was aware of the process to make applications under DoLS to the supervisory body (local authority) to deprive some people living at the home of their liberty. At the time of our inspection the registered manager told us that no one was deprived of their liberty.

We saw that where people had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) decision in place, these travelled with the person when they left the home. Staff were clear that if a person collapsed they would attempt to resuscitate the person unless a DNACPR was in place.

People had enough to eat and drink and told us the food was good. One person told us, “The food is very good.” Another person said, “They will give you anything you want. If they can get it they will. I was buying [a specific food], and they offered to get them for me.” A relative said, “The food here is very good. There is always plenty to drink. They [the staff] make sure they [the people] drink.” Another relative said, “I’ve eaten here. There is good variety and a good choice [of food].”

People were offered a choice of what they would like to eat and drink. Menus for the day were advertised in the dining room. People and staff told us alternatives were available if

Is the service effective?

people did not want the choices on offer. Staff offered people hot and cold drinks and snacks between meals. Snacks were also available from the fridge freezer in the library.

Records showed that on admission people's food and fluid intake were monitored to check they were taking sufficient food and drink. People's weight was monitored regularly and action taken where concerns were identified. Where appropriate, advice from health care professionals had been sought and followed in relation to people's diets. For example, we saw some people received fortified diets. Staff were aware of people's nutritional needs and preferences. For example, one person preferred to take their meals in their room and staff respected this choice.

People told us, and their care records showed, that they saw a range of healthcare professionals including GPs, Speech and Language Therapists and dentists. Those people who were able, were supported to attend appointments where the health care professional practiced. For example at the dental surgery. One person told us, "[The staff] took me to the dentist twice. The optician comes here. [The staff] organise regular appointments." People's health conditions were monitored. People and their relatives described occasions when staff had identified deterioration in the person's condition and accessed appropriate medical support for the person. This meant that people were supported with their healthcare needs.

Is the service caring?

Our findings

People and their relatives described the staff as nice, kind and respectful. Both people and relatives told us there was a “family atmosphere” about the home. One relative told us, “I come in and I feel part of the family.” Another relative said, “When [my family member] came here I was very surprised by the very nice welcome we got. It was the best welcome. They were so kind and thoughtful.” Another relative said, “The care is second to none. It’s a caring home.” They went on to say, “[The staff] don’t do their jobs out of duty, they do it because they really care. I couldn’t fault them here.”

A professional who regularly visited the home also commented on the friendly welcome they received. They told us that staff were always helpful and that they had observed that staff took care with people’s appearance.

Staff told us that they treated people as they would like a family member to be treated. The staff we spoke with told us that they would be happy for their family member to be cared for at Priorsmead.

We observed pleasant and friendly interactions between staff and the people living at the home. Staff were polite and sensitive and addressed people using their name. They initiated conversations and listened when people spoke with them. People said that staff had time to “sit and chat” with them and commented on how much they enjoyed this. People told us about their, “special carers”. They said, “I’ve got a special carer who will do a bit of shopping for us and take us out.” Another person showed us their manicured nails and said their “special carer” had done this. Both made positive comments about their special carers. Staff told us this system provided a better focus on ensuring they were meeting people’s specific needs and wishes.

Care records contained a comprehensive personal history about each person, including what was important to them. Information included their social and work history and the names of people who had been, or were, important to them. People were involved with developing their care plans and had signed their records to show their agreement to and involvement with deciding the care to be provided.

Staff were knowledgeable about people’s needs and interests, including people’s religious and cultural values

and beliefs. This information was also incorporated into people’s care plans and taken into consideration when care was delivered. One person and another person’s relative told us that staff were very sensitive about the bereavements they and their family member had experienced. They told us that staff supported them appropriately, providing time to talk without being intrusive. Regular religious services were held at the home. These were advertised locally and members of the public were also encouraged to attend.

Staff took time to help people to be comfortable. For example, we saw one staff member check that a person was comfortable when they had transferred to an armchair. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them. One person commented, “They’re so patient and treat you with respect. We must get on their nerves but they never show it.”

People told us that staff had encouraged them to bring personal possessions with them to feel comfortable at the home. One person told us their room “feels like home” and showed us their furniture and belongings that they had brought with them. Another person’s relative told us their family member was “quite particular about [their] own space” and described how staff had encouraged them to personalise their room.

Staff told us about the importance of involving people in every day decisions. The people we spoke with verified this. One person told us, “You go to bed and get up when you like. I usually go to bed about 10[pm]. Last night I went to bed at 11.30[pm].” We saw that people could choose where to spend their time and take their meals. Some people chose to spend time in their bedrooms, while others preferred the communal areas of the home.

The registered manager told us that they encouraged relatives and friends to visit at any time and provided private areas where people can enjoy the company of those close to them. This was verified by visitors to the home who said they were made welcome. Relatives said staff were good at keeping them updated about their family member and contacted them immediately if there were any changes or concerns. One relative said, “We feel involved. We’re always able to come in and have a chat. The staff are very approachable.”

Is the service caring?

The registered manager told us an advocacy service was available if people required it. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes. We saw this was advertised on notice boards in the home.

We saw examples of staff respecting people's privacy and dignity. A member of staff was identified as a "dignity champion" and staff told us that promoting people's dignity was a high priority at the home. We saw staff respected people's dignity. For example, staff members

knocked on people's doors and waited for a response before entering. Staff assisted people with their personal care in a discreet manner. Care records had been written in a respectful manner and people's personal information was treated with respect. One person said, "I've got some private stuff going on. [Staff member] said come and have a chat. You can always talk to them and you know if won't go any further." This meant that staff respected people's privacy and personal information.

Is the service responsive?

Our findings

People, and or their family members, said that staff understood and met people's care needs. One person told us, "I get looked after and get what I want. I'm quite happy." Another person said, "They do everything they can to make you comfortable. They've been marvellous." A relative told us, "When I leave here I know [my family member's] being well looked after.

People's care needs were assessed prior to them moving to the home. This helped to ensure staff could meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. This included information about people's health and spiritual needs and how the person preferred their care needs to be met. Care plans sign-posted staff to whether there were any risks associated with providing each aspect of care.

Care records contained comprehensive information about each person, including what was important to them. We found that staff were knowledgeable about people's needs and preferences and people and their relatives told us that staff were responsive when these changed. For example, one person told us how staff had increased care and support as their sight had deteriorated. Another person told us how a staff member had recognised a change in their breathing and sought medical treatment quickly. We saw that care plans had been reviewed regularly to ensure that they reflected people's current needs. Records had been completed daily to show the care provided to each person. This meant that the information was available to staff to enable them to meet people's needs appropriately.

Staff encouraged people to maintain hobbies, interests and general activities of daily living. For example, staff told us that some people chose to carry out light cleaning tasks in their bedrooms. One person told us they had responsibility for cleaning the candlesticks for religious services. Several people told us they continued with needlecrafts they had done most of their lives. One person liked bird watching. A bird table had been set up outside their window so they

could watch birds and a speaker gave a presentation about the subject. Another person enjoyed painting and room had been made for a person's train set. Several people also told us they used the home's library which was stocked by the visiting public library and included large print books. People told us about trips out, celebrations and events, out that they had enjoyed including being supported to vote at the local polling station. People particularly told us about the celebrations for the anniversary of VE Day. They said, "There was a wonderful team and lots of information about VE Day." Some people told us they enjoyed the entertainers that visited the home, with particular reference being made to the children from a local school visiting. One person told us, "School came in with their ukuleles. I did enjoy that. Their faces were magic." Another person told us there were lots of activities to join in with if they wanted to, but that they sometimes chose not to. They said, "I like the big snakes and ladders, that's funny, but I don't go to that bingo."

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager and staff would listen to them and address any issues they raised. One person said, "I'd talk to one of the office staff." Another person, and another person's relative, told us they had raised concerns with the registered manager. Both told us the registered manager had listened and taken action to address their concerns which lead to the situations improving. The complaints procedure was available and staff had a good working understanding of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, several people had complained about the taste of the tea. The registered manager investigated and the brand of tea had been changed.

Is the service well-led?

Our findings

People and their relatives made positive comments about the service they and their family members received. One person told us, “I’m very happy here.” A relative told us, “This place is absolutely brilliant and the staff are lovely.” When asked, people, relatives and staff described the culture of the service as “open” and “friendly”.

The registered manager had been in post since 2011. They were also registered to manage another care home, St Edmunds in Attleborough, Norfolk and divided their time between the two homes. She was supported by senior staff, care workers and ancillary staff. Staff were clear about the reporting structure in the home. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people supported by this service. People knew who the registered manager was and told us they felt she, and the rest of the staff team, were approachable.

The registered manager told us that people, their relatives and staff were involved in the development of the service informally on a day to day basis and more formally through surveys and meetings. We saw that senior staff hosted regular meetings for people and relatives to attend and share their views about the service. One person told us, “They don’t mind us telling them if things aren’t right. They like to hear the truth. They try hard.” The minutes showed that topics covered included food, activities and events. People told us they felt able to speak up at these meetings and that they felt their opinions were listened to and action was taken as a result. For example, some people said they didn’t like the way the porridge was made. The minutes of the meeting showed that different options were being explored to try to please everyone.

Staff told us that regular staff meetings took place. Minutes showed that these meetings were used as training and development opportunities as well as for cascading information and discussion.

The registered manager also sought feedback from people through annual surveys. We saw the results of the last survey which was issued in 2014. Four relatives returned surveys. All the responses were positive. The registered manager told us another survey was due to be issued imminently.

We found the registered manager was committed to driving improvement in the care provided.

The registered manager and staff told us there was a high priority placed on staff training and development opportunities. Staff told us they felt the training helped them to improve the services provided to people. The registered manager had developed training information for staff in various topics including the MCA and dignity awareness. She had implemented “champions” for various topics which enabled staff to have specialist knowledge in key areas such as dementia and dignity.

Staff told us they felt well supported by the registered manager and management team. They told us they received positive feedback and participated in discussion to improve the service provided. We saw that where concerns arose about a staff member’s performance, the management team took action to address the concerns and monitored the staff member’s progress.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or making suggestions for improvements to their manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. Staff said they enjoyed their jobs and felt supported by senior staff and the registered manager to meet people’s needs. One staff member said, “I can always ask advice if I’m not sure about something. The manager and other staff are very supportive.” A member of the senior team told us about an occasion when they contacted the manager when she was on call. They told us the registered manager attended the home straight away and supported them.

People told us the home felt part of the local community. Children from the local school were encouraged to visit and the public were invited to attend events at the home. For example, religious worship, which a person living in the home and a local team vicar led, celebrations and fetes. Staff told us that they had successfully organised tea dances at a local venue which some people and members of the public attended. Where possible people attended appointments rather than healthcare professionals visiting the home. On the day of our inspection one person was being supported to access an appointment locally. One person told us they occasionally used the bus, which stopped outside the home.

Is the service well-led?

The quality of people's care and the service provided had been monitored in various ways. These included, but were not limited to, audits of dignity and medicines. We saw that where shortfalls were found, the management team took action to address the issues. For example, through individual supervision or team meetings. The registered manager provided management information to the provider's representative on a regular basis. This information included compliance with legal requirements, monthly monitoring of care provided at night and incident and accident reporting. These audits helped the provider to ensure that a good standard of service was provided.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

The registered manager told us they had plans to further develop the service over the next twelve months. These plans included refurbishment of some areas of the building. This showed the registered manager was committed to driving improvement in the service.