

CareTech Community Services Limited

Normandy House

Inspection report

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Tel: 01908673974

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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

About the service

Normandy House is a residential care home which provides care and support to older people with learning disability and dementia. It is registered to provide care for up to six people. At the time of our inspection five people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported by staff that knew how to keep them safe and knew how to raise any concerns regarding people's safety with the provider, the relevant safeguarding body and the Care Quality Commission (CQC).

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to respond to and report any concerns about people's safety and well-being.

Staff were safely recruited, and staffing arrangements met people's assessed care and support needs. People were supported to take their prescribed medicines safely. Staff followed good practice infection control guidelines to help prevent the spread of infection.

People were supported by staff who had the right skills and knowledge to provide care that met people's assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner which helped to support people's health and well-being.

People were supported to stay healthy. Staff encouraged people to live healthier lives, they encouraged healthy eating and supported people to attend medical appointments. Staff enabling people to socialise and develop and maintain relationships.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service very well and had built trusting relationships with them. People and their relatives, or advocates were

involved in planning their care and support. People's privacy and dignity was always maintained.

The registered manager and the provider closely monitored the quality of care and support people experienced and acted on people's feedback to drive continual improvements in the service. Policies, procedures and other relevant information was made available to people in formats that met their communication needs, such as easy read picture styles.

Effective quality assurance systems were in place to monitor the quality of the service. Actions were taken, and improvements were made as required. The service worked in partnership with outside agencies.

Rating at last inspection.

The last rating for this service was Good (published 6 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Normandy House on our website at www.cqc.org.uk.

Follow up

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

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Normandy House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Normandy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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.

We gave the service one hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

The provider was sent a provider information return to complete. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information received from commissioners.

During the inspection:

We spoke with two people who used the service and two relatives. We had discussions with four members of staff including the registered manager. We reviewed two people's care and medication records. We looked

at one staff recruitment file and records relating to staff training and supervision. We sample checked records relating to the management of the service, including the providers policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to keep people safe from avoidable harm and how to raise any safeguarding concerns. The registered manager had appropriately reported safeguarding concerns to the relevant safeguarding authority.
- Relatives confirmed they felt assured their family members were safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified. Detailed risk management plans were in place and regularly reviewed.
- Fire risk assessments and personal emergency evacuation plans (PEEP's) were in place which provided emergency services with the information they required to assist people in the event of an emergency.
- Routine checks were carried out on the suitability of the environment and equipment, so it was safe to use.

Staffing and recruitment

- Appropriate recruitment and selection practices were followed. Staff were checked for any criminal convictions and satisfactory employment references had been obtained before they started working at the service.
- Staffing levels met the assessed needs of people. Staff and relatives told us there were enough staff.

Using medicines safely

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines. Staff received medicines training and administered medicines followed the medicines policy. Protocols for administering medicines prescribed to be taken 'when required' were followed to ensure people received their medicines safely.
- Medicines were appropriately stored in locked cupboards and checks were carried out on the medicines administration records (MAR) to ensure any discrepancies were quickly identified and acted on.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- We saw gloves and aprons were available and used appropriately by staff.
- The home was clean and tidy.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This shows the service demonstrated good food hygiene standards.

Learning lessons when things go wrong

- Staff understood their role in reporting accidents and incidents. The registered manager closely monitored any incidents and share learning with the staff to ensure people received safe care and support. For example, ensuring hazards substances were not within people's reach.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's care and support needs were assessed and clearly identified prior to admission.
- People's needs, their history, and support required in relation to meeting their culture, religion, likes, dislikes and preferences were detailed in their care plans.

Staff support: induction, training, skills and experience

- The staff team had the skills and knowledge to meet people's needs. Appropriate training had been completed and ongoing refresher training was provided. This included specialised training to support people, for example autism and dementia care.
- An induction process was in place for new staff, which included core values and safety training and shadowing experienced staff until assessed as competent.
- A supervision and appraisal schedule was embedded in practice. Staff told us, the registered manager was very supportive and always available for advice.

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

- People's nutrition needs were assessed and met. People were offered a choice of foods from a menu that was available in picture formats to assist people with making informed choices.
- People's likes, and dislikes were recorded in their care plans. The staff were knowledgeable of people's dietary needs, food allergies and intolerances.

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

- The registered manager and staff worked well with external agencies to provide consistent, timely care. This included having key information readily available to support admissions to hospital to ensure consistency of care.
- People received timely medical support when they became unwell. One relative said, "The manager and staff always contact me immediately if [family member] is unwell."
- People had access to community-based healthcare services. Such as, dentist, optician, chiropody, GP and healthcare specialist appointments. Such as, an Abbott Nurse to support people with Epilepsy.
- Advice and guidance from healthcare professionals was documented within people's care records showed staff followed their guidance. A professional commented, 'The registered manager and staff team are very responsive and quick to highlight changes.'

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

- A repairs and refurbishment programme ensured the environment remained well maintained. Changes to the environment were managed in a way that caused the least disruption to people using the service. For example, any decoration or refurbishment work took place when people were away from the service.
- People's bedrooms reflected their individuality and were decorated in colours and themes people had chosen. For example, painted in the colours of their favourite football team
- The garden was designed for people to access and use independently.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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.

- People's capacity to consent to their care and treatment had been assessed. Best interests' decisions had been made by appointed family members and independent advocates when people lacked capacity to consent.
- Applications for authorisations under DoLS had been made and staff provided care and support in keeping with the agreed DoLS conditions. For example, staff ensured people that were unsafe to leave the home unsupervised were supported to regularly go out into the community.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives confirmed they found the staff to be very kind and caring. One relative said, "The staff are lovely, very caring [family member] gets on with all the staff extremely well."
- People using the service had difficulty verbally communicating to us their experience of living at the home. When asked if they were happy people gave a thumbs up and smiled. We saw people were very relaxed with each other and staff. We saw they initiated contact with staff, holding their hands, smiling and laughing with staff. One relative said, "[family member] is very tactile they are always giving the staff a big hug, it is their way of showing they feel safe and loved." We observed several interactions of people being affectionate with staff, which was always positively responded to.

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

- People had a member of staff assigned as a keyworker. Their role was to ensure the needs of the person were being met, to work closely with relatives and advocates. Relatives said they knew who their family members keyworker was and that they always kept in touch with them.
- People's care plans were detailed and contained information about their likes, dislikes and individual preferences. Staff were very knowledgeable about each person and worked as a team to provide consistent care.
- People had access to the services of independent advocates to support their rights to have choice, and control of their care and be as independent as possible. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. For example, with staff support some people helped with simple food preparation, in doing their own laundry, cleaning their bedrooms and shopping for groceries and clothing.
- The staff addressed people by their preferred name, and sensitively provided personal care and support. They spoke affectionately about the people living at the home, and showed the utmost respect when describing the care they provided for people. A relative said, "The staff are very aware of not drawing attention to any accidents or incidents that may be embarrassing for [family member], and always mindful of preserving [family members] self-esteem and dignity."
- Staff understood the importance of maintaining confidentiality. Information was only shared on a 'need to know' basis. Records in relation to people's care were securely stored away.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support based on their individual needs. The care plans had been developed with the involvement of the person, their relatives or advocates. They contained detailed information about people's life, their cultural and spiritual needs, hobbies and interests.
- Staff understood what was most important to people and followed the guidance within the individual care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available for people and others in easy read, pictorial formats. This helped people to make informed choices and effectively communicate their needs and wishes.
- The care plans had easy read documents to share information about them with others, such as health and social care professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their hobbies and interests. For example, one person liked to make jewellery, the person proudly showed us some jewellery they had made. Staff said, people enjoyed listening to music
- People were supported to develop and maintain relationships with people that mattered to them. One relative said, "When I visit [family member] I am always made to feel very welcome."
- People had planned activities that met their individual preferences. They were supported to continue with their hobbies and interests and take part in activities of their choice in the community.

Improving care quality in response to complaints or concerns

- The providers complaint procedure was made available for people and relatives, in written and easy read formats. Relatives spoken with confirmed they had full confidence that the registered manager would take any concerns or complaints seriously. They said the registered manager was very approachable and they had never had any cause to raise any concerns.
- The registered manager confirmed over the last 12 months no complaints had been received.

End of life care and support

- At the time of the inspection no end of life care was being delivered. Staff had received training in end of life care, and people's preferences and choices in relation to end of life care were explored. For example, one person had expressed when it came to receiving end of life care they would like to stay at the home and for staff to play relaxing music for them. They had chosen whether they wanted their body to be buried or cremated and what music they would like played at their funeral. They said they wanted their funeral to be a celebration of their life. This demonstrated the service supported people to consider in advance their end of life wishes.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had an open-door policy. Relatives and staff told us they were very approachable. We observed the registered manager interacted with staff well, they encouraged feedback from staff and supported them in decision making.
- There was a positive, forward thinking and open culture within the home. The registered manager and staff all shared a common goal to improve people's lives through enabling people to achieve their potential.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of the conditions of registration. They kept the Care Quality Commission (CQC) informed of reportable events and incidents in accordance with their statutory obligations.
- Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff to feel safe to whistleblow. Staff told us they were confident to raise any concerns and to suggest any improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people living at the home were listened to and acted upon. Staff used pictorial questionnaires to ask everyone for their views on the service they received. House meetings also took place that enabled people to express their views about the care and support they received.

Continuous learning and improving care

- The registered manager closely monitored the quality of people's care and health and safety aspects of the home. Audits were completed in areas such as, medicines, health and safety and infection controls. Where improvements were required, actions had been identified and completed.

Working in partnership with others

- The registered manager kept in close contact with health care professionals to continually review and respond to people's changing needs. They acted on the advice received from healthcare professionals in meeting people's needs. The feedback we received from commissioners was positive.

