

Normanshire Care Services Ltd

# Normanshire-Supported Living Services

## Inspection report

87a  
Old Church Road  
London  
E4 6ST

Tel: 07852714484

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Normanshire - Supported Living Services Ltd provides personal care and support in three settings to people with learning disabilities and autism who may have behaviour that challenges services. Five people were receiving personal care at the time of the inspection.

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

The service was well-led. The provider completed a range of audits to monitor the quality of the care provided and made improvements when shortfalls were found. Staff and people's relatives told us the service managers were approachable and listened to feedback.

People's relatives told us their loved ones felt safe at the service. The provider had assessed the risks people faced and had made referrals to professionals when people needed more support. We made a recommendation about the quality of the care plans to minimise the risk of pressure sores.

Incident and accidents were recorded appropriately and staff understood how to escalate concerns about people's safety and wellbeing.

Staff were recruited safely, and they told us there were enough staff working at the service to meet people's needs. The service had implemented a range of new measures to prevent the spread of infection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was inadequate (published 24 October 2019) and there were two breaches of the regulations regarding staffing and good governance. The service was placed in special measures. The provider completed an action plan after the last inspection to show how they would improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

### Why we inspected

We undertook this targeted inspection to check whether the breaches in relation to Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check on a specific concern we had about people's safety. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do

not assess all areas of a key question.

#### 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.

#### Special Measures:

The overall rating for this service has not changed and is inadequate and therefore the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Normanshire-Supported Living Services

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on a specific concern we had about people's safety.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Normanshire – Supported Living Services Ltd provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had 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

We gave the service 24 hours' notice of the inspection. This was because we needed to assess the (COVID-19) infection prevention and control risks to people living at the service, the staff at the service and the inspection team before the inspection took place.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four members of staff including the registered manager, the operations manager of one of the settings, the care coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at staff rotas and four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two support staff and two relatives of people who use the service.

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about people's safety. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider did not have enough staff to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

### Staffing and recruitment

- There were enough staff to meet people's needs. The service had changed the process to roster staff in advance so they could ensure each shift was covered and communicated to staff at team meetings.
- The rotas demonstrated staffing levels were based on people's needs including where people were to be supported by two staff members.
- The registered manager told us they relied on agency staff to cover staff shortages but they used the same agency staff members to ensure consistency of care could be provided.
- Staff told us there were enough staff. One support staff member said, "There's enough staff; I don't feel rushed." A second member of support staff told us, "There are enough staff. We have one client who has 2:1 [two staff members supporting one person] support. The support is always there for that person. If we are ever short, there is agency for backup. We are never doing this care alone."
- The provider had undertaken appropriate recruitment checks, including checks made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

### Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. Risks associated with people's health and care needs were assessed and plans developed to minimise harm.
- The provider was following the district nurses' treatment recommendations regarding a person's pressure sores however, the quality of the risk assessment did not fully reflect the plans in place to protect the person from pressure sores. For example the type of equipment they used was not recorded. Following the inspection, the provider completed a pressure sore risk assessment for this person, however, we recommend the provider seek further guidance and advice from a reputable source about the prevention and management of pressure ulcers.

- Risks people faced about behaviour which challenged the service were appropriately assessed and incident and accident reports were completed as required to ensure people received timely support from

health and social care professionals when required. The provider was monitoring whether people's mood was being affected by infection prevention and control restrictions imposed by the government in response to the COVID-19 pandemic so as to provide support where required.

- Staff understood how to protect people and relatives told us they were satisfied their loved ones were well supported.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us their family members felt safe at the service and felt confident any safeguarding concerns would be dealt with appropriately. One relative said, "I believe [person] feels safe living at the service because I have not noticed any sign of unhappiness in [them]."
- Staff knew how to report any concerns that people were being harmed. Staff understood their responsibility to blow the whistle if their concerns were not reported to the appropriate authority in order to keep people safe. A staff member said, "Safeguarding can be anything that you have concerns about and abuse. We have to report it and there is a protocol, tell a senior or manager. But if I'm not convinced the way the investigation is escalated, I can go to CQC or the safeguarding team, I would even report to the police if necessary."
- The registered manager confirmed they would report allegations of abuse to the appropriate authorities if necessary. There had not been any safeguarding concerns since the last inspection.

Preventing and controlling infection

- The provider had updated their infection prevention and control policy following the pandemic and staff knew how to follow the new protocols.
- The registered manager told us staff had access to appropriate personal protection equipment and completed regular testing of staff to help prevent the spread of infection.
- Relatives told us the service was clean. A relative said, "I am happy with the cleanliness of the service. I don't have any concern regarding Infection Prevention and Control. The service is following government's COVID-19 guidelines."

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about people's safety. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had not ensured governance systems were operated effectively to identify and address issues with the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- People's relatives told us there was a positive culture at the service. Relatives told us they did not know the registered manager but spoke highly of the operation managers in the settings their family members lived in. One relative said, "I don't know the registered manager in person and I have not had any reason to talk to them. My contacts and communications have always been with the Operational Manager...who is a caring person and a good manager."
- Relatives told us the service kept them up to date about the care their loved ones received. One relative said, "I'm always able to talk to [operations manager], she is approachable... We are regularly kept updated about our [family member's] health and well-being. The staff are extremely supportive of my [my family member's] care." Records showed regular and timely contact was maintained with families.
- The registered manager told us about the provider's values, "We always discuss everything with the client, and staff are always caring and supportive to the client, we have a person-centred approach." Records reflected this approach because they were personalised and set different goals for different people.
- Staff we spoke with knew people well and how best to care for them. Staff told us they were well supported, "The manager is very good. Very helpful for staff. I feel supported. Of course, I can speak to the manager if I have any concerns. I can call her or send a message." A second staff member said, "I feel valued as a member of staff."
- The registered manager understood they needed to report certain concerns about the care people received to the local authority and the CQC. Systems were in place for reporting and acting on incidents. We reviewed incident and accidents folder which showed incidents had been accurately recorded and addressed.

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

- The registered manager was supported by operation managers at each of the three care settings. The operation managers knew people well and continuously monitored the care being provided. The registered manager collated this information and any patterns of concern were identified and addressed.
- The service completed a range of audits including medicine, care plan and daily notes audits. Where errors had been made medical advice had been sought to ensure the person was kept safe and staff received extra training to help prevent a reoccurrence of the mistake.
- The provider carried out spot checks on staff to assess their competency in carrying out their role. People, staff and professionals were asked to feedback about the care provided. The feedback reviewed was universally positive.
- Relatives and staff told us the service was well run. A staff member said, "It's a good company to work for. There is a bond with the staff and management. It's not a very big service so they listen to our views. The service is well managed."