Anchor Trust

Normanby House

Inspection report

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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

Normanby House is owned and managed by Anchor Trust and provides personal care and support for up to 25 people who are elderly and may be living with a dementia. There were 24 people living at the service when we visited.

We inspected on 16 and 27 October, day one of the inspection was unannounced.

At the last inspection in December 2015, the service was rated Good. At this inspection, we found the service remained good.

Staff demonstrated a good understanding of safeguarding people who may be vulnerable. They were aware of what to look for and knew how to report incidents. They knew the people they supported well. People we spoke with told us they felt safe, respected and well cared for.

People's medicines were managed safely. Risks to people's health and safety had been identified and risk assessments were in place to guide staff. Regular servicing of equipment and checks of services such as gas took place.

Robust recruitment processes were in place to assist the registered manager in making safe decisions about who they employed. Staff received regular training and they were supported through supervision and appraisal.

Staff worked within the principles of the Mental Capacity Act when providing support to people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Best interest decisions involved people's representatives when required.

People told us they enjoyed the meals provided and were supported to eat a healthy balanced diet. Where needed, people's nutrition was monitored by staff. People had good access to healthcare professionals to support all of their health needs.

The environment supported people's needs and their personal space reflected their preferences and personalities. People's choices were taken account of when planning their care and they could choose how

that care was delivered. Their end of life support needs were considered and planned for with the involvement of the person and their next of kin.

People's needs were assessed and care plans reflected their care preferences and how they liked to spend their time. People were supported to engage in activities and where they had friends or family they were supported to maintain those relationships in a meaningful way.

Regular checks of all areas of the service were completed by the registered manager. There was good oversight from the provider who completed unannounced quality assurance checks to ensure the safe running and quality of the service.

We received consistently positive feedback from people who used the service, their relatives and friends and visiting professionals.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Normanby 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.

This inspection took place on 16 and 27 October 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert in this case, had experience of caring for older people.

Before our inspection, we reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, the provider 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 improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During our inspection we spent time observing how staff provided care to people to help us better understand their experiences of the care they received. We reviewed three people's care files and medication administration records. We looked at three staff files relating to recruitment and training and a range of records relating to the management of the service. We spoke with eight people who used the service and three relatives of people who used the service. During the inspection, we spoke with three care

staff and the registered manager. We also asked for feedback from external professionals who were involved in supporting people who used the service.

Good

Our findings

The service continued to be safe. At the last inspection, we found that staff maintained the safety of the people using the service. At this inspection, we found this continued to be the case.

People who used the service told us they felt safe. Comments included, "I feel so safe and I have no concerns, my family is delighted" and "I have no worries about abuse or poor care here, it is brilliant."

We looked at the environment and found the premises were well maintained and in good decorative order. Records we viewed showed that appropriate checks were made on equipment and the building, such as gas, electrical safety, the fire alarm and equipment. Refurbishment of communal areas was underway when we visited and plans were in place to renovate other areas in the building. We did find a malodourous smell present during the inspection, which we were told was an issue with the drains. The registered manager assured us that this was being addressed through the company's health and safety advisor and the surveyor for the building. On the second day of inspection, the malodourous smell was not apparent.

Fire safety arrangements were well documented. They included the home's fire risk assessment and fire alarm system checks. The registered manager ensured these were regularly reviewed. Fire drills were completed but we found they were not always documented. We discussed this with the registered manager who told us they would ensure records were implemented. People who used the service had personal emergency evacuation plans (PEEPs) in place within their care files. A PEEP is a bespoke escape plan for individuals who may not be able to reach a place of safety unaided, or within a satisfactory period of time, in the event of any emergency.

We looked at how the provider managed risk and prevented people being harmed. Care files we viewed contained detailed risk assessments which were specific to each person's needs. These were reviewed on a monthly basis or when people's needs changed. Staff we spoke with demonstrated a good understanding of safeguarding people who may be vulnerable.

Robust recruitment processes were in place to ensure that only people who were suitable to the role were employed. Disclosure and Barring Service (DBS) checks were made and references were in place prior to employment commencing.

Staffing levels were determined on a monthly basis through a dependency level tool. This tool assessed people's needs and the number of staff required to meet those needs. We found that staff were sufficiently

deployed throughout the service and people received support when they needed it. One person told us, "I am always being asked what I want and need", another person said, "I feel very safe and well looked after, it's safer than being at home."

People were supported to take prescribed medicines and a medicines policy was in place. This detailed the arrangements that were in place to ensure the safe management, storage and administration of medicines. Records we saw confirmed that staff had received training to enable them to administer medication safely and we saw that their competency was regularly checked. We observed staff administering medication in a safe manner. Regular medication audits were completed.

In relation to safety we made some observations where staff were not adhering to the provider's dress code for example, in relation to items of jewellery. We were reassured through discussions with the registered manager that they were aware of this matter which was being considered by the provider.

We reviewed the frequency and any provider's own oversight of accidents and incidents and then examined some incidents in more detail. We found a useful monthly analysis was put together which looks for key themes such as the time span when the incident occurred and whether it was witnessed or not.

We saw that accidents were recorded and followed up with appropriate first aid measures when people had sustained an injury. Where necessary prompt contact with emergency services and relatives had been made.

We discussed with the registered manager how the actual recording of accidents could be improved to include details such as time last seen and clear details of what staff had found or been told after unwitnessed accidents. We were able to go through our examples with the registered manager who reported recent revisions to the accident report format. We were assured that now the registered manager had taken back day to day leadership of the service that recording would be more closely monitored.

Good

Our findings

The service continued to be effective. At the last inspection, we found that staff were well trained and knowledgeable about the needs of people using the service. At this inspection, we found this continued to be the case.

People told us they received effective care from well trained staff. A relative of a person who used the service said, "The staff are very good, they understand my [relatives] dementia. They've got the knowledge and experience to do their job well."

Staff working at the service had comprehensive training plans in place. We saw people received effective care that was based upon best practice from staff who had received appropriate training. Staff who were new to the service told us they received a comprehensive induction programme. One staff member told us, "The training is very good, it taught me lot about what I need to look for and what I need to do." Staff were trained in areas such as safeguarding, the Mental Capacity Act, health and safety and medicines. We found that staff were supported through regular supervision and annual appraisals.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that four DoLS applications had been submitted to the relevant authority and the provider had fulfilled their responsibility. Staff we spoke with demonstrated they understood the principles of the MCA and we observed staff offering choice to people about the care they received. One relative told us, "My [relative] has dementia and can't always give consent, staff ring me regularly to update me, I am always involved in best interest decisions about their care."

A chef was employed to make the main meal of the day and they had a good knowledge of people's

preferences and dietary requirements. This was confirmed by a visiting professional who told us, "They are very strong on specialist diets. The chef personally goes to see people to discuss their preferences." Care plans we viewed detailed the support people required at meal times. We observed a lunch time experience. Staff provided support to people in a caring and unhurried manner. People were consulted about what meals they would like to see on the menu and people could eat their meal where they preferred. One person told us, "I can eat in my room if I want; sometimes it's nice to be quiet."

The care plans which were in place detailed the involvement of relevant professionals to support current need, for example the involvement of district nursing staff for wound care. There were full contact details for professionals involved in people's care and support listed on people's care plans.

The environment was arranged and presented in a way that supported people with a cognitive impairment. We observed people freely moving around the service confidently and independently. Signage throughout the service was clear and included pictures, as well as words. This supported people to orientate themselves, for example, to the location of the toilet facilities. Décor throughout the service had been chosen specifically to ensure a 'dementia-friendly' environment. There were quiet spaces available to people if they needed a less stimulating environment and there was access to a secure garden if people wanted to access outdoor space.

Good

Our findings

The service continued to be caring. At the last inspection, we observed caring and compassionate interactions between staff and those they were supporting. At this inspection, we found this continued to be the case.

People who used the service told us they were well cared for. One person we spoke with said, "My care is good and the staff are kind. They are always so busy, they are very dedicated." Another person said, "The care here is really excellent. I enjoy every day."

We found that staff had developed positive caring relationships with the people who used service; we saw banter and genuine warmth between people. We saw that people were treated with kindness and compassion. All incidents /accidents were dealt with carefully, professionally and with compassion and understanding. We watched a resident being supported to deal with an accident and we observed the member of staff to be kind, patient and respectful throughout.

Our discussions with staff demonstrated they knew people they were supporting very well. Any changes or concerns regarding people were shared with staff during handovers to ensure the staff team on duty had the most up to date information. Our findings were confirmed by a visiting professional who told us, "They know the people they support so well, it's the best; I would put my Mum in here."

People's privacy and dignity was respected by staff. A person who used the service told us, "I wasn't sure how I would feel about having help with personal care. But the staff have been really good and gentle with me."

The registered manager had a procedure in place to respond to people's needs around equality and diversity. This covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified this information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services Normanby House provided.

We spoke with staff, the manager and to people who used the service about the culture of the organisation. Staff spoke with great pride about the people they supported. It was evident they were highly motivated to provide care and support that was kind and compassionate. A relative of a person who used the service said, "There's a lovely atmosphere in the home. The staff all get on very well, they relate well with the residents and they are always welcoming and friendly to me."

People we spoke with told us they were involved and kept up to date by the staff at Normanby House. One person told us, "My [relative] sees to my care plan and if it is OK for them then its fine for me." Another said, "I tell my family if I have any worries and they will deal with things for me."

We saw that, when required, the registered manager developed good end of life care pathways for people who used the service. This was done in collaboration with local hospice palliative care teams and the local doctor's surgery. A visiting professional told us, "They support end of life care really well. They work well with the hospice at home team and are very good at working with everyone involved."

We were able to spend time with one person who was receiving end of life care but unable to speak with us. We saw they were comfortable in their bed with lots of their personal effects and items of furniture around them. Their relative spoke very highly of the entire care service and staff team which included lots of support for her. Most importantly the whole family were involved and consulted with about everything that happened and any change to their relative's condition. This empowerment and recognition meant a great to all of the family and clearly helped the person to feel safe and cared for.

Good

Our findings

The service continued to be responsive. At the last inspection, we found the information contained in care files was personalised to the individual receiving support and clearly documented people's wishes and needs. We found the registered manager ensured people had a personally tailored care plan which detailed their preferred methods of care. At this inspection, we found this continued to be the case.

People's care files documented how people wanted their care to be delivered and contained information on their choices and preferences. For example, a care file detailed that the person liked to have biscuits or snacks when awake at night. Another stated that the person liked a tot of whiskey on an evening.

People's care files were reviewed on a regular basis to establish what was working well and what was not. This meant that there was a system for reviewing people's care to ensure that the care they received was meeting their needs. Where people's needs changed, for example due to a medical reason, there care files were updated accordingly. We saw at one such meeting a person had highlighted that they would like to have more opportunity to visit a local supermarket. This was put into place for them.

People were supported to access community activities if they wished. Trips out were organised by the staff and wheelchair taxis were used to take people to places such as the local garden centre. We observed people being supported by staff to go out for a walk and to the local shops; people were also supported to access the external grounds of the service. We found the service had good links with the local community. Children from a local nursery visited twice a month and a church service was held once per month to support people's spiritual needs.

Activities were on offer in the service on a daily basis and the weekly activities schedule was advertised in the communal areas. Activities included, wine tasting, pony therapy, bird of prey visits and visiting entertainers. People were supported to attend if they chose to do so and people's opinions on the activities schedule was sought at regular 'residents meetings'. One person told us, "Sometimes people come in and entertain us, its ok. I like the exercise to music when we have it."

There was a complaints policy in place and we saw that any complaints were dealt with promptly and effectively. We identified that not all eventual outcomes and conclusions of individual complaints had been recorded. We discussed this with the registered manager who agreed to look at this. . People told us they knew how to complain but said they had not needed to do this as they preferred to have a chat instead of making a complaint. People remained confident that their concerns would be dealt with by the staff.

Good

Our findings

The service continued to be well-led. At the last inspection, we found the registered manager to be very supportive and well respected by the staff team and people who used the service. At this inspection, we found this continued to be the case.

The same registered manager was in post and had recently come back into the role after a short break. 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 consistently told us the registered manager was supportive and the service was well-led. One person told us, "The manager is very approachable, very supportive and very caring. They ask if I have any problems or concerns and all of my questions are answered, they are very happy to help." Staff told us they would feel confident reporting any concerns or poor practice to the registered manager and felt that their views would be taken into account. One member of staff told us, "The manager is 100 percent approachable. They are a lovely person, very understanding and they will take time out to support you if you need it."

The registered manager continued to hold regular team meetings where staff were encouraged to share their views to support the improvements in the service. There were 'resident meetings' once per month and a social meeting for relatives which were held twice per year.

We observed management and staff communicating in a way that demonstrated a transparent and open culture. When any incidents or safeguarding issues arose the manager reflected on these with staff to encourage learning and development. Discussions were held at team meetings and lessons learned were cascaded to staff and shared openly.

The registered manager welcomed feedback from people who used the service and the staff that they employed. A 'You said, we did' notice board was displayed in the entrance to the home. The notice board detailed the findings of the most recent survey, September 2017, and the actions taken. It showed that people were consulted about the colour scheme for the planned re-decoration of the service. It also showed that where people had indicated a preference of activities within the service that these were considered and implemented.

The records we viewed were well organised and staff were able to access what they were looking for immediately.

The provider completed quality assurance visits to ensure that the service continued to be safe and well-managed. They completed regular unannounced inspections of the service and where concerns or areas of improvement had been identified, appropriate action had been taken. There were clear policies and procedures in place for staff to follow and audits of areas of the service had been carried out.

Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission as required to ensure people were protected through sharing relevant information with the regulator.