Care Expertise Limited

Norcrest

Inspection report

30 Norbury Crescent, London, SW16 4LA
Tel:020 8764 0431
Website: www.careexpertise.co.uk

Date of inspection visit: 19 & 20 August 2015
Date of publication: 23/09/2015

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

We visited the service on the 19 and 20 August 2015. The first day of the inspection was unannounced and we informed staff that we would be returning on the second day to complete our inspection.

Norcrest is an 11 bed residential care home for adults with moderate to severe learning disabilities, mental health and associated conditions such as epilepsy. At the time of our inspection 10 people were using the service. At our last inspection in July 2013 the service did not meet all the regulations we inspected however in January 2014 the service was reviewed and demonstrated that they were meeting the essential standards.

We met with the recently appointed manager who was approaching the end of their registration process with the Care Quality Commission (CQC) to become a registered manager. 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.

The service knew how to keep people safe. Staff helped make sure people were safe at Norcrest and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt

Summary of findings

supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

We observed staff had a good understanding of people's needs and were able to use various forms of interaction to communicate with them. Care records focused on people as individuals and gave clear information for people and staff using a variety of photographs, easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were supported to have a balanced diet and were able to make food and drink choices. Meals were prepared taking account of people's health, cultural and religious needs.

A number of audits and quality assurance systems helped the manager and provider to understand the quality of the care and support people received. Accidents and incidents were reported and examined and the manager and staff used this information to improve the service.

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?

Good

The service was safe. There were arrangements in place to protect people from the risk of abuse and harm. Relatives told us they felt their family members were safe and our observations confirmed this. Staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People and their relatives were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns.

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Summary of findings

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Norcrest

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

One inspector undertook the inspection which took place on the 19 and 20 August 2015. The first day of the inspection was unannounced and we informed staff that we would be returning on the second day to complete our inspection.

We spoke with three people using the service and we conducted observations throughout the inspection as some people were unable to speak with us. We spoke with four members of staff, the manager and the area service manager. We looked at three people's care records, three staff records and other documents which related to the management of the service, such as medicine records, training records and policies and procedures.

After the inspection we spoke with two relatives of people who used the service.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe living at the service. They said, "[My relative] is as safe as they can be" and "[My relative] is safe there." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Managers and staff had access to contact details for the local authority's safeguarding adults' team. Records confirmed staff and managers had received safeguarding training. People's finances were protected and there were procedures in place to reconcile and audit people's money.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us they knew how to whistle blow if they needed to and that this allowed them to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, one person had experienced a seizure when in the community, staff had recorded the action taken at the time and noted the contact and advice they had received from the GP once the person had returned home.

Staff followed effective risk management strategies to keep people safe. People's care records contained appropriate risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's risk both at the service and in the local community. Staff told us how important it was to read and understand peoples risk assessments and gave us examples where this had helped them manage a situation. One staff member told us, "It's important for us to know the risk people face and the triggers…we want [people] to trust us and feel safe when they are with us."

There were sufficient numbers of staff on duty to meet people's needs. On the first day of our inspection there were five staff on duty. The manager of the service was off but the area service manager was covering and they had a good knowledge of the service and the people who lived there. On the second day we met with the manager who explained staffing levels were flexible to meet people's needs and any one- to-one staff support that was required. There were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service staff were always visible and on hand to meet their needs. We looked at staff rotas during the inspection which confirmed staffing levels. Staff told us they undertook daily duties, such as cleaning and cooking, but felt there were enough staff on duty during the day to give people the support they needed. Nights were covered by two staff, one waking and one sleeping. Annual leave and sickness was covered by internal bank staff and occasionally agency to make sure people experienced consistent care.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Staff talked us through the procedures for ordering, storing, administering and recording of medicines and explained that two members of staff always monitored the administration of people's medicines and countersigned the relevant entries on people's medicine records. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received training in medicines management were allowed to administer people's medicines. Staff confirmed there were always two trained staff members on every shift to administer people's medicine.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us they were confident that staff were suitably qualified but said "there is always room for further development." Another relative told us they thought staff had the knowledge and skills they needed and gave an example of when their relative had been admitted to hospital. They told us, "The staff were really knowledgeable and knew exactly what to do."

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included emergency first aid, food safety, infection control, medicine administration and safeguarding. Most staff had completed all of their mandatory training and we saw overdue training had been identified. Training that had been booked for staff was clearly listed on the staff rota. Staff thought they had the right skills and knowledge to support people, they told us, "We always do refresher training" and "We have enough training." All staff received an induction when they first started to work at the service. One staff member told us about their induction they said, "It's always beneficial to know about the service and the induction was useful but I'm always learning." Records confirmed all staff received an induction before they started working at the service.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken. Staff had undertaken relevant training on the MCA and DoLS and the manager explained they were hoping the local authority would provide additional refresher training for staff in the near future. Records confirmed that applications had been made to the supervisory body for people who lacked the capacity to make particular decisions, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. Most authorisations were in process and had not been returned at the time of our inspection.

People were supported to have a balanced diet and were involved in decisions about their food and drink. Menus were in the process of being reviewed, people had been asked what they would like to see on the menu and the manager was collating the information at the time of our inspection. Suggestions included jerk chicken, pie and mash, tuna bake and spaghetti bolognaise. A menu was clearly displayed in the dining room in easy read and pictorial format, staff told us most people were happy with the meals each day but alternatives were always provided for those people who wanted something different.

We observed lunchtime at the service and noted staff were kind and attentive, they supported people when they needed assistance and the atmosphere was relaxed. Staff asked people if they wanted more to eat or drink during the lunch time period. People's preferences and special dietary needs were recorded in their care records but also noted in the dining area for staff to refer to. For example, where people had special dietary needs because of religious or cultural reasons. Staff used different ways to communicate with people to give them choices about food. One person, who was unable to communicate verbally, had a book with photographs of their favourite food. Staff explained how the person used the pictures to let them know what they wanted each day, or tell them if they didn't like something. People were encouraged to be as independent as they could be with the preparation of their own food and drink, we observed how staff supported one person to make their own tea and we noted cooking and baking were part of some people's weekly activities.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to healthcare professionals such as GPs, dentist, chiropodist and people's social workers. During our inspection one GP visited the service because of concerns raised regarding one person who was particularly unwell at the time.

The service involved and informed people about their healthcare and people's health action plans were in easy read and pictorial format. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Good

Is the service caring?

Our findings

People indicated by their comments and gestures that they were happy living at Norcrest. One person told us, "I'm OK." Relatives told us that from their experience staff were caring they commented, "The staff do try with [My relative]…they have a good relationship with some staff, I am as happy as I can be" and "The staff are very caring [my relative] has had the same key worker for several years and that really helps them."

When we arrived at the service we met one person who was very proud to show us their room, this was decorated with personal belongings and had photographs and pictures of the person along with friends and family, the activities they had taken part in and the holidays they had been on. The person went on to show us the rest of the building, they were comfortable and confident in their surroundings and enjoyed showing us their home. We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and the atmosphere was mostly calm when people became agitated we noted staff used positive and enabling language when talking with or supporting them and this help put people at ease.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Some people living at the service were not able to verbally communicate and staff explained how they found other methods of communication. For example, one person was able to write their feelings down and another person used pictures to tell staff what choices they wanted to make. Staff told us how important it was to communicate with people and know what made people unhappy or happy. One staff member told us, "It can be stressful, but once you get to know people it's easier…keeping to people's routine really helps when I realised that I started really enjoying my job."

People were involved in making their own decisions and planning their care. Regular service user meetings were held where people discussed issues such as menu choices, activities, news and events and what they should do if they felt unhappy. People's individual views and responses had been recorded in the minutes and we saw examples where the service acted on people's comments and the choices they made.

Staff spoke about people in a caring way, they told us, "[The people] they are the reason we are here, even if we are having a bad day we make sure they are happy" and "If you make peoples life better it make you feel better." One staff member spoke about a person who was unwell and what they had done to make sure they got the help that they needed.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people could continue with those relationships. We saw detailed guidance in one person's care record about how staff should support them on home visits. Relatives told us they came to visit when they wanted, they told us, "I normally let [the service] know when we are coming…I have never known any restrictions" and "I can visit whenever I want…at any time."

During our inspection, people chose where they wished to spend their time. The staff respected people's own personal space by knocking on doors and allowing individuals time alone if they requested it. People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity in care.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. They told us they were invited to care reviews and notified of any accidents or incidents that happened. One relative explained how they had suggested changes to their relatives care and were hopeful the manager would be able to implement them. They told us "[The manager] seems receptive to our ideas and seems proactive." Another relative told us, "Staff let me know about any changes."

Care records gave staff important information about people's care needs. We saw some good examples of how staff could support people who had communication needs. For example the service had developed a timetable to help one person understand when it was time to have a cup of tea, pictures were placed around a clock and staff told us this helped the person know when it was time for tea and helped staff regulate the amount of tea the person had without them becoming upset.

One person who was unable to communicate verbally used a Picture Exchange Communication System (PECS) as a means of communicating with staff. The pictures allowed the person to make a choice about everyday things such as food or activities, make a request, or tell staff their thoughts. We saw pictures of activities and food choices were kept in a folder in the kitchen, staff explained the person would use this folder when they wanted to make a choice or communicate with them.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. The provider had trained a team in PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) and staff explained how the team offered additional support and guidance concerning people's behaviour. This included proactive and reactive strategies to use when a person became upset such as recognising signs in people's behaviour or situations that may trigger an event and by using distraction technics such as engaging in conversation or offering an alternative activity to help deescalate a potential incident.

Staff were clear about the importance of daily handovers. Notes about people's immediate care were recorded in their daily care notes and a diary noted events such as GP visits, care reviews or hospital appointments. Daily handover sheets allowed general tasks to be allocated to staff such as cooking and cleaning but also considered peoples activities during the day and the staff member allocated to support them.

People were supported to follow their interests and take part in social activities. Each person had an activity file with a daily plan including photographs of each activity and a guide for staff on people's routine and how they could support the person. Guidance included ways to increase people's independence and learn new skills both at the service and in the community. One person was encouraged to buy their own personal shopping, this involved choosing the item, queuing at the checkout and paying for the item and with staff support to help them understand the exchange that had taken place. People's activities included visits to the leisure centre, the park, the local pub, the cinema, shopping and lunch at a local café. People were also encouraged to participate in household chores such as loading the dishwasher, laundry, cleaning and baking to help encourage their independence.

We noted detailed information for people on the notice board showing them how to make a complaint and what they should do if they were upset or unhappy. This was in pictorial and easy read format so everyone at the service could understand. People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I have not made an official complaint, if I'm not happy I say so and things are resolved." Another relative said, "I have never had to complain but I would if I needed to." The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. For example, a complaint had been raised when staff were late collecting a person from a day centre. The manager investigated and put protocols in place to reduce the risk of this happening again and guidance for staff to follow should the event occur a second time.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager had been newly appointed to work at the service and was in the later stages of applying for CQC registration. Relatives we spoke with knew who the manager was and had spoken to her. They told us, "She seems very positive" and "The manger seems good she is very competent." We observed people were comfortable approaching the manager and asking questions and that general conversations were friendly and open.

People were asked about their views and experiences. Stakeholders including people who use the service, staff, people's relatives and healthcare professionals were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. The results from the most recent survey sent during November 2014 fed into a survey outcome report. We looked at the results from this survey and noted the feedback was mostly positive. Any comments or suggestions for improvement were recorded with the action required, by who and the date of expected completion. For example, we noted a request for more English style food to appear on the menu, the manager told us how she had started to survey people at the service to see what they would like on the new menu.

People were encouraged to be involved in the service through regular meetings. We saw minutes from these meetings covered issues such as menus, up and coming events, activities, any issues or complaints and the promotion of dignity in care. We were concerned that the minutes were not in a format that everyone using the service could necessarily understand and we did not see them readily available for people, for example, in communal areas. We spoke with the manager who told us they would look into it as normally these were in a format that people could understand.

Staff were positive about the manager and told us they felt able to report any concerns they may have to her. They told us, "The manager is good, she respects everyone's opinion", "The manager is new but she is doing well…she is friendly and I can talk to her" and "The new manager looks after the staff and does her best for the service users." Staff explained how they were consulted about changes and asked what they thought and how things could be improved. We heard how staff had suggested installing an air conditioning unit in one person's room because the heat was distressing them. This had been done and the person using the service felt calmer and happier as a result.

Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included actions from previous meetings, updates including new legislation staff should be aware of, dignity in care, people's general well-being and guidance to staff for the day to day running of the service.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider also carried out regular quality assurance visits covering areas including the safety and decoration of the service, how staff work, peoples involvement, choice and opportunities, activities available, and a review of records. We looked at the two most recent reports for June and July 2015 and noted where areas for improvement had been identified these were listed with the action needed, who was responsible and the timescales for actions to be completed.