

Norse Care (Services) Limited

High Haven

Inspection report

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29 May 2019

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

About the service: High Haven is a residential care home that was providing accommodation and personal care to 31 people at the time of the inspection. Care and support are provided in three separate areas, including a reablement unit, and a dementia care unit.

People's experience of using this service:

The risks to the quality and safety of the service were identified and acted on. There were enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe, and people had access to appropriate equipment where needed. People were supported to take their medicines in a safe way.

People, their relatives and staff told us the registered manager was approachable and they felt listened to when they had any concerns or ideas. Some community professionals we spoke with gave us mixed feedback about their relationship with the home's management. Both the home's management and community professionals told us that work was underway to make improvements in this area.

Staff had received appropriate training and support to enable them to carry out their role safely.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively supported people to maintain links with their friends and family.

People's records clearly identified their preferences. Staff provided effective care for people, which met their needs through person-centred care planning. This enabled people to achieve positive outcomes and promoted a good quality of life. People enjoyed an extensive programme of activities both in the home and accessed the local community regularly. Complaints were managed within the provider's stated process.

Staff were motivated and enjoyed good team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: Good (Published September 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

High Haven

Detailed findings

Background to this inspection

The 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, which for this inspection was the care of adults, some of whom were living with dementia.

Service and service type:

High Haven is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. Inspection site visit activity took place on Wednesday 24 April 2019.

What we did:

- We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- We spoke with 14 people who used the service and 10 visiting relatives or friends.
- We also spoke with six members of staff including managers, carers and the cook.
- We spoke with four community health care professionals who provided support to people living at the

service or using the reablement service. We spoke with two of these professionals by telephone the day after our inspection visit.

- We asked for and received feedback from the local authority quality assurance team.
- We observed how people received their care in communal areas of the service. We used the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We looked at records in relation to people who used the service.
- We also looked at records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.
- People told us they felt safe. One person told us, "I feel safe here, perfectly safe."

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed, and measures were in place to mitigate risks. Staff were familiar with the plans in place to manage the risks. This included risks associated with health conditions, mobility and nutrition. The registered manager told us that no one could be admitted to the home unless they had been assessed by one of the home's managers. This was to ensure that people could be cared for safely.
- Risk assessments allowed for positive risk taking and enabled people to stay independent or benefit from being supported to regain independence whilst staying on the reablement unit.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEPs) in place so that staff knew how to assist people in an evacuation. Arrangements had been made the provision of shelter, hot drinks and food should the home need to be evacuated.

Staffing and recruitment

- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.
- People and relatives felt there were enough staff to meet people`s needs in a timely way. One relative told us, "There's always someone around, and they always seem to know where you are. They [staff] are always popping in to see how you are." On the day of the inspection we saw that staff were quick to respond to people`s needs and answer call bells promptly. Staff had time to spend with people and did not need to rush their care or support.
- The registered manager regularly reviewed the numbers of staff needed in line with the changing population of the home. The numbers of people staying in the reablement unit could significantly vary, but the registered manager told us they ensured people would only be admitted to the unit if their needs could be met safely. For example, there was a limit to the number of people requiring two staff to help them during the night, because less staff were on duty.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately.

- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. One person told us, "Everything is very clean here and they keep my room clean."
- Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the home. Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed, this helped ensure that staff could continue to meet people's changing needs. Guidance for staff in these plans reflected best practice guidance for health and social care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. The provider invested in face to face training which was carried out by the provider's own accredited trainers. Staff we spoke with told us that they enjoyed their training and felt that had sufficient skills to provide high quality support to people.
- Staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a good choice of food and drinks provided. Specialist diets were catered for. People could ask for an alternative option if they did not want the choices on the day's menu. One person told us, "Today's meal was immaculate as always. You always have a choice, and they ask you what you want."
- Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician. People were offered drinks and snacks regularly throughout the day and could help themselves to fruit and snacks that were placed in areas around the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We received mixed feedback from community healthcare professionals. Some felt that communication between staff at the service when a person's needs had changed needed improvement and gave us a recent example when important information had not been handed over in a timely way. Other community professionals felt that the service provided good healthcare support to people. People and their relatives

were all satisfied and confident that they received appropriate support to access healthcare.

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists. Information was shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The service had recently undergone renovation work to modernise and improve its environment. In addition to aesthetic improvements, changes had also been made to some rooms in order to meet the increasing needs of people looking to move.
- In the dementia unit, adaptations had been made for the benefit of people living with dementia to navigate around the home more easily. This included contrasting colours between handrails or walls, and more easily distinguishable bedroom doors, using photographs and pictures familiar to the person.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We saw staff asking for people`s consent before providing them with support. People were offered choices and encouraged to express their wishes. Staff gave us examples of how they offered choices to people who could not hear or speak.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw caring interactions between care staff and people in the home. Staff greeted people and their relatives when they saw them, offering support and reassurance where necessary.
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff knew how to understand a person's mood by observing body language or facial expressions.
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Our observations confirmed this. One relative told us, "The staff do an excellent job. They know [family member's] foibles, and they really look after [family member]."
- People told us staff were very kind and treated them with respect. We witnessed many positive interactions between staff and people they supported which were warm and friendly. One person said to us, "I'm quite happy here, it's all very nice and if I want something there's always someone around to ask."
- Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed.

Supporting people to express their views and be involved in making decisions about their care

- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- People told us that they were offered choices and felt in control of the care they received.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this.
- Relationships were encouraged. Visitors were made to feel welcome and had no restrictions on visiting times.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us their family members received care and support as they liked it. People we spoke with were complimentary about the quality of care they received, and that it was provided in the way they wished it to be.
- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- Care plans detailed people's preferences, likes and dislikes. For example, their food likes and dislikes. Staff knew what people liked and offered favourite foods to people at meal times.
- There was a wide range of activities provided to people and these included exercise, musical entertainment, gardening, trips to local points of interest, card games or quizzes. The activities co-ordinator was proactive in engaging with people to find out how they wanted to enjoy their leisure time and keep healthy.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no complaints about the service. However, they said they knew how to complain if they had any concerns. One person told us, "The managers put their head around the door and ask how you are. I haven't got any problems, but I could talk to them if I had any. We're always being told just to ask us if you want something, and we'll try and do it for you."
- People's relatives told us they thought the management team were responsive and they dealt with any concerns promptly.

End of life care and support

- The service provided end of life care for people. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- The service had attained accreditation with the Six Steps programme. This is a recognised pathway in supporting people with high quality care at the end of their lives.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager carried out spot checks to monitor the quality of care. They also met with staff regularly to check their knowledge and skills.
- People and their relatives knew who the registered manager and deputy manager were and told us they spoke with them frequently. One relative told us, "I've worked in care homes, and I would say this one is five star. I've fought to get [family member] in here. It's always very clean and the staff are great, always smiling and they seem to get on well together."
- Staff felt listened to and told us the registered manager's door was always open if they needed support. One staff member told us, "I love working here, we all get on."
- The registered manager was experienced in the care and support of people living with dementia. They told us that they felt very well supported by the provider and received extensive training in dementia support, including attendance at an international conference on Alzheimer's disease.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. The registered manager had an overarching governance system to ensure that good quality care and support was provided.
- Staff told us they felt valued and listened to by the registered manager and provider. We saw that staff had one to one support appropriate for their job roles.
- Accidents and incidents were used as an opportunity for learning and improving. The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that

managers as well as staff attended.

- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.
- There were regular staff meetings, and staff told us they were able to raise their point of view and share learning points and ideas to improve the quality of care.

Working in partnership with others

- The registered manager told us that they had sought to improve communication and relationships with community-based health professionals. This had included meetings and discussions to focus on joint working to achieve the best possible outcomes for people using the service.
- The registered manager was clear of their role in providing responsive reablement services for people over shorter periods of time within a service that predominately provided residential longer-term care. They told us that they worked to be flexible and responsive to meet these needs, but ensured they were able to do this safely and within the regulations monitored by the Care Quality Commission.