

Normanshire Care Services Ltd

Normanshire-Supported Living Services

Inspection report

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Date of inspection visit:

22 December 2022

29 December 2022

19 January 2023

15 February 2023

Date of publication:

22 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Normanshire-Supported Living Services is a supported living service providing personal care to people living with a learning disability or autism. At the time of this inspection there were 3 people using the service living in one house sharing a bathroom, kitchen, lounge and garden.

People's experience of using this service and what we found

Right Support:

The model of care and the setting maximised people's choice and control. People had their own bedroom and shared the facilities. People were protected from the risks associated with the spread of infection and were supported to take their medicines safely. People were encouraged to make choices and decisions in accordance with their level of understanding.

People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly reviewed and involved relatives and advocates as appropriate. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Care was person-centred and promoted people's human rights. People were protected from abuse and poor care. Relatives confirmed they were included in decision making about their relative's care. People were supported to achieve their goals and aspirations by a staff team who knew them well.

People had their communication, cultural and spiritual needs met. Staff engaged people in activities in accordance with their individual care plans. People were supported to maintain links with their family.

Right Culture:

The managers had an open door policy and overall relatives and staff spoke positively about the management of the service. Relatives and staff confirmed they would be able to raise concerns to enable improvements to be made to the service.

The provider ensured staff had training in learning disability and autism so they could support people in a person-centred way. Governance systems ensured people were kept safe and received care in line with their personal needs and preferences. Relatives were asked by the provider about their opinions of the service. Staff worked with healthcare professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16/02/22).

Why we inspected

This inspection was prompted in part due to a review of the information we held about the service and in part to concerns received about the general care and treatment of people using the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below,

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Normanshire-Supported Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector

Service and Service Type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 1 days' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 22 December 2022 and ended on 15 February 2023. We visited the location's office on 22 December 2023, and we visited the setting where the service was being delivered on 29 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed care and treatment in communal areas. We spoke with 3 relatives. We spoke with 4 staff including the registered manager, service manager and 2 care staff. We looked at a range of management records including medicines, quality audits and staff recruitment. We reviewed 3 people's care records including risk assessments and 3 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. Relatives told us they felt their relative were safe with staff.
- Staff knew what action to take if they suspected a person was being harmed or abused. A staff member told us, "I would bring it to my manager's attention and if nothing is done, I would escalate to my director or go to social services or CQC."
- The provider understood their responsibility to safeguard people using the service.

Assessing risk, safety monitoring and management

- People had risk assessments including a missing person profile and in relation to, falling, road safety awareness and choking. Risk assessments included control measures to minimise the risk of harm to the person.
- The registered manager explained how they reduced the risks of harm to people and said, "The [service manager] and staff sit together and make sure measures are in place to minimise the risks. I do spot checks and I do quality assurance audits."
- Staff told us they did not use restrictive interventions with people to manage behaviour. A staff member explained they worked together as a team and found solutions together.
- Behaviour support plans were in place for people who may become distressed or anxious. These gave clear guidance to staff about the signs to look for when the person was becoming distressed or anxious and how to respond.
- People had risk assessments for specific health conditions where appropriate. These gave guidance to staff of how the condition affected the person, symptoms to look out for and how to respond.
- The provider had a policy for handling people's money and kept records of people's expenditure. We checked the records of expenditure for one person and the amount of money they had remaining and these were correct.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We observed each person had a dedicated staff member working with them.
- Records, staff and relatives confirmed there were always enough staff on duty to meet people's needs. Relatives told us there now seemed to be new staff working at the service. A relative said, "There does always seem to be plenty of staff."
- The registered manager told us they had an agency they used if needed. Staff confirmed that agency staff were used when a staff member was on holiday or called in sick.

- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and correctly.
- We checked medicines for two people using the service. Medicine administration records were completed correctly with no gaps.
- The physical stock count for three medicines matched the amount recorded.
- People had a medicine support plan and risk assessment in place which indicated what support the person needed with their medicines.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. Relatives told us they were confident staff did what they needed to do to prevent the spread of infection.
- Staff understood how to prevent the spread of infection. Staff told us, "We have plenty of personal protective equipment. We do have a supply of [COVID-19] testing kits" and "We clean the surfaces three-hourly. We encourage people to wash their hands and sanitise."
- The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection. This had last been reviewed and updated in December 2022.
- We saw the provider had adequate supplies of personal protective equipment.

Learning lessons when things go wrong

- The provider kept a record of incidents and used these to learn lessons so improvements to the service could be made. The registered manager told us there had been no accidents since the last inspection.
- We reviewed the record of incidents for two people and saw lessons learnt were recorded. An example of this was a person had become distressed when served one slice of pizza with rice. The lesson learnt was to serve the person the whole pizza because they liked pizza.
- Staff confirmed that lessons learned from accidents and incidents were shared with them so they could avoid reoccurrence.
- The registered manager told us incidents were discussed at staff meetings and incidents from sister services were shared at the managers meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we made recommendations to the provider to consider current guidance in relation to person-centred care, learning disability and autism training and independent advocacy. The provider had made improvements.

- People received personalised care which met their needs and preferences. Records showed staff had received training in learning disability and autism to ensure staff delivered care in a person-centred way.
- Relatives confirmed established staff knew their relative and their care needs well. They understood it took time for new staff to get to know the complex needs of their relative.
- Staff understood how to deliver a personalised care service and described how they offered people choices. A staff member said, "This may be as simple as presenting the [person] with the available options for them to choose."
- Records were detailed and documented their likes and dislikes. One person's care plan stated they liked going for a walk and eating biscuits but did not like being bored.
- Staff confirmed they supported people to achieve their goals. A staff member gave an example of supporting a person with budgeting to avoid overspending and to grow their savings. They said, "[The person] is now in a better financial situation."
- Care plans included support needed with culture and spirituality. A person's care plan gave details of their spirituality and stated, "Staff to support [person] to celebrate religious festivals." The service employed staff of the same culture and spirituality to meet the needs of people using the service.
- Care plans were reviewed regularly on a 6-monthly basis. The registered manager told us, "The families are always included and they have input in care plan reviews." Records showed people had access to independent advocacy should they need this support to express their views.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The registered manager explained information was given to people using easy read formats, pictures and assistive technology and "This has empowered [people] to

make clear choices and enabled them to communicate."

- A staff member explained assistive technology had helped to reduce a person's distress because the person was encouraged to press on an activity picture to tell staff what they wanted and the device would speak it out loud for staff.
- People's care records included a communication passport which gave clear guidance to staff about how the person preferred to communicate. A person's care plan stated, "Explain things in small, simple words and sentences. Use visual aids to help me understand."
- Care records detailed people's visual, hearing and sensory needs. A person's care plan documented they liked strong and intense scents, bright colours, quiet spaces with no crowds, and listening to nature music.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were socially relevant to them. We observed staff engaged with people within their home and taking them out for activities.
- Care plans detailed activities people like to take part in. These included shopping, gym exercises, massage, arts and crafts, karaoke, swimming, day trips out and group activities.
- Staff encouraged people to maintain contact with their family. Details of contact with relatives was included in care plans.
- Records confirmed people's cultural and spiritual needs were met. For example, staff worked closely with a spiritual leader to enable a person to now cope with attending their chosen place of worship during quiet times.

Improving care quality in response to complaints or concerns

- The provider managed complaints appropriately. They had a policy which gave guidance to staff about how to handle complaints. There was a pictorial easy read format of the complaints form to enable people to understand how to complain.
- Relatives told us they would feel comfortable raising concerns and overall, they were confident their complaint would be looked into. A relative said, "[Service manager] definitely looks into complaints and will come back to you."
- The provider kept a record of complaints. We saw 2 complaints had been recorded, addressed and resolved since June 2022. The outcome of the complaint investigation was documented and noted if the person making the complaint had received an apology.

End of life care and support

- At the time of this inspection there was nobody using the service who required end of life care. However, the provider had an end of life care policy which gave guidance to staff about how to meet this type of care should anyone require it in the future.
- The registered manager gave us an accessible pictorial end of life care format they would use if and when somebody required this type of care.
- The easy read care plan was detailed allowing a person's wishes to be captured including how they would like to be cared for, communicated with, celebrated and remembered.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service aimed to achieve good outcomes for people.
- Relatives told us they thought the managers were approachable. A relative said, "[Service manager] is very good. [They] are listening and making improvements. I am happy with [their] performance." Another relative told us, "[Registered manager] seems approachable."
- People were assigned a dedicated staff member who knew the person well and had overall responsibility for liaising with the family and other professionals. Where needed, advocacy services were used to support the person to express their views about the care they received.
- Staff spoke positively about the management of the service. Comments included, "[Managers are] very, very approachable" and "If I have any issues, I go to [registered manager] and speak to [them]."
- The registered manager told us they and the staff team were supported in their role and said, "We have a close relationship with the provider so we can go to them for support. I make sure I'm approachable and the staff know they can contact me if they have any issue."
- The registered manager told us and care records confirmed they worked jointly with health professionals to improve outcomes for people including psychiatrist, psychologist, occupational therapist, and speech and language therapist.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and understood what was required of them. Comments from staff included, "We make sure we handover safely. We do have a [mobile phone] group chat" and "When we come in we can read about changes on the electronic system."
- The provider had systems in place for senior staff to check the quality of the service. We reviewed the records of quality checks carried out for medicines, health and safety, infection control, people's finances and daily logs.
- Actions identified for quality checks were signed off when completed. For example, the monthly check of daily logs in January 2022 noted staff needed support with writing skills and support was provided by the service manager. We noted by June 2022 there was no longer a concern about the daily logs.
- The registered manager carried out a monthly audit of staffing levels, care plans, general care, activities, mealtimes and completion of charts. We reviewed the check carried out in November 2022 and saw no action was identified.

- The registered manager carried out regular unannounced spot checks. We reviewed the spot check carried out in December 2022 and saw it was noted staff were professional and demonstrated effective communication and shift planning.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to notify the appropriate authorities about incidents and safeguarding concerns.
- The registered manager understood the duty of candour. They told us, "Duty of candour is to be open and transparent if there is any safeguarding concern and to deal with any issues in a timely manner and apologise."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to engage with relatives and staff through feedback surveys and meetings.
- We reviewed the feedback received from two relatives in January 2022 and saw this was positive. A relative stated, "I feel [relative] is well supported. There is good communication from carers and manager provides regular updates in writing."
- Staff told us they had regular meetings and these were useful. Comments included, "The manager comes up with ideas and we come up with ideas of things we want to change" and "Staff can give their opinion. Night staff and day staff share ideas."
- We reviewed the minutes of the staff meeting held in December 2022. Topics discussed included updates on people using the service, care plans, upcoming health appointments, activities and professionalism towards families.
- The provider held regular meetings which managers from their different services attended. We reviewed the minutes of the managers meeting held in December 2022 and saw discussions included maintenance, staff training and performance management.
- Staff confirmed they worked well as a multi-cultural team and explained they were doing a good job. A staff member said, "I get good comments from the managers and when [relatives] come they show they appreciate by saying thank you a lot." Staff gave examples of different ways people showed their appreciation.