

Mears Care Limited

Norton Court

Inspection report

Norton Court
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Beckenham
Kent
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Tel: 02086508765

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 19 April 2018 and was announced. This was the first inspection of the service since they registered with the CQC in August 2018.

Norton Court provides care and support to older people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of our inspection 32 people were using the service.

The manager in post was new and was in the process of completing their application to register with the CQC to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with staff and with the support they provided. People's care needs and risks were assessed. Management plans were developed to address risks to people and detailed how their individual care needs would be met. Risks management and care plans were reviewed and updated to reflect people's current situations. People and their relatives were involved in their care planning.

Medicines were handled and administered safely. Staff understood the organisation's medicines policy and followed it to ensure people received their medicines safely.

People received care and support from staff when they required it. Staff were recruited in a way that ensured people were safe with them. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. Staff followed practices that reduced the risk of infection and contamination. Incidents and accidents were managed in a way that ensured lessons were learnt to prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place support this practice. People consented to their care. People and their relatives were involved in making decisions about their care. Staff and the manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff were supported through induction, on-going training, regular supervision; and appraisal to be effective in their roles. The service liaised effectively with social and health care professionals; and other services to meet people's needs appropriately. Staff supported people, where required to arrange and attend appointments to maintain good health. People's nutritional and dietary needs and requirements were met.

People were cared for by staff who were caring. People told us staff treated them with kindness and respect. Staff understood the importance of delivering care to people in a way that maintained people's dignity, privacy and independence. People were given choice about their care.

Staff had received equality and diversity training and they respected people's individualities. Staff supported people to maintain their religious and cultural beliefs. People had a range of activities they participated in to occupy them.

People, their relatives and staff were involved in developing the service. Their views and feedback were taken into account in designing the service. People and their relatives knew how to raise concerns about the service. The manager investigated and responded to complaints and concerns appropriately to improve the service.

The provider assessed and monitored the quality of service delivered using a range of systems. They worked in partnership with other agencies to deliver an effective service to people.

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. Risks to people were assessed and managed in a way that ensured people's safety and well-being.

Staff administered and managed people's medicines in line with the organisation's procedure. There were sufficient staff available to care for people. Staff were recruited in a safe way.

Staff were knowledgeable in recognising the signs of abuse and how to report it in accordance with the organisations policy and procedure.

Staff followed good hygiene and infection control practices. The manager reviewed incidents and accidents and took actions to reduce future occurrence.

Is the service effective?

Good ●

The service was effective. People's needs were assessed in line with good practice guidelines. Staff received regular training, support and supervisions. They also received comprehensive induction when the first started; and annual performance appraisals.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported to prepare food and drink as required. The service worked with other health and social care professionals to maintain people's health and to organise their care effectively.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and considerate to them. Staff respected people's dignity and privacy. People were encouraged to maintain their independence.

Staff knew people well and supported them to in a way they wanted. Staff provided emotional support to people when needed.

People were involved in planning and designing their care and support.

Is the service responsive?

Good ●

The service was responsive. People's care and support was delivered in line with their individual needs and requirements. Care plans were detailed and provided guidance to staff to meet people's needs.

People participated in a range of activities to occupy and stimulate them. People were supported to maintain their religious and cultural values.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

Is the service well-led?

Good ●

The service was well led.

The manager in post was registering with the CQC to become the registered manager for the service.

Staff told us they had the leadership and management guidance they needed. Staff understood their roles and responsibilities.

The service had systems to obtain feedback from people using the service and these were used to improve the service provided.

There were systems for monitoring the quality of service provided to people.

The service worked in partnership with other organisations.

Norton Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 19 April 2018. The provider was given 24 hours' notice because the location provides domiciliary care service and we needed to be sure they were available to give us information during the inspection. The inspection was carried out by an inspector and an expert-by-experience who made phone calls to people to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications and safeguarding the service had sent to us. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with nine people using the service, five relatives, the regional director, manager and five care workers. We reviewed six people's care records to see how their care and support was planned. We checked five staff files to review recruitment processes, training records and supervision for staff. We looked at records relating to the management of the service. These included information about complaints and the service's quality assurance process. We also carried observation to see how care staff supported and treated people.

Is the service safe?

Our findings

People told us that they felt safe with staff providing care to them. One person said, "I couldn't be safer here." Another person told us, "I do feel safe because I can call them if I need them." A third person commented, "I do like it and I do feel safe here, very much so." A relative mentioned, "I'm happy that my (relative) is safe there."

People were safeguarded against the risk of abuse. The provider had a safeguarding procedure in place and worked closely with the local authority safeguarding team. Staff had been trained in safeguarding adults from abuse and they knew their responsibility in keeping people safe from harm. Staff were able to explain to us the signs to recognise potential abuse and actions they would take to protect people. One staff member stated, "Examples of signs to suspect someone is being abuse may be bruising, constant fear and not having money to buy what they need. I Report to the manager if I have concerns. I will also make a statement of my concerns. If nothing is being done about my report, I take it higher." All staff we spoke with felt confident that their managers and provider would take all necessary actions to safeguard people including carrying out a thorough investigation into any concerns they raised. The manager also understood their duties to keep people safe from abuse. Record showed that safeguarding concerns had been investigated in line with their procedure and that of the local authority.

Risks associated with people's care, health and well-being were minimised. Staff assessed risks to people covering moving and handling, health and safety of the environment, nutrition, falls and medicine administration. Management plans were developed to guide staff on how to support people to reduce these risks. One person was supported in a way that minimised the risk of them developing pressure sores. Staff understood the need to ensure good hygiene and to apply barrier creams to maintain the person's skin integrity. There were moving and handling plans to support safe transfers for people. Where required, the plans were developed with a specialist moving and handling risk assessor. The plan provided instruction to staff on how to operate equipment provided and to perform tasks safely. Staff confirmed they had completed moving and handling training; and understood people's plan and followed it to ensure they supported people safely. Risks were reviewed regularly and management plans updated to ensure they remained relevant to their current situations.

People received care and support from staff when they needed them. People told us they had their needs met by staff. One person said, "The girls [Staff] come in the mornings and they are on time." Another person commented, "They help me get up and they are on time and they do come if I call them." A third person told us, "They help me with everything I need and they come on time. If I push the buzzer they do come too to check I am alright and they help me with what I need. Sometimes I have to wait but I know they are busy with other people."

There were staff available at the service day and night to deliver planned care to people and to respond to urgent situations. Staff were allocated times to provide care to people based on their needs. The rota showed that care visits were adequately covered by staff and where it required two members of staff to

undertake a care visit this was accommodated. Staff told us that they had enough time to support people safely. One member of staff said, "The time allocated to us is enough. It can take longer or shorter sometimes it depends if people are having a good day and a bad day. If it is an on-going problem that people are taking longer, we discuss with the manager and they do a variation to social services to increase the times." Another member of staff told us, "We all manage well. There is good team work here which helps. We support each other. We are able meet to people's needs." Staff were flexible and encouraged to pick up extra shifts to cover emergency cancellations. The provider had a bank staff system which was used to cover shortfalls of staff.

Recruitment procedures were robust and only suitable staff were allowed to work with people. Records showed the provider took up references for staff and checked criminal record database before staff were allowed to work with people. Applicants' right to work in the UK, proof of address and medical fitness were also confirmed.

The service had a procedure for staff to follow to respond to emergency situations; and staff understood this procedure. The service operated an on-call duty management system which provided support to staff if needed. Staff told us they would liaise with the shift leader in the first instance for advice. They said if a person was unwell, they would contact the person's GP or call the ambulance if the person needed immediate help.

People received their medicines safely as required. Staff were trained and their competency assessed in the safe administration of medicines. People and relatives confirmed staff supported them with their medicines as prescribed by health professionals. One person told us, "Staff come and do my medicines three times a day." One relative said, "They [Staff] do all the medicines that's been a god send for us." Care plans detailed what support people required with managing their medicines. This included reordering of medicines, administration and safe storage. Staff we spoke with understood the organisation's medicines management policy and procedure and followed it. They explained the process they followed to give people their medicines. Staff were clear about actions they would take if there was an error. They said they would contact the pharmacist and GP for advice.

Medicines administration records (MAR) were completed and showed what time people had received their medicines and from which member of staff. MAR charts were audited monthly by a senior staff member to ensure they were completed and accurate as required.

Staff knew how to reduce the risk of infection. People told us staff protected them from the risk of infection and confirmed staff used aprons and gloves as required. The provider made available personal protective equipment (PPE) for staff to use. Staff said they ensured they used PPE as necessary, washed their hands effectively, and disposed of clinical waste appropriately. The registered manager told us they checked how staff followed infection control procedures during spot checks and care observations. Staff confirmed they had completed training in infection control.

Staff knew how to report incidents and accidents. Record of incidents, accidents and near misses was maintained by the service. The registered manager reviewed these and took actions as necessary. The manager also shared significant incidents with the regional manager regularly. Actions and lessons were discussed with staff to improve their practice and to improve safety for people. The registered manager had discussed with staff and taken steps following a medicine incident. The service had also learned and improved their admission and transfer hospital procedure following an incident.

Is the service effective?

Our findings

The manager and senior care staff assessed people's needs to establish they could be met at the service before agreeing to provide a care service to them. Assessments covered medical conditions, physical and mental health; personal care, and nutrition. The manager also reviewed the information received from the referring authority about the care people needed. Based on the information gathered from the assessment process and those contained in the referral document, a decision was made if the service could meet the person's needs. Where necessary, the manager worked with professionals like occupational therapists to provide appropriate equipment. The manager told us they carried out reassessment of people's needs if they had been admitted in hospital for a long period or when there were changes in their circumstances or situations.

Staff received support and supervision they needed to provide effective care to people. Record showed and staff told us they felt supported by the manager. One member of mentioned, "I feel well supported. We get regular spot checks and one-to-one supervision. We can discuss anything with the manager and they provide guidance." Notes of meetings showed discussions about people, health and safety, staff performance and training needs. Annual appraisals of staff performance against set objectives were conducted. Staff received feedback about their work. Developmental needs were identified to enable staff improve their performance.

Staff received training to do their jobs. Staff told us they completed a period of induction which included classroom based training and shadowing opportunities working alongside an experienced member of staff when they first started. New staff were required to complete the Care Certificate Induction programme. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff told us and training record showed that staff had received training in moving and handling, safeguarding adults, first aid, food hygiene, infection control, Mental Capacity Act 2005, medicine management, dementia care and health and safety. Staff told us that they had refresher training as required to update their skills and knowledge. Staff had also received other training specific to the needs of people using the service such as catheter care, falls prevention, diabetes and pressure sore management.

People told us they consented to their care and support. Staff knew the importance of seeking people's approval and involving people in every decision about their care and support. They explained that if a person was refusing care, they would try various approaches such as offering care at different times of the day.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and understood people's rights under this legislation. One member of staff told us, "People have right to decide what they want to do, right to choose what they want, right to receive and refuse care. We have a duty of care for people but we can't force anyone to accept the care offered. If I have concerns about people's decisions I will inform my manager, the person's relative and care manager. A mental capacity assessment and a best interest meeting will be held." Records showed that people and their relatives were involved in making decisions about their care. The manager understood their responsibilities under MCA. People had lasting powers of attorney in place.

People were supported to meet their dietary and nutritional needs. People's nutritional needs and requirements were noted in their care plan. The support people required from staff at meal times was also stated and staff supported them accordingly. One person told us, "I have ready meals usually but I said to the girls today I would like a bacon sandwich and they fetched one, isn't that nice?" Another person said, "I have ready meals and staff help me get fish and chips on Fridays." A relative commented, "The staff prepare [loved one's] meals. We leave stuff and staff prepare the food. My loved one is well nourished." Staff told us that they sometimes sat with people to encourage them to eat if there were concerns about their eating. Staff explained that they reported any concerns about people's eating and drinking to their managers who then involved the person's relative and GP.

Staff told us they ensured people had a copy of their personal profile sheet when going to the hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive well-coordinated care and support when using other services.

Staff supported people to arrange and attend appointments with their GPs, district nurses and other health professionals to ensure their day-to-day health needs were met. Staff liaised with occupational therapist when required to provide equipment for people. We saw that staff worked closely with an anticoagulant clinic on behalf of one person to ensure they received the right dose of medicine.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said, "The girls [Staff] are very nice and very pleasant." Another person commented, "The care workers are so lovely and kind to us, I can't fault it really." A relative told us, "They are very nice to my loved one and it makes us happy." Another relative added, "All staff seem very nice. They are very friendly."

Staff knew people well. Care records detailed people's backgrounds, histories, personal preferences, likes and dislikes and choices relating to when and how they like things done. One person's care plan stated, "I would like my support workers and family members to respect my routine and the way I like to do things. I like to know things are done properly and so may ask questions a few times to check, this gives me the reassurance I need. Please be patient with me. Please take time to listen to my ideas, stories and concerns. This means a lot to me. Involve me in activities and in what is happening around." Another person's care plan included their daily routine and stated, "I usually like to have my tea around 17.00pm. I would like my support worker to prepare me a sandwich or snack. Before you leave tidy up and close windows and pull curtains." Staff showed knowledge of the needs and preferences of the people they cared for. Staff told us it was important to follow people's preferences and choices.

We observed staff related to people in a friendly and jovial manner. Staff addressed people by their preferred name as indicated in their care plans. Staff took interest in what people were doing and offered support. For example, staff offered assistance to a person as they noticed the person was struggling to do their shirt buttons. We also observed staff checked on a person who seemed quiet and non-participatory during an activity. Staff spent time with the person and made sure they were comfortable. Staff explained that they knew when people were distressed or unhappy and they always made sure they provided emotional support to them and help them feel better before they left. One staff member said, "If a service user was feeling low, I will provide reassurance and help them by listening to them. If someone is having a bad day I will find out what the problem is and encourage them to participate in activities to cheer them up. I will also let the team know so they can check on the person regularly." This indicated that staff showed empathy to people and met their emotional needs.

People told us and care records indicated that people and their relatives were involved in planning their care. People's views about what care they need and how they wanted their care to be delivered were noted in their care plans. They were also able to request for changes when required and it was acted upon. Staff and the registered manager told us that care was planned around what people wanted as much as possible.

People's privacy and dignity was respected. People told us that care staff always knocked on their doors before entering their flat or rooms. Staff explained how they respected people's dignity and privacy when carrying out tasks. One staff member gave examples of how they promoted people's dignity and privacy. They said, "Always knock on doors and wait for permission before you enter. Call people by their preferred name. Involve people in what you are doing, give them choice and talk to them as it makes them feel like human beings."

Staff told us that they encouraged people do as much as they possibly can do for themselves to promote and maintain their independence in their home environment. Care records stated what people can do for themselves and the areas they needed support. Staff provided planned care and support to people in line with their assessed needs and in accordance with the service's objectives which is to promote independent living.

Is the service responsive?

Our findings

People received support tailored to their individual needs. One person told us, "They [Staff] help me wash and dress and do anything I need help with." A relative said, "[Loved one] gets all their care visits. They get assistance from staff with what they need. Staff pop in at night to check they are okay too." Care plans were completed following an assessment and they detailed care visit times, the duration of the visits and the tasks to be undertaken. Staff delivered care to people as agreed in their care plans to meet their needs. People received support from staff to attend to their personal care needs, to manage their medicines, cater for their nutritional requirements and to maintain their physical health.

Care plans were reviewed regularly to ensure they remained relevant to people's needs. Where changes, adjustments in times and care requirements were needed, these were acted on. Staff told us that they were made aware of people's care needs by the registered manager and senior care staff through handovers and a communication book. They were also encouraged to read through care plans before delivering care. This ensured staff had the information they required to support people appropriately.

People were supported to participate in activities to keep them occupied and entertained. One person told us, "There are activities or events on at least two or three times a week. They are having a sing-a-long in the lounge now and they do always chat or read to you." Another person said, "Since Mears took over there have been more activities: sing-a-longs, entertainers like a guitar man and movies. We have coffee and fish and chips together in the lounge too." The service organised various social activities and encouraged people to join to reduce the risk of isolation. On the day of our inspection staff had arranged lunch for people in the garden as it was a sunny day. Later in the evening, there was musical entertainment by a performer in celebration of St George's day. The atmosphere was joyful and full of excitement. Both people and staff sang and danced together. People told us and activities record showed that people were regularly entertained. We also saw that staff regularly organised quizzes, games, and pampering sessions and encouraged people to take part in them. The manager and regional director told us that they were committed to engaging people positively, getting them to use communal areas and to increase social interactions.

Care records detailed information about people's disabilities, religion, and cultural needs and what support people needed. Staff supported people to prepare their ethnic food as they wished. Staff understood equality and diversity and told us they delivered care that met and treated people with respect and as individuals. Staff completed equality and diversity training.

People knew how to raise or make a complaint about the service. The service user handbook given to people when they first started using the service included details about how to complain. One person told us, "I don't have a complaint at the moment but if I did I will ask to speak to the manager." Another person said, "I will go to the office myself to tell them my concerns and usually they deal with it straight away." The service maintained record complaints received and actions taken. We saw that they had carried out an investigation into a recent complaint and had followed their complaint procedure. They also involved the local authority in the matter and had taken steps to resolve the issue.

Is the service well-led?

Our findings

The manager in post was in the process of registering with the CQC to become the registered manager for the service. From our discussion with the manager she knew her responsibility to notify CQC of incidents categorised as reportable in line with the requirements of CQC registration. The manager received support from the regional director who visits the service on a regular basis to provide leadership guidance and support to the manager. The manager told us they were also able to contact the regional director at any time if they needed advice or support.

People and their relatives told us the service was managed well and they were happy with the service they received. One person said, "My coming here has been seamless. The office deals with everything very promptly, I mean they don't fob you off, they deal with it. They [management] are quite good. The place is well organised." Another person commented, "I have to say it's been marvellous here. Everyone here is so friendly and approachable. They are very aware of what's going on." A third person said, "I am very happy here and the girls couldn't be more helpful they go the extra mile." A relative also commented, "We are very happy with our loved one's care here. They [Staff] do seem to go above and beyond what you would expect. We are very happy with it the service."

People were consulted and given opportunities to feedback about the service. People and their relatives told us they attended review meetings where they raised any concerns about the service. They told us and we saw evidence that the service acted on and responded to people's concerns quickly and appropriately. For example, they had followed up on a relative's concerns about the support their loved one received with their medicines. The manager acted accordingly and put systems in place to rectify the issues.

Staff also held meetings with people to involve them in planning the service and to obtain their views. Areas covered at these meetings included health and safety, activities, staffing, recruitment and concerns from people.

The quality of the service delivered to people was regularly assessed and monitored through checks and audits. The manager and senior care staff audited medicine administration records monthly to ensure these were correctly completed and to identify any errors. People's care records including daily logs, care plans and financial records were also checked to ensure they were accurate.

People told us and we saw that the manager and senior staff members also conducted spot checks to assess the quality of care delivered to people. Reports from spot checks conducted showed staff were assessed on how they carried out their work. Staff attendance, punctuality, conduct and quality of documentation were also checked. People were given a chance to also share their experience and give feedback about the care they had received. We noted that people were happy about the care provided.

The provider conducted annual survey as a means to obtain feedback from people and staff about the service they provide. The analysis of the survey conducted in April 2018 showed high satisfaction levels. The provider was in the process of devising an action plan on how they would improve areas identified as

needing improvements. People and staff told us that the provider took, listened and acted on their suggestions. Staff told us that they had suggested wearing uniforms and identification badges so people knew who they were easily. People told us they felt safer because they could identify staff by their uniforms and identification badges.

Staff had the leadership and direction they needed. Staff told us they felt supported in their roles and knew who to go to for guidance and support. One staff member said, "I feel well supported. The manager and senior staff; and the staff team as a whole are supportive. The manager's door is always opened and she encourages us to pop in for a chat and to discuss our concerns. The manager is quite relaxed in their approach." Another staff member commented, "Very good managers. The service has improved a lot since Mears took over. They give us support but insist on things being done properly. I like working here."

Regular staff meetings took place where various issues about people's care, team issues and how the service is planned and organised are discussed. Staff felt their contributions and suggestions were recognised. Team meetings were also used to share good practices and learning.

The provider worked in partnership with the local authority commissioning teams to improve and develop the service. The manager and regional director told us they had built positive working relationship with their commissioners so they were able to seek support and advice where needed. We saw that the commissioning authority had been involved in managing a recent concern about the service. Staff benefited from training programmes organised by the local authority due to the relationship developed. The provider also worked closely with the housing provider to make the accommodation safe for people.