Norse Care (Services) Limited

Munhaven

Inspection report

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Date of inspection visit:
14 September 2016

Date of publication:
12 October 2016

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

This inspection took place on 14 September 2016 and was unannounced. The service provided accommodation for up to 20 persons who require nursing or personal care. There were 20 people living in the home when we inspected, all of whom were living with dementia.

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. There was a registered manager in post.

People were safe living in the home and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. The home had thorough risks assessments in place to provide guidance to staff to keep people safe. There were enough staff to provide people with safe care.

Staff were competent in their roles and received relevant training, and they had dementia champions in place. The home supported people to access healthcare when they needed, as well as to eat a good choice of freshly made and to drink a sufficient amount. There were drinks available throughout the day in all areas of the home.

People had individualised support plans in place which included their likes and dislikes, and their personal histories. Staff knew people well.

Without exception, people were treated with dignity and respect. Staff asked for consent before delivering care, and supported people to make their own choices. People's relatives were involved with their care when appropriate, and the home actively supported people's relationships with their loved ones.

There were activities on offer which included daily in house sessions such as games or pampering, as well as regular visiting entertainment such as singers. People were engaged with staff and supported with their communication.

The registered manager was supportive to their team, who had a good morale and consistent approach to working with people. There were systems in place for monitoring and improving the quality of the service.

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.

Staff knew how to protect people from harm and where to report concerns.

The environment was kept safe and risks to individuals were well managed.

People were safely supported to take their medicines, and there were enough staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by trained staff who were competent in their roles.

People received enough to eat and drink, and there was plenty of choice.

Staff sought consent from people before providing support to them.

People were supported to access healthcare.

Is the service caring?

Good

The service was caring.

Staff delivered kind, compassionate care and engaged with people. They adapted their communication in order to support different people.

People's dignity and privacy was always respected.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in activities and see visiting

entertainment. The service involved people and their families in their care when they wanted. Their needs had been individually assessed to ensure the service could support them.

People's changing health needs were responded to promptly. Feedback about the service was responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager was familiar with everyone living in the home, and supported staff well. Staff worked as a team and had a positive approach.

There were systems in place for monitoring and improving the service.

Munhaven

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 was carried out by one inspector. This was an unannounced inspection.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider also 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.

During the inspection, we spoke with four relatives who regularly visited the home. We spoke with six members of staff in the home. The staff we spoke with included two team leaders, two care assistants, the cook and the registered manager. We carried out observations within different parts of the home. The following day, we contacted a healthcare professional who regularly visited the service.

We looked at care records and risk assessments for two people who lived at the home and checked five medicine administration records. We reviewed a sample of other risk assessments and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People's relatives we spoke with said that they felt people were safe living in the home. The staff we spoke with all had good knowledge of what types of abuse people could be vulnerable to, and how they would report any concerns. They said they would tell their senior care worker or an outside agency such as the local authority if they had any concerns. Staff said they would feel comfortable to report poor practice if they saw any. We saw that they had all received safeguarding training, and information about who they may need to contact to report any concerns was displayed publically. A staff member we spoke with said, "I'm here to protect people." This contributed to the culture of protecting people from harm and keeping them safe.

People's care records contained detailed risk assessments which included risks associated with using equipment to support people to move around. Other areas of risk assessed included people's medicines, individual health conditions, falls and wheelchair use. They provided guidance to staff on how best to mitigate the risks. There was a comprehensive system in place for reporting incidents and accidents.

Where people were at risk from pressure areas, they had equipment in place such as pressure relieving mattresses. Risks were also assessed using body maps and the recording of any high risk areas in people's care records. Staff were able to tell us what they would report if they were concerned about someone's skin, and people were repositioned when they required. We saw records confirming this, and that relevant healthcare professionals were involved when needed.

We saw other records relating to the safety of the home which included the maintenance and testing of fire extinguishers, lifting equipment, gas and water safety as well as electrical equipment. All checks we looked at were up to date, which contributed to keeping the environment safe for people to live in.

There were enough staff to keep people safe. The registered manager showed us the dependency tool they used for assessing how many staff people required. People's relatives told us that their needs were met, but they felt that there were times when there should be more staff available to spend more time with people. We observed during our visit that staff were present in communal areas, and that people received support when they needed. The registered manager confirmed that they always used their own staff to cover sickness and annual leave, at times covering it themselves. We saw the staff rota which confirmed the number of staff that we were told, and this was consistent over the last month.

There were safe recruitment practices in place. The home carried out appropriate checks on staff before they were employed. These checks included criminal record checks, employment history, references and identification. The registered manager confirmed that people would not be allowed to start work without these in place. This demonstrated that only staff that were deemed suitable, were able to work there, contributing to people's safety.

People received their medicines as they had been prescribed, by staff who were trained to administer them, and they were stored securely. We looked at five people's medicines administration records (MARs). Each record contained a front page which included the person's picture, any details of allergies or side effects.

The second page contained a picture of each individual medicines along with a description. We found that the system in place was well equipped to minimise the risks of giving people anything they were allergic to and of someone receiving the wrong medicine. Records had been completed and each medicine signed for by the team leader. We looked at a sample of the boxes containing medicines to be given, and we found that where it had been signed for, the medicine had been given. We observed that when people received medicine within a communal area, it was carried out discreetly by staff.

We saw that there was a clear policy in place for the administration of medicines that could affect people's behaviour, and we could see that these had been given only according to the policy. Where medicines carried a higher risk, two members of staff had signed to administer it. 'As required' medicines were administered and recorded appropriately. People had their medicines reviewed when they required by their GP. The creams and lotions which people had were kept locked in their rooms. The team leader told us that they had the opening date labelled on them and they were checked monthly. This meant that they were kept safely and monitored for the person's own use. We saw a recent detailed medicines audit which had not found any problems with recording or administration.

Good

Is the service effective?

Our findings

All of the relatives we spoke with felt that staff were competent, one saying, "The [staff] are so good." Another relative said that the care was very good, "It's excellent and I'm very particular." The healthcare professional we spoke with said, "They're very professional." Staff received training which included first aid, manual handling and dementia awareness. We saw records of training, and where some training was overdue, this was organised and had been booked for people to complete.

Two members of staff had recently completed the 'dementia champion' training. This is a recognised course provided for care staff to learn more about dementia and enable them to provide further in-house training for their peers. One team leader explained how the course had helped them to support people with dementia. They gave examples of providing reassurance to people when they were distressed, and gaining understanding of each person's views. The team leader explained that a part of their role was to carry out observations. These were a tool developed within the service, to observe the care given to an individual over a fifteen minute timespan. It included rating the person's emotional wellbeing, level of engagement and staff interaction. It was then used to inform an action plan which was later reviewed. We saw these completed within the care records we looked at. This demonstrated to us the home's commitment to giving and improving responsive care based on the individual.

There was an induction process where new staff shadowed more experienced staff in order to learn about their roles, and went through a probation period. During this time staff received supervisions and their competency to perform their role was assessed. New staff were also required to complete the Care Certificate. This is a current qualification where staff learn about care delivery and good standards of care.

Staff told us that they had some formal supervision in which they could discuss their performance and raise any issues. We saw that there was a schedule for these to be completed over the year. However, staff told us that they did not feel they had to wait for supervisions in order to raise any concerns or training requirements with the registered manager. They said they would always approach them if they needed to. One member of staff said that they would be undertaking training with regard to the provision of end of life care, as this was something they had approached the registered manager with.

All of the relatives we spoke with said that the food was very good and people received choice. At lunch time, one person living in the home described the food as, "Like hotel food". Staff told us that people always had a good choice of food. The inspector was invited to have lunch with the people in the home, which provided an opportunity to chat with people and experience a mealtime in the home. The mealtime was a happy and sociable experience as people were chatting to each other and staff were responsive, ensuring that people had drinks. Staff offered aprons to people, who wore them to protect their clothes if they wanted. The staff, some relatives and people living in the home all ate together and there was upbeat classical music on which lent to a pleasant atmosphere. We observed that people used red plates, which the registered manager explained made it easier for people to see what was on their plates. We observed that most people ate well, and the food was warm and freshly cooked. There was also a large choice of homemade desserts.

The cook explained that they got to know people's likes and dislikes. They said they would always make something else for someone if they didn't like either of the two main options at lunch time. One member of staff said, "There's always food whenever someone's hungry." This was confirmed by a relative we spoke with. The cook explained to us how they were made aware of any dietary requirements such as diabetic diet, fortified diet or soft diet. This was through a handover sheet that was regularly updated and regular communication with the staff. They also explained how they used food rather than supplements, for the most part, to increase or decrease people's calorie intake where they needed, and this was effective for providing people with good nutrition. The cook explained how they gave relatives recipes for meals to accommodate people's needs when people left the home following their respite stay. They were able to give examples of how they had helped people who were underweight put on weight during their stay at Munhaven.

People had drinks throughout the day, and drinks were available in all the communal areas throughout the home. Relatives and people could also get drinks from the refrigerator in the dining room when they wanted. This helped lower any risks associated with not drinking enough. During hot days people were encouraged to have an ice lolly, as was the case during our visit. Where people who required additional support for eating and drinking, staff recorded their intake. However, we found that this information was not used further, in that people's total intake was not totalled in order to see if they were drinking enough, or consistently over a period of time. We discussed this with the registered manager and they said they would review this process in order to further use the information recorded for people's benefit.

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. We saw in people's care plans that they had received mental capacity assessments, however they were not always detailed with specific decisions. One assessment that we looked at had some contradictory information, which meant that it did not confirm whether the person had capacity, and for what decisions.

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The registered manager had applied for a DoLS authorisation for everybody living in the home, but had not yet received authorisation. However, we found that some people had been assessed as having capacity, and were not being deprived of their liberty, and therefore would not require a DoLS application. We discussed this with the registered manager, who told us that her managers had requested that everyone in the home was applied for. However, they said that they would immediately review all of the mental capacity assessments in detail, making them decision-specific, and whether someone would require a DoLS or not. They said they would inform the local authority to remove some of the applications if necessary.

We checked whether the home was working within the principles of the MCA. Although not all staff could remember having formal training in MCA and DoLS, they were able to explain how they approached people who lacked, or had variable capacity. They demonstrated a good understanding of assuming capacity, making decisions in people's best interests and helping them to understand information. Where people wanted to do something, staff would do it with them rather than stop them doing something so they supported them to make decisions. We observed staff asking consent from people before delivering support to them.

People had timely access to healthcare. All of the relatives confirmed this. The healthcare professional we spoke with said, "If someone needs a referral it's done straight away." We saw records in people's care documentation that they had been involved with dieticians, speech therapists, and the GP when they needed.

Good

Is the service caring?

Our findings

All of the relatives that we spoke with said that staff were caring, one saying, "They look into their face when they talk to people. Everyone is treated well." Another said, "They [staff] are brilliant, they laugh with [relative]." The healthcare professional we spoke with said, "It's the most caring home I've worked in. [Staff] take in that everyone is different. They take the time to get to know people." They gave us an example of how staff had helped someone avoid distress during their session by going through some photographs with them and providing reassurance throughout. This had a positive impact as the person was able to receive the support they needed and consent to it, because the staff knew how to help them. We saw during our inspection that staff treated people with respect, and were kind and compassionate towards them. We saw one member of staff reassuring someone who was distressed, and they responded well to this. Another staff member explained, "If someone is distressed I step into their world and try to see what they see."

One relative we spoke with gave examples of how staff supported their relative to do what they wanted during the day, if they wanted to go for a walk or go in the garden. The home encouraged staff to have 'butterfly moments' with people. This was a way of engaging with people throughout the day on any level, for example always speaking to somebody if they passed them in the corridor, or taking a moment to sit and chat with somebody at any given opportunity. All of the staff we observed and spoke with followed the home's ethos of enabling people, and we saw that people were often interacting with each other or staff. The registered manager explained how their approach greatly reduced conflict and distress within the home, because staff helped people do what they wanted.

Although staff said there were enough staff to keep people safe and meet their needs, some felt that when supporting people in pairs, they were too busy to spend extra time with people. This was also reflected by a relative we spoke with who said that there were, "Not enough of [staff]." This meant they did not always have time to spend with people on a one to one basis to talk, outside of delivering direct care. One member of staff said that the main time they had a good chat with people was during personal care, rather than having separate time for this. Other staff we spoke with stated that this was only at certain times of the day when they were busier, for example in the morning. They said that otherwise they felt they did have the time to spend with people. This meant that at times, there was compromise with regards to staff building relationships with people.

One relative we spoke with said that they felt they were kept involved of any changes in their relative's care, and the staff kept in touch by phone. The relatives we spoke with told us that they had been consulted during their relative's assessment of support needs before moving into the home. Other relatives told us they were directly involved in their relative's care if they wanted, and this involved supporting their relatives to eat or being involved in their personal care if they wished. The home was flexible in that relatives could be as involved as they wished in the care of their loved ones.

All of the staff including the management team and the kitchen and domestic staff knew the people well. The home had several staff members who had worked there for a long time, and they said that this had helped them get to know people living there well. One staff member said, "I know them well, I talk about

their families, their past employment…"

Staff we spoke with told us how they encouraged people to make choices, for example showing them different options to wear in the morning. We observed that at lunch time everyone was shown the meals available on two different plates and then they would be served the meal they had chosen. A relative confirmed that this was the case every day for each meal, and as a result their loved one always ate whatever they fancied at the time.

Staff told us about different ways in which they helped people to maintain their independence, whether during personal care, going outside or doing an activity. One member of staff told us how they would supervise one person to make their own cup of tea. An item within the registered manager's action plan was to start some cooking groups with people. Where people required equipment to aid their independence, the home supplied this, for example adapted cutlery or mugs.

The registered manager explained to us that they felt the approach used to working with people living in the home enhanced their wellbeing and quality of life. This was reflected by a relative we spoke with. The registered manager and all of the staff we spoke with explained how important it was to communicate with people on an individual basis, which meant living in their world and responding to them appropriately and avoiding distress for people wherever possible. A member of staff showed us a 'visual aids book' that they used with someone to help them communicate their needs to staff. They said this had greatly reduced the person's frustration. We observed during the inspection that staff communicated well with people.

One member of staff told us how the environment has helped to increase people's independence, privacy and dignity. They told us that one person had required supervision from staff to use the toilet, but that since the home has supplied red toilet seats, the person could now see better and use the toilet by themselves. Other equipment which the home supplied to increase people's independence in using the toilet included portable toilet roll holders. This meant that people with restricted movement could put the toilet roll wherever they needed it in order to avoid having additional support in from staff. An example of this being important was when a person had suffered a stroke and had limited use of one side. This further enabled some people to maintain their independence, as well as increased people's privacy and dignity.

People were supported to maintain close relationships with their loved ones. Without exception, all of the relatives we spoke with said that they were made to feel welcome by the staff. The staff described how they helped one person to keep in contact with their family who lived abroad by using Skype weekly with them.

Good

Is the service responsive?

Our findings

One relative told us, "They keep care plans up to date daily, and anything not quite normal is recorded." The care plans we looked at contained details of people's life histories, as well as details about preferences, needs, likes and dislikes. They also contained succinct guidance for staff to follow in order to support someone. Before coming in to live in the home, we saw that detailed assessments had been carried out to ensure that the home could meet people's needs.

We saw that care plans were updated to reflect people's changing needs. The registered manager stated in the PIR that people had additional yearly reviews of their care plans with the home and social worker. One relative we spoke with confirmed that this was the case. We saw that the home used the 'Abbey Pain Scale' in order to ascertain levels of pain in people who were not able to communicate verbally. This helped them respond accordingly if someone was in pain. Each person had a comprehensive booklet which contained a care summary for in case they needed to go into hospital, so that they could communicate their needs. The staff told us that people got up and went to bed when they wished, and if they wanted, could spend time in their room or one of the communal areas.

The registered managed held a 'dementia day' where they carried out a training and information session on dementia for relatives, including a film as well as information given by the dementia champions. One relative said, "It's helped me understand." The registered manager also told us how people benefitted from this as their relatives had a better understanding of the best way to interact with them. They said that when people understood more about living with dementia, they would no longer challenge them and live in their world when spending time with them. This in turn decreased their distress and confusion. Further to this, following a meeting for people living in the home and their families, the registered manager decided to put together an information table in the foyer. This included books, leaflets and other resources to do with living with dementia.

People were encouraged to participate in everyday tasks such as vacuuming, dusting and folding laundry. Where people wanted to do something, the staff responded appropriately. An example of this was that one person enjoyed dusting their room, so staff would supply the polish and duster and do this with them. This helped the person feel more at home. The registered manager also gave us an example of one person watering the garden with the kettle, so they obtained a watering can for the person to continue doing this safely. One relative we spoke with explained how their relative liked to feed the chickens in the garden every day and collect the eggs. This gave them a sense of purpose. The home had also obtained a shed for one person and put tools from home in it so they could spend time in there, as they had spent a lot of time working in their shed at home.

The home held various fundraising events and parties throughout the year. All of the relatives we spoke with told us about the Christmas party, where there was a great deal of food and entertainment and all families were invited. The registered manager also showed us pictures of the recent garden party they had held.

The registered manager had organised along with another staff member, to get involved with the 'Archie

Project.' This involved the local Brownie group going in to do various activities with the people in the home, which was planned. This would help the home to maintain involvement with the local community as well as to increase social inclusion for the people who live there.

We saw that there was a timetable of various daily activities, which the registered manager told us were flexible according to what people wanted to do on the day. These activities included games, signing and pampering. During the inspection we saw staff engaging people in an activity involving using a vacuum to pick up sweets. Several people were participating this and laughing along with it. There was also a schedule of visiting entertainment, including singers. One relative we spoke with said they enjoyed this with their relative, telling us, "We have a dance." We saw many pictures of people engaging in various activities around the home. There was a piano in the home which some people used. There was also a therapy dog who visited the home every few weeks, which we saw pictures of. The healthcare professional we spoke with said that there was always something going on when they visited. This showed that people were supported to engage in activities and socialise.

We concluded that those who preferred not to socialise, or were unable to join in, did not always receive as much stimulation. Some relatives said that they felt their relative would benefit from more one to one activity time and stimulation, where they were unable to participate in group activity. They felt that more staff being available would facilitate this. One member of staff said that although they carried out activities with people, they would like to have more time to spend on a one to one basis with individuals and take them out more often. The registered manager assured us that they provided one to one time when they could. They had also drawn up an action plan which included the introduction of more equipment such as talking books and puzzles this year.

The environment was specially adapted for the wellbeing of people living with dementia, and this included colours to increase their ability to see properly. There were birds in cages in one area of the home, as well as a sensory wall which contained leaves and little artefacts such as knitted birds or butterflies. There was also a water feature in one of the lounges which helped to create a calming atmosphere. There was a lot of visual stimulus of different types on the walls, including a mural in one lounge showing a garden. There was a sandy seaside themed outdoor area which had various stimuli for people, as well as a pleasant enclosed garden area which people were free to use whenever they wished.

One relative said, "You've only got to mention something and they respond straight away." All of the relatives we spoke with said that they felt happy to raise any concerns directly with staff or the registered manager. The home held regular meetings for people who lived in the home and their relatives, where people could share any concerns or ideas. The registered manager told us about some actions that they had taken following these. We looked at a folder containing complaints and compliments and saw that the home had received many compliments and thank you cards from people. There had not been a complaint recently, however we could see that any historical complaints had been investigated and resolved.

Good

Is the service well-led?

Our findings

There was a positive morale of staff working in the home. One relative said, "They really work as a team." Another told us that they had observed that staff had a "Really good work ethic." A member of staff described working in the home as, "A very supportive environment." We saw that they worked as a team and helped each other during our visit.

People and their relatives found the management team helpful. One relative said that the management team were, "Ever so good, you can ask them anything, they've always got time." Another said they were, "Really friendly and helpful in all ways." We saw that the registered manager was familiar with everybody living in the home. The organisation had an awards system for their homes. The home had won the Norse Dementia Service of the Year Award 2015. They had also received nominations for Care Support Worker of the Year as well as Team Leader of the Year, and Manager of the Year. As well as the organisation's awards, the home had been nominated for the best Dementia Care Home and Dementia Team, in the National Dementia Awards 2016. This demonstrated to us that good leadership was in place.

Staff and relatives told us that the registered manager was always available, and the registered manager confirmed that they were always available on the phone even when off duty. They said that they often worked during weekends and with staff in delivering care to people. This was to maintain their knowledge of people and staff, and because they enjoyed participating in the delivery of care as well as management. The registered manager confirmed that they supported staff, and they also carried out regular spot checks including at night. This was to support staff and ensure that they were fulfilling their roles.

There were systems in place to ensure the effective running and improvement of the home. There was a yearly quality assurance audit which had led to actions which were completed in the last year, and some still under way. Recent audits carried out by staff from the home's organisation focussed on customer care, security and phone calls. They had also carried out a care plan audit. There was also an audit in place regarding infection control, as well as a checklist to ensure that the home was covered within the daily cleaning schedule. We saw that detailed medicines audits were in place, and there had not been any recent problems.

The registered manager had made several improvements to the home, and we found that these were in line with what they had reported within the PIR. For example, their dementia action plan which had led to improvements in staff approach, and the dementia environment. As explained in the PIR, there were dementia champions and people were encouraged to speak with them. Additional training for other staff was being organised. They had also developed the dementia observation tool which had proved to be useful in improving staff practice and wellbeing for people living in the home.

The registered manager stated that they received regular visits from their regional manager within the organisation and could discuss concerns or issues with them. They felt supported in their role. The registered manager said that following our visit, which found some discrepancies regarding mental capacity assessments and DoLS, they would discuss this further with their regional manager.

The registered manager had reported notifications to CQC when they were required, and to any other organisations such as the local authority safeguarding team when required.