Norse Care (Services) Limited

Harriet Court

Inspection report

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17 August 2016

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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

This was an unannounced inspection that took place on 16 and 17 August 2016.

Harriet Court is an extra care housing service which provides personal care and support to people who had their own tenancies on the site. At the time of the inspection, 37 people were receiving care.

There was a registered manager at the service, who had been in post since May 2016. 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 were enough staff to give people time for their care, and to ensure they were safely supported. People were safely supported with regards to their mobility, health conditions and medicines.

People were supported by staff who were compassionate towards them, and who knew them well. Staff promoted people's independence and provided opportunities for people to maintain this. They responded to any changes in their needs promptly, and kept people and their families involved in their care. Staff sought consent from people before delivering care.

Staff encouraged people to eat and drink enough, and supported them in preparing meals when they needed. Staff ensured that people had access to other health services when they needed.

The organisation provided training to staff to enable them to be competent in their roles, and they felt that they were well-supported. There was a culture of teamwork, and morale was good within the staff team.

The registered manager demonstrated good leadership and was committed to improving the service. There were systems in place to monitor and improve 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.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide the care that people required.

People received support to take their medicines, and the registered manager was working on improving the administration process for medicines.

Is the service effective?

Good

The service was effective.

Staff had received training and had skills to provide people with effective care.

Staff asked for people's consent before delivering care.

People received support and encouragement to eat and drink enough where appropriate. Staff supported people to access healthcare.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate.

People were involved in their care. Staff asked people how they wanted to be supported, and respected their privacy and dignity.

People's independence was encouraged.

Is the service responsive?

Good

The service was responsive.

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

People knew how to complain if they needed to and any concerns and complaints raised had been investigated.

Is the service well-led?

Good

The service was well led.

There was good morale of staff working as a team. People and staff felt comfortable to raise concerns.

The quality and safety of the care provided was effectively assessed and monitored.

Harriet Court

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.

The inspection was carried out by one inspector. This was an unannounced inspection carried out on 16 and 17 August 2016.

Before the inspection, we reviewed the information available to us about the service, 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.

During the inspection, we spoke with six people who used the service and four relatives of people who used the service. We spoke with six members of staff at the service. The staff we spoke with included the registered manager who had been in post since May 2016, the deputy manager, who had come into the service at the same time, a senior care worker and three care assistants.

We looked at care records and risk assessments for four people who used the service 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

We asked people if they felt safe with staff supporting them and they said they did, one saying, "Oh yes, you feel safe."

There were systems in place to protect people from the risk of abuse and avoidable harm. All of the staff we spoke with were able to tell us what they would look out for and report if they were concerned about anyone. They also told us who they would report concerns to, and where they would find information and contact details to report to agencies outside of the organisation they worked for, such as the local safeguarding team. We saw that this information was available on a notice board in the staff office. The registered manager was also clear about how to deal with any safeguarding issue should it arise.

We looked at care records which contained documents relating to risk to people's safety. They included risks assessments such as falls, supporting people to move and supporting individual's with other risks associated with their skin, or health conditions. The assessments provided staff with guidance on what they needed to do to reduce these risks. The deputy manager was in the process of reviewing the care records to ensure that risk assessments remained up to date. We could see that they had been updated where people's level of risk had altered. The staff we spoke with were able to tell us about how they helped people mitigate risks, for example in checking people's skin for redness. This helped people who were assessed as being at risk of developing pressure areas, be aware of any concerns regarding their skin.

We saw records of any incidents or accidents, including falls. Each record included information about the context around the fall and if any injuries were sustained, as well as what action the staff member took. Information about falls was then analysed by the registered manager and they took any further action. If the same person had suffered more than one fall, the registered manager would investigate this more, and if they had three falls, they would be referred to the falls team. We saw that where appropriate, accident and incident reports also documented what further action staff needed to take to prevent reoccurrence.

Staff had been trained in first aid and said they knew what to do in cases of emergency. They also told us they had good communication with their colleagues. They said that if they needed extra support to keep someone safe in their home, another member of staff was able to assist in a timely manner.

There were enough staff to meet people's needs. One person told us, "There's always staff when you need them." Where people told us that sometimes staff were later than they expected, they said it was not a problem as they knew they would turn up. The numbers of staff on duty had been calculated by the previous manager in relation to how many hours of care were required, based on each person's needs. There were bank staff, to cover any unexpected staff shortage, and occasional use of agency staff.

The organisation had systems in place to recruit staff who were deemed safe to work with people who used the service. These included criminal record checks, references and identity checks following interview.

People received their medicines when they needed them. We looked at a sample of medicines

administration records (MARs). We saw that there were several missed signatures within these records. This meant there was a risk of other staff and health professionals not knowing if someone had received the medicines that they needed. The registered manager was aware of this and was taking action regarding the problem. This included completing further competency checks on staff administering medicines, and discussing the mistakes further. We discussed with the registered manager that this was still a problem, which they agreed to focus on. They assured us that people received their medicines as prescribed, but that staff at times forgot to sign the record. The staff we spoke with told us they felt confident to report when an error was made.

The registered manager told us they were also planning on updating the administration process of medicines that were associated with a higher risk, such as anticoagulants. We found that where people required a variable dosage, the records were confusing. This was because different dates for a new dosage of a medicine had been added onto the same MAR, below other medicines and not in line with the printed dates at the top of the MAR, instead of using a new record. This meant there was a risk of recording on the wrong date. Where this needed to be given with another dose of the same medicines in order to give the prescribed amount, it was not cross referenced on the MAR. We showed the record to the registered manager and they told us they would discuss this with the staff team and make improvements to minimise risk associated with these medicines.

Some people administered their own medicines and we saw that this had been assessed to make sure it was safe for them to do so. We saw that the MAR front sheets contained information about the person, a photograph, their preferences and further information about the medicines they were taking. This minimised the risk of staff giving the wrong person the medicine and also highlighted any side effects. Staff who gave people medicines had received training and had their competency checked by an experienced member of staff. The staff we spoke with were able to tell us how they administered medicines and carried out checks to ensure they were administered correctly.

Good

Is the service effective?

Our findings

People received support from trained staff who were competent in their roles. A relative of someone who used the service told us, "Personal care is of the very highest standard."

Staff received training predominantly via the computer. This included dementia awareness, mental health, safeguarding, and food hygiene. Some staff told us about other face to face classroom based training they had received. This included some additional training in dementia care, pressure area awareness and manual handling. One staff member we spoke with explained how dementia training had helped them in their role, in terms of communicating with people living with dementia.

New staff without qualifications were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Staff also received a comprehensive induction when they started with the service, which included shadowing a more experienced member of staff until they felt confident. They were subject to a six month probation period throughout which they would discuss their progress with a senior member of staff. One member of staff we spoke with explained how they had been supported to gain employment at the service after a placement there during their health and social care studies at college.

Staff received supervisions and workplace observations. They said they had received these regularly, and these gave them a chance to discuss any further training needs or concerns, as well as gain feedback on their work. They said they felt supported at work, and did not feel they had to wait for a formal meeting if they required a discussion with their team leader or a member of the management team.

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.

All of the staff we spoke with sought consent from people before providing support, and understood how to apply the principles of the MCA 2005 to their daily care practice. They were able to explain how some people had variable capacity, and how they assumed capacity to make decisions. If people were unable to decide, staff understood the importance of making decisions on behalf of people only in their best interests. The registered manager understood that if anyone had to be deprived of their liberty in their best interests, that this needed to be referred to the Court of Protection for authorisation.

Staff supported some people with preparing their meals. Where appropriate. they also communicated with people's families about their dietary needs, so that they could support them with their shopping. The people we spoke with explained how staff assisted them in preparing meals. One member of staff explained how

they would encourage the person to prepare some of their meal with support, to encourage their independence. Where staff had concerns about people's nutrition or weight loss, they liaised with families and the person to support them to keep a food and drink diary for a few days. Staff then referred them to the appropriate healthcare professional for further assessment.

People told us that the staff always ensured they had everything they needed available to them after their visits, such as a drink. Staff were aware of risks associated with not drinking enough and encouraged people to drink plenty during their visits.

Staff supported people to access healthcare when they needed it, referring to the appropriate people such as the GP if they had any concerns during their visits. They sought consent for this and would refer on behalf of people who required support and were unable to make the referral themselves. Other times, they liaised with family members regarding a person's health needs. Staff also supported people to access services such as chiropody.

Good

Is the service caring?

Our findings

A person using the service said, "I don't think of [staff] as carers, they're friends. They always have a chat. They always do what you want and always give you a choice." Another person told us, "They treat me how I should be treated." A relative of someone using the service told us, "On the whole I think it's superb, I find the staff very caring and very helpful." They said that, "They bend over backwards to help." Staff told us that during their visits to people they had enough time to chat with them.

A relative of a person who used the service also told us that they observed staff communicating with someone if they became distressed, and said, "Somehow they just know how to calm people." The staff members we spoke with told us how they adapted their communication with people. One said, "Other people might find some things patronising, whilst others like to be addressed a certain way." They also said, "I always talk people through everything." The staff member told us how people found this reassuring.

People were involved in planning their own care. Staff discussed with people what support they required and what times this would be needed. One person said they had discussed their requirements regularly with their key worker. They said that they had organised with staff when they required evening visits, and what these would involve, as well as when they required support to have a bath. Another person confirmed that they had chosen what support they wanted, and when staff would visit them.

Staff told us how they offered people choice so that they were involved in their care delivery during their visits. They said that they always asked what support people wanted that day. Staff gave examples of how they knew people very well, and what was important to them. One member of staff told us about someone who found their clothes and jewellery particularly important, and they assured us that they always considered time during their visit for going through some options of what to wear and what jewellery to put on. Staff also gave examples of how they support people to communicate their choices by holding up different options, for example with clothes to wear, so people could see if they did not fully understand verbal questions.

One member of staff told us they asked people how they preferred to receive personal care each time they supported them. Another member of staff explained that it was important that they spent as much time during their visits as people needed. They said that whether people preferred supervision or full support, they would respect this. Staff told us how they promoted independence for people during personal care, by offering what help the person needed and encouraging them to do what they could themselves. One staff member said, "I'd never take independence away."

One person who received regular visits from staff explained how staff made themselves known properly before entering their flat, by knocking and then saying who it was. They said, "That's very important to me." All of the people we spoke with confirmed that staff respected their privacy and dignity. Staff explained how they preserved people's privacy by ensuring they closed curtains and doors when delivering care.

Good

Is the service responsive?

Our findings

One person said, "If I need anything I know they'll help." It was documented in people's care records that they had consented to their plans of support, and that a pre-assessment had been carried out before they started using the service. This had included discussions with the person and their family about their support needs, to see that the service would be able to meet them.

Care records contained details about people's support requirements, including for communication, sensory needs, moving and handling, and personal care. The records also contained information about people, such as life history and their likes and dislikes. Although these had been reviewed monthly prior to March this year, the new management team were catching up with reviewing and updating the care plans. In the meantime, staff were able to tell us in detail about people's needs, and care plans had been updated with any changes.

Some people we spoke with said that they received support in a routine that they wanted. One person told us how staff supported them each evening to put cream on their legs. Another person said that staff had accommodated their changing mobility needs during their visits. The team leader told us that people received person-centred care which focussed on them as individuals. Each staff member had a daily schedule which provided them with an allocation of who they were expected to visit and at what times, and any additional duties they were responsible for. The schedule also included a summary of each person's care, so they would be up to date with what the person required. It included a summary of the person's individual needs, preferences, and any recent changes.

A relative of a person using the service said, "They do everything they can to involve family members." A member of staff told us, "We speak to the families as well to reassure us how best to resolve any problems." This was confirmed by a person we spoke with who said that staff checked things with their family if there were any problems or changes regarding their care. All of the relatives we spoke with felt that they had been involved in their relative's care and communicated regularly with staff.

The staff told us that they knew people well and that this helped them in their roles to reassure people. One member of staff explained how they felt knowing people well, and their history, was important. It meant that they could discuss people's past with them, and found that with one person in particular, this helped them feel calm and overcome distress during care. There was a key worker system in place, and one person told us about their key worker who had recently retired, "[Key worker] discussed things with me, they were a friend." The key worker was a staff member responsible for discussing people's wellbeing with them. They also provided extra support to people to engage with other resources if they needed it, or support people with shopping.

The service provided was flexible in terms of what people requested, and staff assisted with aspects of people's care such as laundry if people needed. If people wanted to change the time of their visit, there were 'flexi' staff on shift who accommodated this. The service was responsive to changes and developments in people's mobility. One person also explained how staff had supported them to get equipment to enable

them to increase their independence at night.

One staff member explained how they always sought feedback from people during visits to ensure people were receiving the care they required. People told us they did not have any complaints but that they felt confident to raise any issues with the staff member or the registered manager if they were unhappy about anything. The previous registered manager had investigated any complaints made. The current registered manager had not received any formal complaints, and had resolved some informal concerns appropriately. There was a complaints policy in place which detailed how people could make a complaint.

Good

Is the service well-led?

Our findings

A member of staff told us, "The new manager is great, more part of the team." They said they felt supported and appreciated in their role. This was confirmed by the other staff we spoke with who described the management team as, "Approachable." They said they all worked well as a team, helping each other, and that this helped to organise their visits to people in the most effective way. This demonstrated to us that there was good leadership in the service.

The service had community links and made use of these to support people to refer to other services, such as those to help with people's finances, befriending and other centres who could provide activities for people to go to. This meant that people had opportunities to access other services where possible.

The team leader carried out a monthly medicines audit, which had highlighted problems. The registered manager was aware of these and said that they would prioritise the medicines administration processes following our visit. The manager explained how they would manage a staff member's performance if they had concerns about their competency with regards to medicines administration.

A quality internal audit had led to an action plan for improving and reviewing care plans. The registered manager and deputy manager were working on these and had a clear plan in place for improving them. This demonstrated to us that the registered manager was committed to improving the service.

The registered manager kept a running monthly audit of falls, which identified times and locations for people having falls, for example in their bathrooms. This enabled the manager to see any trends for people using the service, and if they needed to review people's needs, for example at night or certain times where falls were more common. A dignity audit had also been carried out in 2015, and this had highlighted some areas for improvement. As the registered manager was new, they had not reviewed this but told us they would be looking at this during the year.

The registered manager told us that an additional member of staff from the organisation came in to carry out audits regularly, and these included auditing a care plan or the falls records. They then made suggestions for improvements. An infection control audit which was carried out monthly ensured that staff maintained good infection control procedures during their visits to people. Any areas for discussion were raised in team meetings or conveyed to staff in a communication book, and the handover sheet which was used to convey messages between shifts.

We saw that people had been asked for their feedback in a yearly survey. Although feedback had been positive, the questionnaire had not been repeated this year, and we saw the survey results from 2014. The registered manager told us that this would be carried out again this year.

There were meetings in place for staff and team leaders. These provided a forum for staff to discuss topics relevant to their roles and raise any ideas or problems. There were also meetings held for people who used the service, where they could discuss any improvements they thought should be made. During these

meetings, people were made aware of any staff changes.

The registered manager was aware of what they needed to report to other agencies such as the Care Quality Commission or the local authority. They correctly reported any safeguarding concerns, serious injuries or other notifications of which they were obliged to inform other agencies.