

Norse Care (Services) Limited

The Lawns

Inspection report

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Date of inspection visit:
26 October 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 26 October 2016.

The Lawns provides people with personal care in their own homes. At the time of the inspection, 29 people were receiving care.

There was a registered manager at 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 received care and support from staff who were very kind, caring and compassionate. They often went above and beyond what was expected of them to ensure people were happy and contented.

Staff treated people with dignity and respected them as individuals. Staff had built up very good caring relationships with people which both the staff and people valued.

The staff encouraged people's independence. This had resulted in an improvement in some people's quality of life.

There were enough staff to meet people's care needs and people received their medicines when they needed them. The staff knew how to keep people safe and people were involved in making their own decisions about the care they wanted to receive and this was respected.

People's consent was requested before the staff performed any tasks. Where it was part of their care package, people received support to eat and drink enough to meet their needs. They were supported to maintain their health and advice from specialist healthcare professionals was sought when necessary.

There was an open and transparent culture at the service where people and staff felt listened to. They could raise any concerns they had without hesitation. The staff were happy working at the service and the people were happy with the care and support they received.

There was good leadership at the service which had created a culture of caring and treating people as individuals. The staff understood what was expected of them and they had received enough training and supervision to give them the skills and knowledge to provide people with safe and effective care.

The quality and safety of the service was regularly assessed and monitored to make sure the care and support that people received was of good quality and met their individual requirements.

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.

The provider had systems in place to reduce the risk of people experiencing abuse and avoidable harm.

There were enough staff available to keep people safe and to meet their needs.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

The staff had the skills and knowledge to provide people with effective care.

Staff asked for people's consent before providing them with care.

Where part of their care package, people received enough food and drink to meet their needs. They were also supported by the staff to maintain their health.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff were extremely kind and compassionate and often went above and beyond what was expected of them when providing people with care and support.

People were in control of their own care and could make decisions that were respected by the staff.

People's independence was encouraged. This encouragement had led to an improvement in some people's quality of life.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences had been fully assessed and were being met.

Steps were taken to reduce the risk of people experiencing social isolation.

The provider had a system in place to investigate and deal with complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture where people and staff could raise concerns which were listened to and dealt with.

The registered manager demonstrated good leadership.

There were systems in place to assess if the service was operating effectively and to improve the quality and safety of the care that people received.

The Lawns

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.

This inspection took place on 26 October 2016 and was announced. The provider was given 48 hours' notice before we visited the service. This was because we wanted to make sure that the people who used the service would be available to speak with us during the inspection. One inspector carried out the inspection.

The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spoke with five people who used the service, five relatives, an advocate of one person using the service, three staff members, the deputy manager and the registered manager. After the inspection visit we also spoke with a healthcare professional.

The records we looked at included four people's care records and other records relating to their care and three staff training records. We also looked at records in respect of how the provider monitored the quality of the service.

Is the service safe?

Our findings

The provider had systems in place to protect people from the risk of abuse and avoidable harm. All of the people we spoke with told us they felt safe when staff provided them with support in their own home. One person said, "I feel very safe with the staff." Another person told us, "Absolutely I feel safe, yes very much so." All of the relatives we spoke with told us they felt their family member was safe when receiving care from the service.

The staff we spoke with demonstrated they understood how to recognise whether abuse may be taking place and how to report any concerns if they had any. The registered manager was also clear about how to deal with any concerns should they arise. Any concerns that had been raised in the past had been reported to the appropriate authorities for investigation. Information was available to people to help them raise a concern to external authorities outside of the provider if they felt this was necessary. The staff told us they had received training in how to safeguard people from the risk of abuse and the staff training records we viewed confirmed this.

Risks to people's safety had been assessed. These included risks in areas such as falls, supporting people to move and of people not eating. There was clear information within people's care records to provide staff with guidance on what they needed to do to reduce these risks. The staff we spoke with had a good understanding of how to reduce risks to people's safety. One staff member told us how they needed to add a thickening agent to one person's drink to reduce the risk of them choking.

The staff told us that some people wished to take risks in relation to their safety so they could live the life they wanted to lead. For example, the staff told us that some people had been advised by a healthcare professional to eat a specific type of diet for their safety. However, these people chose not to do this as they did not enjoy eating the type of recommended diet. The staff told us they respected people's freedom to take such informed risks.

The staff had recorded any incidents or accidents that had occurred whilst people were using the service. The registered manager had then fully investigated into these and had taken action to reduce the risk of them re-occurring. For example, seeking advice from specialist healthcare professionals to help reduce the risk of people experiencing falls.

The staff we spoke with understood how to deal with emergency situations. They gave us a good account of what they would do if they found someone unwell in their own home. They told us they had been trained in first aid and would seek assistance from the emergency services if needed.

All of the people told us that there were enough staff to provide them with the support they required. The relatives we spoke with agreed with this. One person told us, "Yes, there are enough staff. They are there when I need them." Another person said, "The staff are fantastic, they are always around." All of the staff we spoke with agreed there were enough of them to provide people with the support they needed.

The required checks had been completed when recruiting new staff to the service. These included obtaining references about the staff member's character and checking with the Disclosure and Barring Service that the staff member was safe to work with people living in their own homes. This reduced the risk of employing staff who were unsuitable to work within care.

People received their medicines when they needed them. All of the people we spoke with said they got their medicines when they were required. One person told us, "I always get my medicines on time." Another person said, "They bring me my medicine each day and make sure I take it."

We checked four people's medicine records. All of these indicated that people had received their medicines as intended by the person who had prescribed them. Some people chose to administer some of their own medicines. We saw that this had been assessed in conjunction with the person and an agreement reached that it was safe for them to do so. There was clear information in place to assist staff to give people their medicines safely. This included information about people's allergies and guidance on when to give people medicines that were for occasional use.

Staff had received training on how to give people their medicines safely. They told us their competency to do this effectively was often assessed by the senior staff or the registered manager. The staff records we looked at confirmed this and we saw that staff were offered advice and guidance where improvements had been required.

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and skills to provide them with effective care. All of the people and relatives we spoke with told us they thought the staff were well trained. One person told us, "They know what they are doing." A relative said, "I have no issues there, they are experienced in what they do."

All of the staff we spoke with said they felt they had received enough training to provide people with effective care. They told us they had received training in a number of different subjects such as infection control, safeguarding people from the risk of abuse and supporting people to move. The training consisted of both computer and classroom based learning. Staff had also received training in how to support people living with dementia. Some staff had attended practical training in relation to this which involved staff wearing various types of equipment to help them experience what it may be like to live with the condition. The staff confirmed they had found this type of training extremely useful to help them support people living with dementia more effectively. The registered manager told us they were in the process of registering all of their staff to receive this type of training.

As well as having received training in areas the provider had deemed as being mandatory, some staff had also completed training in other areas. This was so they could support people effectively with their individual care needs. This included training in areas such as diabetes care, catheter care, nutrition and hydration and pressure care.

The registered manager told us they had regularly assessed the staff's competency to provide people with safe and effective care. The staff we spoke with and the staff training records we viewed confirmed that this had taken place. Where necessary, staff had received feedback to help them improve the support they provided to people. The staff also told us they felt very supported by the senior staff when carrying out their roles. They said they received enough supervision and guidance to enable them to provide people with good quality care.

Consent was obtained from people prior to them receiving care. All of the people we spoke with told us staff requested their consent before they performed a task. People who received support had signed their care records consenting to how the support was to be delivered by the service.

The registered manager and the staff told us that all of the people using the service had capacity to make their own decisions. However, they were aware that in the future, some people who used the service may lack capacity to make some decisions about their care and support. Therefore, the provider would need to ensure that the staff worked within the principles of the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

All of the staff we spoke with had received training in the MCA and understood how to apply its principles to their daily care practice if they needed to. They were clear that if in the future they needed to make any decisions for people, these had to be made in people's best interests. The registered manager understood that if anyone had to be deprived of their liberty in their best interests, that this needed to be referred to the Court of Protection for authorisation.

People who required support with eating and drinking as part of their package of care received this. They told us that the staff knew their individual preferences in relation to food and made meals to their liking. One person told us, "They are very good with the food. They always make sure I have something I like and will offer me different options." Another person said, "They know what I like and make sure I eat as much as I want."

The staff we spoke with gave us a good account of people's individual food preferences and told us that where needed, they encouraged people to eat and drink. If required, the registered manager monitored that people were eating and drinking enough to reduce the risk of them experiencing a lack of nutrition and dehydration. Where there were concerns, we saw that the relevant healthcare professionals had been contacted with the person's consent, to provide specialist advice and guidance.

People were supported by the staff to maintain their health. All of the people and relatives we spoke with confirmed this. We saw that healthcare professionals were contacted in a timely manner when there was a need for their specialist advice. One person told us how the staff had been vigilant and had facilitated a call from the GP who had then diagnosed a serious illness. They said, "[Staff member] visited me the other day and said I didn't look very well. She said she thought I might need to see the doctor so she called him. The GP came and was so concerned he sent me to hospital. It was a good job [staff member] noticed!" Another person said, "They will call the doctor if I ask them to and help me with the dentist and optician also." A healthcare professional we spoke with told us they felt the staff contacted them in a timely manner if they were concerned about anyone's health. They also said that staff followed their advice and guidance when providing people with care in relation to their healthcare needs.

Is the service caring?

Our findings

All of the people we spoke with were extremely complimentary and enthusiastic about the staff who provided them with care and support. All of the relatives we spoke with echoed this. One comment that was commonly made by people and relatives to describe the approach of the staff team was that, 'Nothing is too much trouble.' During the inspection, a number of relatives wanted to speak with us so they could praise the staff for their kind and caring nature.

People smiled as they spoke fondly of the staff and of the relationships they had developed with them. They consistently referred to the staff as being kind, caring and compassionate. All of the relatives we spoke with agreed with this. One relative told us, "The staff are really lovely, so friendly and respectful. They never rush [family member]. They have time for her." One person said, "The carers are so good, they are so helpful." Another person told us how they viewed the staff as friends. They told us, "They are all very kind and helpful. If I am worried about anything I just have to ask. They will do anything for me. I can always have a laugh and a joke with them." A healthcare professional told us that they felt the staff were caring. They told us that whenever they had seen staff interact with people, this had been completed in a caring and kind manner.

The staff we spoke with demonstrated that they valued their relationships with the people who used the service. They were passionate about providing people with high quality care. All of the staff consistently told us that the registered manager had a caring ethos and that positive and caring relationships were encouraged. The staff said they treated people as they would their own family members. The people and relatives we spoke with confirmed this ethos was in place.

One person told us, "They create a feeling of family. Last Christmas all of the staff dressed up when they came to see me. It was so lovely to see." A visitor who acted as an advocate for one person using the service said, "The staff have a warm and family orientated attitude. I have seen them with [person using the service]. They are so engaging and kind." A relative told us, "They treat [family member] as if she was one of their own family."

Two relatives told us how the staff had provided them with support and comfort during a difficult time. One relative said, "They staff have been really good to [family member]. They are very caring and patient with them at this difficult time. What has helped is that they are really supportive to me too. Always there if I need them." Another relative told us how the staff had also supported them whilst a family member was in hospital. They said, "They have really helped me through a difficult time. What impressed me is that some of the staff visited [family member] in hospital in their own time. They are just excellent!"

The staff told us the provider operated a keyworker system where the staff were allocated individual people who used the service. The aim of this was for the staff to build caring and trusting relationships with these people through spending time with them and getting to know them well. The staff told us that this worked well and that it promoted continuity of care and created satisfaction for both themselves and the people who used the service.

The registered manager told us they were committed to getting to know people including their preferences, likes and dislikes and their life history. They said they encouraged staff to view people as individuals and it was evident that staff did this during our conversations with them. The staff demonstrated that they knew people well and people consistently told us that staff understood them and their preferences.

The people and relatives we spoke with consistently told us that the staff often went above and beyond their expectations when providing care and support. One relative told us how their family member had needed a new pair of slippers that they had intended to purchase for them. They found however, when they visited their relative to discuss this that a staff member had already got them some new slippers. The relative told us the staff member had done this in their own time and that they were therefore, very impressed with the level of care they had shown.

One person told us how the staff in their own time, often got them some shopping that they needed. Another person said a staff member visited them once with some iced cakes that they very much enjoyed. They told us, "I did not ask for them, they just turned up with all of these lovely cakes for me. It was so kind of them and they were delicious." The person we spoke with who was an advocate for someone using the service told us that the staff often when shopping for the person in their own time. They said this helped the person enormously and gave them one less thing to worry about. The registered manager told us they were aware that the staff regularly went above and beyond what was expected of them and praised them for this.

A core focus of the provider's care was to encourage and support people to remain as independent as they could. People and their relatives told us that the staff took time to encourage people's independence and that this had resulted in a positive impact on some people's quality of life.

A relative we spoke with praised the determination of staff to gain a positive outcome for their family member. They said they were 'amazed' at the difference in the person since they started using the service. They told us, "Since using the service, family member's walking has improved. They are now confident enough to go out into the community and they are taking much better care of themselves. We were so worried about them before but now we have peace of mind. They can now make themselves a cup of tea and breakfast which they couldn't do before. They really seem to be enjoying life again." One person said, "I could not walk very well before I started receiving the care from the staff. But now with their help, I can walk better myself and can go outside more. This is really important to me and it's great."

Another person told us how when they first started using the service, they had been unable to walk following an illness or make themselves a meal. They told us, "They used to have to hoist me into my chair each day and I had a commode. But with the help of a physiotherapist and the staff here, I can now walk with my walker and can use the bathroom. That feeling of being able to do things for myself makes me feel so much better." Another person told us that they had 'never felt better' since they started using the service.

A person's advocate also told us how they had seen the staff help and encourage one person gain some independence. They told us, "[Person] was extremely shy and withdrawn before they started to receive support. They didn't go out very much. But now with the help of the staff, they are out and about and really enjoy the garden again."

All of the people we spoke with told us they felt in control of their own care. They said they were able to make their own decisions and that these were respected. One person told us, "If I want to do something then I will do it and they respect that."

People's individual needs, preferences, likes and dislikes had been discussed and agreed with them when

they started using the service. This information had been recorded in their personal care record. Plans of care had been developed to provide staff with guidance on how the person wanted to be supported. This information was clear and concise and covered areas including people's preferred daily routines, their individual care and social needs and their personal goals and aspirations that they wanted to achieve.

The staff told us that people who could not communicate with them verbally or who experienced difficulty hearing, communicated their decisions using other methods. For example, they told us how one person used sign language for which some of the staff had received training. The registered manager told us how they also used picture cards to ensure they understood and respected people's decisions.

All of the people we spoke with told us they were treated with dignity and respect at all times. One person told us, "I'm definitely treated with respect. They are very good about my privacy and keeping me covered when they help me wash." All of the relatives we spoke with echoed this. One relative said, "The staff are so respectful. The staff take their time when speaking to [family member] and they never put words in [family member's] mouth." Another relative said, "They are always respectful and polite."

All of the staff we spoke with understood the importance of treating people with dignity and respect. They explained how they ensured people's privacy was maintained for example, making sure curtains were closed when providing people with personal care.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. All of the people we spoke with told us the care they received met their individual preferences and needs. One person told us, "They help me up at a time of my choosing and I always have a female carer which I prefer." Another person said, "They know how I like things done. I have a shower when I want one and they put my washing away exactly how I like it." A relative told us, "There are no set times, they work around [family member] to make sure she gets the care she needs."

The staff demonstrated they understood what was meant by 'personalised care' and told us they were able to support people in a way they preferred. They said they were aware of people's individual goals and aspirations and that they supported them to achieve these.

People's care needs had been assessed and their care records contained accurate and current information in relation to these needs. The staff told us that there was enough information within these records to inform them how people wanted their care and support to be delivered. They said that the registered manager communicated any changes in people's needs to them in a timely manner so they could give people the support they required.

The staff demonstrated that they were aware of people who were at risk of social isolation. They told us they encouraged some people who they had identified as being at risk, to access facilities within the local community. Where people did not want to do this, they said they had the flexibility to spend more time with them.

People told us that they had not felt the need to make any complaints as they were all happy with the level of care they received. The relatives we spoke with agreed with this. However, all of the people and relatives told us they would have no hesitation to speak to the registered manager or the staff if they had any concerns. One person told us, "I would certainly raise a concern to discuss any worries I had if I needed to." A relative told us, "I cannot fault the place. I've had no reason to make a complaint but if I had to, I am confident I would be listened to and it would be dealt with."

People received information on how to make a complaint when they started to use the service. No formal complaints had been made to the service within the last 12 months. The registered manager told us they welcomed complaints and saw them as a learning opportunity. They confirmed that any verbal complaints made were investigated and dealt with at the time they were raised. We were satisfied that there were systems in place to deal with people's complaints and concerns.

Is the service well-led?

Our findings

All of the people and relatives we spoke with were happy with the care and support being provided by the staff. We consistently received feedback from them containing words such as 'brilliant', 'wonderful', 'caring' and 'encouraging.' Everyone said that without hesitation, they would recommend the service to others.

People and relatives were very complimentary about how the service was run. They all told us it was managed very well. One person told us, "Absolutely it is well managed." Another person said, "I couldn't ask for anything more." A relative told us, "[Registered manager] is always available to speak to if you need to. It is very well run here."

There was a positive, open culture within the service and good leadership was demonstrated at all levels. People said that the staff and management team listened to them and that they were approachable and accessible at all times. They added that they had no hesitation in talking to any member of staff if they wanted to. One person told us, "[Registered manager] is wonderful. Really caring. I can speak to [registered manager] if I need to, no problem."

The staff told us they were very happy working for the service. They said that the management team listened to them and were approachable. They added that they felt valued and that their morale was good. There was a low turnover of staff working at the service which promoted continuity of care for people. The staff understood their roles and responsibilities and knew what was expected of them. The training they had received and the leadership from the registered manager and senior team, had instilled a caring culture within the service. This caring culture meant that the staff recognised the people using the service as valued individuals.

All of the staff told us they worked well as a team to deliver good quality care to people. The people and relatives we spoke with agreed with this. One person told us, "They all get on well and work very hard." An advocate for one person who used the service said, "The staff all work really well as a team. They are warm, friendly and lovely staff."

The registered manager was consistently looking for ways to improve the wellbeing of the people who used the service. They were in the process of working with a national dementia charity to open a dementia club. They were also working with local schools to facilitate school children meeting people who they provided care for. This had taken place in the past and the registered manager wanted to continue this initiative, as people who used the service had told them that they had enjoyed meeting and spending time with the school children.

The registered manager and provider completed a number of regular audits to monitor the quality and safety of care that was provided. These were in areas such as medicines management, falls, pressure care, infection control, people's care records and people's risk of not eating or drinking. Spot checks of staff care practice also took place to ensure it was safe and effective. Where any concerns had been found, we saw that the registered manager had taken action to correct them to improve the quality of care people

received.

The registered manager reviewed the number of staff working on each shift to make sure there were enough of them to meet people's individual care needs and preferences. Incidents, accidents and complaints were monitored so that the registered manager could learn from them and improve the quality of care that was being provided if necessary.