Care Quality Commission

Short Ground Limited

Norcott House

Inspection report

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Date of inspection visit: 24 and 28 July 2015
Date of publication: 26/11/2015

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

This inspection took place on 24 and 28 July 2015 and was unannounced. We previously inspected the service on 15 January 2014. The service was not in breach of health and social care regulations at that time.

Norcott House is registered to provide personal care for up to 11 people with learning disabilities. The home comprises of four separate living units, which provide gender specific accommodation. Each person living at the home has access to both communal and private areas. This means people have the opportunity to live within small, personalised accommodation but with the support of staff.

The service had a registered manager in place. The registered manager was on leave and therefore not present at the 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.

Summary of findings

People told us they felt safe living at Norcott House and their family members also said they felt their relatives were safe. Staff had a thorough understanding of safeguarding procedures and staff knew what to do if they thought anyone was at risk of harm or abuse.

We found that staff were recruited safely and trained appropriately. There were enough staff to meet people's needs. Staff were offered opportunities for self-development.

Medication was managed appropriately and staff who were responsible for administering medication had been trained to do so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards. We found that staff had a thorough understanding of these safeguards. Authorisation had been appropriately sought when people's freedom or liberty was being restricted.

People received personalised care and were involved in a range of activities, depending on their interests.

A caring environment was evident and people's cultural and religious needs were considered. Staff were caring in their approach and there was a positive atmosphere in the home. People's dignity and privacy were respected.

People's views were sought and they were encouraged to be involved in the running of the home and were empowered to be as independent as possible.

Staff and relatives that we spoke with felt the home was well led. Regular checks and audits took place to try to continually improve the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were kept safe because staff were available and responded promptly to people's needs.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Medication was managed appropriately and was administered in a safe way by staff that had been trained to do so.

Risk assessments were in place to minimise risk, whilst promoting independence.

Good

Is the service effective?
The service was effective.

Staff knew the people who they were supporting well.

People had access to health care services when they needed them.

Staff had received training, and could demonstrate an understanding of, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

We observed positive interactions between staff and people who lived at Norcott House.

People's privacy and dignity was respected.

Staff were aware of specific communication needs of different people and were able to respond appropriately.

People's religious and cultural needs were respected.

Good

Is the service responsive?
The service was responsive.

Personalised care plans reflected individual choice and need.

People were involved in a range of activities, employment and education.

Information was provided to people on how to complain and this was made available in an easy to read format.

Good

Is the service well-led?
The service was well led.

We found communication and sharing of information was good and effective.

Systems and audits were in place to ensure improvement.

Appropriate policies and procedures were in place and staff were aware of them.

Good

Summary of findings

The views of people living at Norcott House were sought and actioned where appropriate.

Norcott House

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.

The inspection took place on 24 and 28 July 2015 and was unannounced on both dates.

The inspection was carried out by two adult social care inspectors. Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us to understand the experiences of people who lived at the home. We spoke with three people who lived at the home, two relatives, two care staff, two team leaders, the deputy manager, and the clinical services manager.

We looked at five people's care records and three staff files, as well as maintenance records and other records relating to the management of the service. We looked around the building and saw two people's bedrooms, with their permission, communal areas and bathrooms. We also looked at the outside space and gardens.

Good

Is the service safe?

Our findings

Some people living at Norcott House had particular communication needs. When we asked one of the people living at Norcott House whether they felt safe, they gave us a 'thumbs up'. Following our visit, we spoke with two family members and they both felt their relative was safe.

All of the staff who we spoke with said they had received safeguarding training and they were able to demonstrate a good understanding of different types of abuse. The deputy manager had also received safeguarding training. Staff were able to explain what they would do if they had any concerns about the way people who lived at Norcott House were treated. All of the staff we spoke with told us they knew people well and could identify by a person's body language and facial expression if something was wrong. Staff were aware of the importance of this when supporting people with complex needs. Additionally, staff were aware of the whistleblowing policy and, although no staff we spoke with had felt the need to raise any issues, they felt they could do so through the whistleblowing policy if they felt it was necessary to protect people who used the service. We saw that the whistleblowing policy was displayed throughout the home.

Fire exits were clearly marked and there were pictorial signs in order to assist people to safely evacuate, in the event of a fire. Everyone had a personal emergency evacuation plan in place, in case of emergency and these were reviewed annually. This helped to ensure people's safety in the home, in the event of an emergency evacuation.

One the first day of our inspection we found that the bins in the bathrooms had been placed on a shelf, near to the sink. We pointed this out to the deputy manager, who summised that night support workers who were responsible for cleaning duties may have left them there whilst the floor was wet. The bins were immediately returned to the floor. On our second visit, we found that the bins were where they should be (on the floor). Additionally, on our first visit, we saw in one of the bathrooms that the toilet tissue was out of reach. This had resulted in a person using blue hand towel instead and this had been left, soiled with faeces, in the bathroom. The deputy manager immediately arranged for this to be cleaned and the toilet roll to be placed within reach.

We saw that soap and hand towels were available in bathrooms and kitchens. Additionally, notices were displayed to highlight effective handwashing procedures. We heard a member of staff remind a person to wash their hands before handling food and they explained to the person that it was important to use soap in order to prevent infection. This helped to ensure that people were protected by the prevention and control of infection.

We looked at maintenance files and found that equipment testing and safety checks had been undertaken, such as electrical safety and portable appliance testing and fire safety. This meant that steps had been taken to ensure the premises, and any equipment, were safe.

Risk assessments were thoroughly completed, both in terms of individual risks and environmental risks such as the external grounds, using the kitchen and laundry for example. Positive risk assessments were undertaken and consideration was given to the benefit of managing the risk. People were also empowered to take risks and develop life skills such as assisting with laundry, cleaning, cooking and ironing. Having risk assessments in place ensured that people could be encouraged to be as independent as possible whilst ensuring any associated risks were minimised.

In terms of staffing levels, the deputy manager told us that most people required care from one person at all times, and one person required care from two people at all times. There were 11 people living at the home at the time of our inspection. We found that there were 14 staff working through the day and 13 in the evening. Additionally, three staff worked overnight with another staff member sleeping on site. This meant that sufficient numbers of staff were deployed in order to provide safe care for people living at Norcott House. Additionally, the deputy manager showed us that consideration was given to the balance of staff, for example those who could drive. We looked at staffing rotas for three weeks and these showed that the suitable numbers of staff were deployed.

When we spoke with staff, one member of staff told us, "Staffing is always a problem. When people are off sick the manager relies on staff to fill in the gaps". Another member of staff told us they felt there were enough staff to meet people's needs. We asked the deputy manager and clinical services manager about this and they told us they were

Good

Is the service safe?

aware that staff had been working additional shifts. However, they showed us that new staff had recently been recruited. One new member of staff was undertaking part of their induction training on the day of our inspection.

We looked at three staff files. In two of the files we found the home had followed the recruitment and selection policy. In each of the two files there was a photograph of the member of staff, an application form, interview notes, two references and an application to the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. In one file, we noticed there was no current job application form, no references and no current DBS application. We asked the deputy manager about this and were told the application was on file at head office. The deputy manager was able to provide us with evidence that a DBS check had been carried out and assured us that the application form would be added to the file. This meant that people who lived at Norcott House had been protected from harm because the service had carried out the appropriate checks on staff prior to their being confirmed in post.

We found that medication was received, stored and administered safely and unused medication was returned appropriately. We looked at the medication administration records (MAR). Each MAR had a photograph of the person. This helped to reduce the risk of medication being given to the wrong person. Each of the MAR charts we looked at had a description of how the person took their medication.

We saw that staff who were responsible for administering medication had been trained to do so. Additionally we saw evidence of up to date 'medication administration assessment tools' which were used for assessing staff competency, once they had completed their training. This meant people were protected from harm because staff had the skills and knowledge to administer medication safely.

Some people had been prescribed medication that was administered as and when required. The effect of this medication was sometimes modification of behaviour. In the MAR charts that we looked at we saw guidelines for the use of this medication, including when it should be given and the potential side effects. A monitoring form was in use for this type of medication, to prompt staff to think about why they were administering it. The monitoring form prompted staff to consider alternatives, and to log how often this was used and the resulting changes in people's behaviour. Additionally, this needed to be approved by a manager. We had looked at the medication policy, which stated, 'behavioural modifying medication must never be administered as an unnecessary restraint'. The procedures in place ensured that this policy was followed. This demonstrated that people were not inappropriately restrained by use of medication.

Good

Is the service effective?

Our findings

From our observations we saw that staff members knew people well and were able to appropriately engage and interact with people. One of the family members we spoke with said, "Yes, the staff know [name] really well".

Staff told us they felt supported in their roles. The staff we spoke with told us they felt the training offered was very good and gave them the skills and knowledge to carry out their work effectively. We saw evidence that staff had received up to date training, for example, in health and safety and safeguarding. Staff had also received training in relation to challenging behaviour and diffusion techniques, from a provider who was accredited with the British Institute of Learning Disabilities (BILD) scheme.

The deputy manager told us that staff received supervision every six to eight weeks. We found that not all staff had supervision regularly and in line with policy. We asked the deputy manager about this, who acknowledged that some supervisions had lapsed and were out of date. However, the deputy manager was able to show us an action plan that had been put into place, in order to facilitate regular supervision.

Staff told us they found supervision useful. One staff member said, "Supervision is good, it gives you time to reflect". Another member of staff said, "It's good to get feedback, positive or negative. The feedback helps you to see what you need to work on". We saw standard items that were discussed during supervision included learning from experience, concerns raised, fire, health and safety and cleanliness for example.

All the staff we spoke with told us they had a period of induction and they found this very useful. Induction consisted of two days in house induction, followed by seven days of mandatory training and a week of shadowing established staff members. One staff member told us, "The shadow days are helpful but I feel there are not enough of them". Another person told us, "Induction can be a bit scary and put people off. I know it's a service with challenges but we should be shown the positives of working for the service as well". We shared this with the deputy manager, who agreed that the structure of induction may benefit from being adapted, so that people receive a balanced induction. All of the care staff we spoke with felt the team worked well together and supported each other. The deputy manager also told us they felt very supported in their role.

The service offered staff opportunities for self-development. There was a training system in place which encouraged staff to increase and improve their skills and knowledge through internal promotion. Two staff we spoke with had applied for, and been successful in gaining, more senior positions within the home, through these training and development systems. The deputy manager outlined the process for staff disciplinary procedures. We saw evidence that, following a concern, these procedures had been followed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

All of the staff we spoke with confirmed they had received training in the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to give some examples of their understanding of both MCA and DoLS. The deputy manager had a thorough understanding of MCA and DoLS and was able to provide evidence to show that this was regularly discussed, at the monthly manager and deputy manager workshops for example. This helped to ensure that people's rights were protected because the service had taken steps to train their staff in MCA and DoLS.

Some people living at Norcott House were deprived of their liberty, as they were subject to constant supervision. The deputy manager showed us evidence that this was lawful because they had made applications to the local authority, which had been approved. In each person's file we looked at we saw that decision specific mental capacity assessments had been completed, for example, where people lacked the capacity to manage their own finances or to maintain a healthy diet. We saw evidence that, where people lacked capacity, decisions were made in the person's best interest, in consultation with the person, their family where appropriate and other professionals.

Good

Is the service effective?

Some people who lived at Norcott House had behaviour which other people could find challenging. In order to manage these types of behaviour, the service used restraining techniques. We saw staff had received appropriate training in the safe use of restraint. Staff told us they would try de-escalation techniques and use restraint as a last resort, in line with BILD guidance. Where restraint was used with people, this had been recorded in the incident file.

We saw that people were encouraged to maintain a healthy lifestyle and were supported to attend active sessions such as Zumba dancing for example. We found that two of the care records we looked at stated the person 'must be weighed monthly and supported to maintain a healthy a diet'. Records showed that people had been weighed monthly and this was recorded. We also saw that healthy snacks were readily available, such as a variety of fruit for example. People had access to food and drink throughout the day.

We saw that people were supported to access health care. The deputy manager told us that either team leaders, the deputy manager or the registered manager would be responsible for booking appointments. We saw evidence of this and outcomes of appointments. Any resulting changes to care were recorded and logged so staff were made aware of any relevant changes.

We looked at the layout and design of the building. There were photographs on display and people's achievements were displayed. Areas inside the home were kept clean and tidy and the gardens and outside space were well maintained.

Good

Is the service caring?

Our findings

Some of the people who lived at Norcott House were unable to verbally communicate with us but they were able to understand what we said. We asked two people if they liked being supported by staff. They both nodded their head and smiled. One of the family members we spoke with said, "Yes, staff are caring in their approach".

We observed positive interaction between staff and people who lived at Norcott House and we heard laughing and joking. It was clear that staff had a good understanding of people's needs. One staff member told us, "I love working here and seeing people achieve so much". Another staff member said, "We promote people's independence and it's good to see people do well".

Staff had a good understanding of the specific communication needs of different people at the home. A member of staff told us, "People use their body language to communicate or their facial expressions will tell us how they feel".

We asked the deputy manager whether anyone had an advocate. An advocate is a person who is able to speak on other people's behalf, when they may not be able to do so for themselves. Two people had an advocate. Additionally, two people had benefitted from an Independent Mental Capacity Advocate, to support them when their mental capacity was being assessed.

Staff had a good understanding of dignity and respect and they were able to give us examples of how people's dignity was respected. For example, care was taken to ensure that people were appropriately dressed when moving from bathroom to bedrooms. Staff communicated well with each other to ensure that people had the space and privacy they needed.

We were told by staff and the deputy manager that people's independence was promoted and people were empowered to be as independent as possible. When asked for examples of this, the deputy manager was able to explain how people helped with the laundry and were encouraged to cook and clean. One person was supported to work in the local community.

One the first day of our inspection, we found staff and people were involved in the planning of a party for a religious celebration. People and staff worked together to plan and organise the party and we found there was a respectful and happy atmosphere.

'Key worker catch ups' were held monthly and these meetings provided the opportunity for people living at Norcott House to raise any issues with their key worker and to consider their care planning. The outcome of these catch ups was recorded and items for discussion included anything the person wanted to change, any new activities the person wanted to try and any worries or concerns they may have had.

Good

Is the service responsive?

Our findings

One of the relatives we spoke with said, "The communication's good at the home. I've been to meetings and been involved in risk assessments". We saw that care plans were reviewed at six monthly intervals, or more frequently if required. The staff we spoke with told us people were invited to take part in reviews of their care plan. Some people chose not to take part but they had been shown their care plan.

We found that activity planning was carried out on an individual basis and activities were based on people's interests that were recorded in their care plan. In two of the lounges, we saw daily activity sheets that people had been encouraged to complete. We saw that people were involved in activities at the home and within the community. Staff told us their aim was to support and encourage people to become as independent as possible. Some people who lived at Norcott House had been to a local day centre where they had been involved in arts and crafts and other people had been swimming. The service used public transport as much as possible and they felt this helped promoted people's independence.

We looked at the personal care plans for three people. The plans were person centred and focused on how the person wanted to be treated. We saw evidence of activities that the person wanted to take part in, for example holidays, concerts and culturally appropriate events and we saw that these had been actioned. Key information was included in the plans, along with a photograph of the person. We saw that some care plans included information such as specific phrases to be used that had a positive effect with people and how people like to be treated if they were feeling sad, unwell or happy. We observed practice to be in line with the care plans. This helped to ensure that people received care that was personalised for them.

The home had specifically advertised for, and employed, staff who could speak a specific language other than English. This meant that people who spoke other languages could better have their individual needs met and communicate more effectively.

People's cultural and religious needs had been considered. For example, one person had been supported to choose and purchase items appropriate to their culture and religion in order to display them in their lounge. A prayer timetable had also been displayed. Another person had been supported to attend a culturally relevant festival. The service had contacted a local place of worship, in order consider the support that one of the people living at Norcott House may require in order to attend. On the day of our inspection, a party was being held to celebrate a religious festival and all of the staff and people living at Norcott House were invited. The inspectors were also given an invitation by one of the people living at the home.

We found that most people's lounge areas were personalised and had photos and achievements on display. However, one person's room was not personalised. The reason for this related to the safety of the person, their possessions and the safety of other people. We raised this with the deputy manager and suggested that alterative means could be considered so that the person's room could be personalised to some extent, whilst maintaining safety. The deputy manager agreed that, although assessment of risk would be required, this was something that would be considered.

We saw evidence in one person's care plan that they had enrolled on a maths course at college. We saw that arithmetic timetables had been displayed on the wall in the person's lounge, in order to assist with their learning. Another person was supported to undertake a paper-round in the local community. This demonstrated that people were encouraged and supported to develop life skills and to become more independent, in terms of work and education.

We saw that the home responded well to requests from people living at Norcott House. For example we saw evidence that, in one of the residents' meetings, a person had asked for their room to be decorated in a specific colour. We saw that this had been actioned. One person told us, "I like my room colour".

Information was displayed on how to make a complaint. Leaflets were available in the entrance vestibule. Although no complaints had been received, the deputy manager was able to explain how these would be dealt with and how they would be recorded and actioned.

The deputy manager told us that sometimes people chose to eat together and sometimes they wanted different

Good

Is the service responsive?

things. People who lived at Norcott House were involved in menu planning and were encouraged to make their own meals. We saw that staff had received training in food hygiene and nutrition.

People living at Norcott House were encouraged and supported to maintain relationships with people who were important to them. The deputy manager told us that family and friends could visit Norcott House and that there was an 'open door' policy. One of the people living at Norcott House was visiting family on the day of our inspection. The family members we spoke with told us they felt they could visit Norcott House anytime.

Relevant information was shared between staff and there was a formal staff handover at the commencement of each shift. We saw that the information shared included money remaining, activities, safety checks, appointments, concerns, medication as well as an individual account for each person. The staff handovers took place in a different unit. This ensured that staff could hand over thoroughly, without interruption and this also caused less anxiety for people living at Norcott House, with a group of staff all being gathered in one place.

Good

Is the service well-led?

Our findings

Staff we spoke with felt the service was well led and felt the culture of the service was supportive. One staff member said, "I feel the manager listens to me and they can help prevent situations from escalating". Another said, "The manager does a good job. They take time to talk to the residents and they try hard to get people what they ask for". The deputy manager told us they felt supported in their role by the registered manager and staff felt that the registered manager was a good mentor.

Two relatives who we spoke with, following our inspection, told us they felt able to visit the home whenever they wish. One relative said there was good communication from the home and that they had recently been to meetings and been involved in a risk assessment for their family member.

Staff felt that communication was good and the use of a communication book helped staff keep up to date with any changes. Staff meetings were held monthly and we saw evidence that items such as accidents and incidents, health and safety and any changes to support plans or care plans were shared. There were two staff meetings with the same content each month, to enable staff from each shift to attend. Manager and deputy workshops were also held monthly and these provided peer support for the deputy manager and manager. The deputy manager told us they could openly discuss any concerns, meet with peers and share good practice and ideas.

As well as weekly health and safety checks, we saw that the registered manager completed weekly audits, to ensure that any missed checks or issues highlighted were actioned. We saw evidence of this in areas such as emergency lights, first aid boxes, hot water temperature, fire blankets, fire doors and vehicle safety for example. In addition, we saw evidence of a weekly medication audit which was signed and dated, with any remedial action logged.

People who lived at Norcott House were encouraged to be involved in the running of the home. We saw minutes of residents' meetings that were held once a month. The minutes of one meeting recorded that a person had complimented staff on helping them to achieve one of their aims. Minutes were made available in an easy to read format. Other items discussed included menu planning, health and safety, what was going well, what was not going so well and activities. Any action plans, as a result of the meetings, were also recorded and followed up by the registered manager.

Accidents and incidents were appropriately recorded and the deputy manager showed us evidence that action was taken as a result of these. Additionally, accident and incident reports were analysed and this information was used to inform behaviour management approaches. Analysis helped to identify patterns of behaviour or relevant triggers and the deputy manager told us that this information could be used to recognise where additional support may be required.

The deputy manager was able to provide a file which contained policies and procedures relating to Norcott House. This included policies such as safeguarding, whistleblowing, complaints, infection prevention and control and fire safety for example.

We saw evidence of partnership working and of community links. For example, following the advice from an occupational therapist, the home had extended the outside living space for one person. The home maintained links with the local community, for example by using public transport and visiting local public houses, cafes and other local facilities.

The vision of the service was displayed throughout the home and included three priorities to achieving the vision; recognise contribution, give and accept feedback, learn from day to day experiences. We saw evidence that these priorities were embedded in practice, by the way that contribution was recognised, in team meeting minutes for example, staff and people were supported to give and accept feedback and learning from experiences was evidenced through action planning and the sharing of information.