Care Expertise Limited

Norcrest

Inspection report

30 Norbury Crescent
London
SW16 4LA

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22 January 2018

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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

Norcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

Norcrest does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to eleven people with learning disabilities and/ or autism. There were eleven people using the service at the time of our inspection.

When we last visited the home on 19 and 20 August 2015 the service was meeting the regulations we looked at and was rated Good overall. At this inspection we found the service remained Good overall and also for each key question.

There was a registered manager in post at the time of our inspection. 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 were protected from abuse and improper treatment. The provider trained staff in safeguarding. The registered manager discussed safeguarding regularly with staff and also people using the service, reminding people how to stay safe. The provider managed risks relating to people's care through suitable risk assessment processes. The provider made improvements when things went wrong and had systems to share learning across the provider's services.

Staff were recruited via recruitment processes to check their suitability. There were sufficient numbers of staff deployed to support people. Processes were in place to manager people's medicines safely.

The premises were well maintained and the provider had good infection control procedures in place. The premises met people's support needs and people had access to all communal areas.

Staff received suitable support with induction, training, supervision and annual appraisal to help them understand their role and responsibilities.

The provider worked with other services to help people receive coordinated care when moving between services such as hospital admissions and admission as a new resident to the care home. People's care needs were assessed though consulting with people, relatives and professionals involved in people's care.

The provider had followed the Mental Capacity Act 2005 in assessing people's capacity in relation to some aspects of their care, such as managing their finances. However, we identified the provider had not assessed people's capacity in relation to some other decisions relating to people's care. The provider told us they would rectify this as soon as possible. The provider applied for and followed authorisations to deprive

people of their liberty (DoLS) as part of keeping them safe.

People received their choice of food and drink and were supported to maintain their health. People had access to the healthcare service they required. However, referrals for speech and language assessment in relation to choking risk were pending and the provider told us they would make the referrals for people who may be at risk as soon as possible.

Staff cared about the people they supported and were respectful. Staff understood people's needs including their communication needs. People were supported to maintain their privacy and dignity and the registered manager encouraged staff to consider people's dignity at all times. People were supported to maintain and build their independent living skills. People were supported to maintain and develop relationships to reduce social isolation.

People's care plans reflected their physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations. People were supported to develop care plans setting out their preferences for their end of life care. Staff understood the information in people's care plans and used it in providing people choice. People were provided with activities they were interested in.

The complaints process continued to be suitable although the service had not received any complaints in the past year.

The registered manager and staff had a good understanding of their role and responsibilities and leadership was visible and capable at all levels. The provider had systems in place to audit and improve the service with frequent checks of the service in line with CQC standards. The provider maintained detailed and accurate records in relation to people, staff and the management of the service.

Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. The provider recognised staff achievements with a 'carer of the quarter' award system. The provider worked openly with key organisations.

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 continued to be Good.	**Good**
Is the service effective? The service continued to be Good.	**Good**
Is the service caring? The service continued to be Good.	**Good**
Is the service responsive? The service continued to be Good.	**Good**
Is the service well-led? The service continued to be Good.	**Good**

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. We also reviewed information from local authorities who commissioned the service.

We visited the home on 22 January 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with one person using the service and relatives of three different people. Some people were non-verbal so we observed their body language, gestures and interactions with staff. We also spoke with the registered manager and two care workers. We looked at care records for four people, staff files for three staff members, medicines records for four people and other records relating to the running of the service.

Good

Is the service safe?

Our findings

People were safeguarded from abuse and improper treatment. Relatives told us their family members were safe. One relative told us their family member always looked forward to returning to Norcrest after visits to the family home which reassured them they felt safe. Staff discussed safeguarding with people at each team meeting including topics such as how to stay safe. The registered manager had appropriately reported allegations of abuse to the local authority safeguarding team and put measures in place to reduce the risk of similar incidents. Staff understood how to safeguard people at risk and received annual training to refresh their knowledge.

Risks to people were reduced due to good risk assessment processes. The provider identified risks relating to people's care and assessed the risks. The provider put management plans in place for staff to follow to reduce the risks. Risks included those relating to malnutrition, personal hygiene and exploitation. Staff understood the risks relating to individuals and the action to take to reduce the risks. People were supported to take risks in a positive way, such as in using kitchen facilities to make food and drink and in taking part in activities in the community.

The provider learnt when things went wrong. The registered manager reviewed all accidents and incidents reports and identified any improvements which could be made to reduce the risk of a recurrence. The provider shared safeguarding allegations across the organisation at monthly managers meetings where managers shared learning from investigations. The provider had put in place an action plan to improve the service on receiving concerns from a local authority. This action plan included making the way the provider supported people in relation to their finances more robust.

People were supported to manage behaviour which may challenge the service. Relatives, staff and the registered manager told us people had successfully been supported to reduce behaviours which challenged the service. Staff received regular training, approved by the British Institute of Learning Disabilities (BILD), in positive behaviour support and had a good understanding of people's needs. Detailed guidance was available to staff regarding people's behaviours and how to support them to manage them.

People were supported by staff who were recruited via sufficient recruitment checks of their suitability. In recruiting staff the provider checked: a completed application form, criminal records , identification, any health conditions, the right to work in the UK, qualifications, training and employment history with references from former employers. The provider checked staff suitability during their probationary period through closely monitoring their performance.

People were supported by sufficient numbers of staff. The registered manager, staff and relatives told us there were enough staff deployed to support people safely. The rotas were arranged to ensure people received the necessary support each week, including any hours of individual support as agreed with social services. In addition, staff numbers were varied according to activities and appointments planned each day. During our inspection we observed there were sufficient staff to support people who chose to attend activities outside the house and people who chose to remain in the service.

People's medicines were managed safely by staff. Records of medicines staff administered to people were accurate and our checks of stocks indicated people received their medicines as prescribed. However, although two staff checked medicines received by the pharmacy we identified staff had not identified a pharmacy error. This was because we identified there were two tablets less than expected of one medicine had been received from the pharmacy. The registered manager told us they would improve their processes to check in medicines in light of our findings. The provider had guidance in place for staff to follow in administering 'as required' medicines safely to people. Medicines were stored safely.

People received care in premises that were well-maintained. A relative told us, "The home is nicely kept." Staff told us repairs were carried out promptly and we observed the service was in good repair having benefited from a refurbishment in 2017. The provider used specialist contractors to check fire safety, gas safety, electrical installation and electrical equipment and carried out regular internal checks. The provider regularly risk assessed and checked the environment and fire safety, including carrying out monthly evacuation drills. We identified the provider did not have a suitable water hygiene risk assessment in place, although a contractor checked the safety of the water each year. The registered manager told us they would schedule a suitable risk assessment as soon as possible and ensure any recommended control measures were put in place to keep people safe.

Infection control risks to people were reduced by the provider. Staff received regular training in infection control to keep their knowledge current. Staff cleaned the service daily following a clear schedule and audits were in place to monitor standards of cleanliness and infection control across the service. Suitable food hygiene practices were in place in the kitchen. Staff followed best practice when providing personal care to people to reduce the risk of infection.

Good

Is the service effective?

Our findings

The provider worked with other services to help people receive coordinated care when moving between services. The provider ensured each person had a 'hospital passport' in place. Hospital passports are documents for people with learning disabilities to inform hospital staff about the person, their needs and the best ways to support them. The provider carried out detailed assessments of people referred to the service which included consideration of their physical, mental health and social needs. The provider sought the views of people and their families as part of the pre-assessment. The organisation's behaviour support team also considered how the service could meet any behaviours which challenged. The provider considered any professional reports as part of the pre-assessment.

People's care was delivered in line with legislation and best practice to achieve effective outcomes. The registered manager and staff told us the positive behaviour support systems in place were effective. 'As required' medicines were viewed as a last resort in supporting people to manage their behaviour and records showed they were rarely used by staff. This is in line with best practice guidance in relation to people with learning disabilities.

People were supported by staff who were suitably inducted, trained and supported by the provider. The induction for staff followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received individual supervision most months with their line manager. The line manager developed a new system to review a key topic at each supervision, such as safeguarding and The Mental Capacity Act 2005 (MCA), to increase staff knowledge. Staff told us the system was successful and the registered manager told us they had seen a noticeable increase in staff understanding of their role due to the system. Staff also received annual appraisal to review their personal development in the previous year and to set goals for the coming year. Staff received a programme of suitable training in topics relevant to their role.

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.

The provider had not always assessed whether people lacked capacity when there was reason to suspect they did. The provider had assessed the capacity of all people to manage their finances in response to concerns raised by the local authority that this had not been done. The provider then made decisions in people's best interest when the identified people lacked capacity. The provider had also carried out mental capacity assessments in relation to specific decisions such as consenting to relationships for some people. However, the provider had not carried out all mental capacity assessment necessary for people. For example, the provider had not formally assessed whether people lacked capacity in relation to managing their medicines and also receiving personal care, even though there was reason to believe people may lack capacity. This meant the provider did not always follow the MCA in providing care to people. The registered

manager told us they would make arrangements to carry out outstanding MCA assessments as soon 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider applied for authorisations to deprive people of their liberty appropriately. Staff understood which people had DoLS authorisations in place and the actions needed to keep people safe in relation to their DoLS. Staff had a good understood DoLS as they received training in this and the provider reviewed the key points with staff during supervision.

People received their choice of food and drink and were supported to maintain their health. A person told us, "The food is ok." Menus were planned based on people's individual preferences. Relatives and staff confirmed people were provided with food to meet religious or cultural needs and preferences. Staff monitored people's weight and took action to support people when concerns were identified. For example, several people were identified as being overweight and the provider supported people to become more active and to eat healthier food. Records showed several people experienced planned weight loss to achieve a healthier weight in the past year.

The registered manager told us some people may be at risk of choking and staff took precautions while people ate such as closely observing them and providing soft foods. However, the provider had not referred people for a speech and language therapy (SALT) assessment. SALTs are trained to assess people's individual choking risk and put guidelines in place for staff to follow in reducing the risk. The registered manager told us they would make referrals for people as soon as possible. The provider ensured people had access to other healthcare services they required such as GP, dentist and optician and clear records of appointments were kept to ensure a good audit trail. Staff monitored people's health and understood the signs people may display when they were in pain. Information about people's healthcare needs was included in their care plans for staff to be aware of with 'health action plans', detailed documents which set out how staff should support people to stay healthy.

People had access to appropriate space to meet their needs. People were able to choose where they spent their time and people were able to access their room or the communal areas, including the garden, freely. The communal areas were spacious, such as the lounge area and the dining area. A quiet space was being developed within a building in the garden to provide people with more choice as to where to spend their time. The provider had put restrictions on the front door as part of depriving people of their liberty to keep them safe under DoLS.

Good

Is the service caring?

Our findings

People were supported by staff who were respectful and who cared about them. A person told us they liked the staff who supported them. One relative told us, "Staff are lovely. Very friendly." A second relative said, "The staff are excellent, we have no problems with Norcrest. It's like a family home. [My family member] receives individual care." During out inspection we observed staff were attentive and kind to people. The registered manager ensured there were enough staff on each shift so staff had the time they needed to interact meaningfully with people. Staff talked about people in a respectful way in our discussion with them and documentation about people was written in a respectful manner. Staff told us how rewarding they found their work and how they enjoyed supporting the people they worked with.

People were supported by staff who understood their needs. Relatives told us staff understood their family members and had built good relationships with them. We found this understanding helped people to manage behaviours which challenged the service. The registered manager told us, "We encourage staff to be proactive and mindful of what people want." Our discussions with staff showed they knew people's backgrounds, mental and physical health conditions, routines and preferences. We observed staff supported people to make decisions regarding their care, including whether they took part in the group activities on offer and where they spent their time. Staff celebrated special events such as birthdays and Christmas in ways people enjoyed.

People were supported to express themselves by staff. A relative told us how their family member showed staff what they wanted and staff always understood. We observed staff used pictures to help some non-verbal people express their needs. For example we observed staff showing a person pictures of three types of drink and they responded by pointing to their preferred drink. The registered manager described how a person displaying certain behaviours repeatedly could indicate they were in pain and required medical investigations. People's care plan's contained detailed information for staff to refer to about the best ways to communicate with them.

People were supported to maintain their privacy and dignity. The registered manager discussed dignity as a standing item in each team meeting and each staff supervision. In this way the provider encouraged staff to provide care with dignity in mind. Staff told us they ensured doors and curtains were closed when providing personal care. The provider had installed a curtain outside a person's door. This was so their privacy could more easily be maintained when staff opened their door to find they had chosen to wear minimal clothing. Staff supported people to maintain their appearance with clean, matching clothes which were age appropriate and suitable for the weather. We observed staff providing nail care to a person who told us they chose the colour of nail varnish staff were using. People's care plans were stored in locked rooms accessible only to staff. However, the provider had put information about people's body weights on the wall of the dining area which meant this information was not treated confidentially. When we raised our concerns with the provider. They explained their intention was for staff to readily keep track of people's weights as part of helping them to remain healthy. However, the provider understood our concerns and removed the information from display immediately.

People were supported to be as independent as they wanted to be. A person told us, "I clean my own room." A relative told us how their relative bought their own food each week and staff supported them to cook. Staff told us how they encouraged people to take part in household chores to increase their independent living skills such as cooking, cleaning and laundry. People's care plans detailed their skills and abilities and how staff should support them to maintain and build their skills. Some people were supported by staff in 'travel training' to help them learn to travel in the community safely.

Good

Is the service responsive?

Our findings

People's care plans reflected their physical, mental, emotional and social needs. Care plans contained details of people's personal history, individual preferences, interests and aspirations. Staff read each person's care plan and our discussions with staff showed they understood this information about people and used it in providing people with choice. People were involved in planning and reviewing their care through individual monthly meetings with their keyworker. Keyworkers are staff who work closely with a person to ensure their care needs are met. Care plans were presented in a visual format, including photos, which some people understood better than words. The information in people's care plans remained current and reliable for staff to follow in supporting people because the registered manager ensured they were regularly updated.

People were enabled to participate in activities they were interested in. One person told us they liked all the activities provided and always took part in group outings. Relatives told us their family members were provided with enough activities they enjoyed to keep them occupied. During our inspection many people went on a visit to Battersea Park using the service's minibus. Each person had an activity programme in place based on their interests. The provider also supported people to go on holiday. The registered manager explained how they were arranging holidays for pairs of people the coming year ensuring people were paired with a person they got on well with who had similar interest to them.

People were supported to maintain and develop relationships to reduce social isolation. A person told us how staff were supporting them to visit home later that day. A relative explained how staff supported their family member to video call them frequently. A second relative told us they could visit at any time, that they always visited unannounced and staff were supportive of their visits.

People's preference and choices in relation to their end of life care were recorded. Staff attended training at the local hospice regarding end of life planning and care. People had end of life care plans developed by staff through consultation with people and relatives. These plans included people's choices in relation to where they would like to spend their last days and what would important to them during that time.

The complaints process continued to be suitable. The registered manager confirmed no complaints had been received since our last inspection, instead we viewed several compliments had been received by the service which were logged in a 'compliments book'. The registered manager confirmed the complaints procedure had not changed since our last inspection and any complaints would be handled in the same way we found to be suitable at our previous inspection.

Good

Is the service well-led?

Our findings

The registered manager had been in post since August 2015 and had completed a level 5 diploma in health and social care management. Relatives and staff were positive about the registered manager. Our inspection findings and discussion with the registered manager showed they had a good understanding of their role and responsibilities, as did staff.

Leadership was visible and capable across the service. The registered manager was supported by a deputy manager with whom they shared responsibilities such as support and supervision and other management tasks. The service was supported by a services manager who audited the service monthly and provided guidance to the registered manager. An operations manager provided a further level of support to the service. Staff understood what was expected of them each shift as they could consult a written shift plan. Staff told us they worked well as a team as staff supported each other.

The provider had systems in place to audit and improve the service. The services manager audited each care home in the organisation monthly, in line with CQC requirements, and provided a 'bronze, silver or gold rating' to each home. The services manager identified any shortfalls and the registered manager put an action plan in place to improve the service. The actions taken to improve were checked at next month's inspection and we saw the registered manager had a good track record of taking the necessary action to improve. The provider also checked infection control, medicines management and health and safety across the service. The provider maintained detailed and accurate records in relation to people, staff and the management of the service.

Systems were in place for the provider to communicate and gather feedback from people, relatives and staff. A relative said, "[The provider] communicates well if something happens [to my family member or the service]." A second relative told us, "I get an email in relation to any issues." The provider held monthly meetings for people using the service where they gathered their feedback on the service, including meals and activities, and planned further activities and holidays. The service manager also gathered feedback from people and staff during their monthly audits of the service. Staff told us the registered manager was approachable and took any issues they raised seriously. The registered manager held monthly team meetings during which staff could share their views and were updated on any organisational developments. The provider recognised staff achievements with a 'carer of the quarter' award system.

The provider worked openly with key organisations. Records confirmed the registered manager updated people's social workers regarding any incidents they were involved in and any significant developments relating to their care. The provider also worked closely with healthcare professionals involved in people's care.