

Norse Care (Services) Limited

Priorsmead

Inspection report

Priors Mead
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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

Priorsmead is a care home without nursing, providing support to a maximum of 16 older people. All of the bedrooms and communal areas are on the ground floor and with level access throughout. There are three lounges, a small quiet room, dining room and gardens for people and their visitors to use. At the time of our inspection, there were 13 people living in the home.

There was a registered manager in post. 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. The current registered manager had been running the home for five years when we inspected.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

Why the service is rated Good:

Staff continued to protect people from the risk of harm and abuse. They understood their obligation to report any concerns or suspicions promptly. The management team or senior staff assessed risks to people's health and welfare and staff knew what action to take to minimise these. There were enough staff to support people safely and they were properly recruited. This contributed to protecting people from the employment of staff who were not suitable to work in care services. Medicines were managed in a safe way so that people received them to promote their health as the prescriber intended.

Staff continued to support people competently. People were supported to have choice and control of their lives and in the least restrictive way possible. Staff training and guidance promoted this practice. People had a choice of enough to eat and drink and staff supported them to do so if they needed assistance. Staff monitored people who were at risk of not eating or drinking enough and ensured people could access advice about this and other aspects of their health and welfare.

Staff continued to develop warm and compassionate relationships with people so that people received a service that was caring. Staff respected people's privacy and dignity. People were able to receive visits from friends and family when they wished, and could involve them in discussions about care if they wanted to.

Staff continued to deliver care that was responsive to people's preferences and wishes. Staff knew about people's likes and dislikes, backgrounds and interests. This contributed to people receiving care that was focused on their individual needs. People were confident that any complaints they had would be listened to and responded to.

The service continued to be well-led. There were effective systems for checking and monitoring the quality and safety of the service, which took into account people's views. There was a registered manager in post with considerable experience both in the role and within Priorsmead. They were supported by a deputy manager. They and members of the staff team understood their roles and responsibilities and were well-motivated to sustain standards.

Further information is in the detailed findings of the report.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Priorsmead

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 checked 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 was a comprehensive inspection.

The inspection took place on 28 July 2017 and was unannounced. It was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law. We also checked recent comments made by people's relatives on a care home review website.

During the inspection, we observed how staff were supporting and interacting with people. We spoke with five people using the service and three visitors. We also spoke with the registered manager, deputy manager, activities coordinator and three members of the care staff team.

We reviewed care and medicine records for three people and recruitment records for a member of staff appointed within the last year. We also checked a sample of records associated with the quality and safety of the service. This included health and safety checks and the report from the analysis of the provider's questionnaires, completed in February 2017.

Is the service safe?

Our findings

The service remained safe.

People told us that they felt safe and were treated well in the service. One person told us, "I trust them [staff]." Another person commented, "I love it here because everyone is so nice." A relative told us, "I think they do an excellent job of looking after [person]." Staff were clear about their obligations to report any concerns people might be at risk of harm or abuse. They told us that they were confident the manager would address any concerns, suspicions or bad practice that they reported.

Staff continued to assess risks to people's safety and welfare, for example, from falls, not eating or drinking enough, and to pressure areas. Staff understood how to minimise these and the checks to make for injury if someone fell. One person who liked to walk around the home on their own told us, "I have falls sometimes. When I do, the staff use a hoist to get me up because I can't manage on my own." A visitor told us their family member was prone to falls and, "The staff do everything they can to stop them. They check [person] regularly through the night which gives us peace of mind." Staff made sure people used pressure-relieving equipment to promote their skin health.

The registered manager ensured that they continued to assess risks within the environment and equipment was properly serviced to ensure it was safe to use. Staff had training in fire safety and in first aid so they could respond in an emergency and there were contingency plans in place for such emergencies. Checks on the safety of water systems from legionella bacteria contamination had highlighted the need to update a specific risk assessment. The business administrator showed us how they were following this up with the provider's property management services.

There continued to be enough staff to support people safely. One person told us if they used their call bell, "Sometimes there's a bit of a wait but never long." Another said, "I think there's enough carers ... if they're busy with someone else you may have to wait, that can't be helped." They said that this did not happen often. Another person explained, "I have to rely on them [staff] if I need to go to the toilet but it's never been a problem."

Recruitment practices continued to contribute to protecting people from the employment of unsuitable members of staff. All the information required by law was obtained before staff members started work in the home.

Staff continued to support people with their medicines in a safe way. People receiving support with their medicines were satisfied with the way it was done. One person told us, "I have pills four times a day, they've never forgotten." People were able to administer some of their own medicines if they wished to and could manage this safely. We found that staff applied one person's skin protecting film more often than their prescription indicated. The product information confirmed it would need more frequent application if people required a lot of assistance with continence promotion. The registered manager undertook to clarify this as the product could irritate skin.

Auditing systems ensured that errors were identified promptly and the management team took action to ensure staff were competent to administer medicines safely. This included retraining and further support if necessary.

Is the service effective?

Our findings

The service remained effective.

People were supported by staff who were trained and competent to meet their needs and promote their welfare. Staff had support to deliver effective care and to address any development or performance needs they had.

One person explained how they were satisfied with the way staff supported them if they used the hoist. Another person told us, "I think the staff are well trained." A visitor to the home gave us an example of some training a staff member had completed and how this was the right way to care for their family member. Staff told us they had good opportunities to access training and support to keep up to date. The management team's schedule showed when supervision, work based observation and competence assessments took place or were planned.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service continued to work within the principles of the legislation.

Staff sought people's permission before providing support when people needed assistance. The registered manager and deputy manager were aware of the importance of protecting people's rights and ensuring any restrictions on people's freedom were minimised. They knew when to make applications under DoLS if there were concerns about people's safety. The deputy manager was the home's MCA 'champion' with specific responsibilities to ensure people's rights were properly protected. The care plan reviewing process made clear whether there were representatives who could legally make decisions about care and welfare on behalf of people.

People continued to have a choice of enough food and drink to meet their needs and ensure their welfare. One person said, "If I don't like the choice, I can always have soup, I did that today." People said there was enough and they could always have a snack between meals if they were hungry. The dining room provided a pleasant environment for people to eat their meals. Staff presented vegetables in separate dishes so that people could help themselves to what they wanted. People had a jug of water or squash and a beaker within reach, so they could drink when they wanted to. Where people needed their food and drink prepared in a particular way this happened, and staff offered support for them to eat and drink.

People continued to be supported to access advice about their health and wellbeing. One person told us that staff sought prompt advice for them. "I had a chest infection, the carers were very good ... I'm a lot better now." A visitor commented, "[Family member] looks well, so much better than when [person] came here." Records confirmed staff supported people to access appointments and advice from a range of health professionals including speech and language therapy, chiropody and district nursing staff.

Is the service caring?

Our findings

The service remained caring. Staff had continued to develop warm and compassionate relationships with people and to promote their privacy, dignity and independence. People were still encouraged to make decisions about how they wanted their care delivered, with support from their family if they wished.

We saw that staff interacted with people in a kind and warm manner, talking with them during the day. One person told us, "I love it here because everyone is so nice." At lunch, staff chatted with people and once everyone was served, three staff asked if they could join people at different tables. This contributed to promoting a sociable and calm atmosphere. When people had finished their meal, staff asked if it was all right to clear the plates away before then explained what was available for pudding.

People valued what they described as the homely nature of the service. A relative told us, "It's lovely here, I think because it's quite small the carers have more time for people and, it's not posh, it's like a proper home." People were able to have some of their own belongings and mementoes in their rooms to make them feel more at home.

One relative told us how staff had taken extra care to support their family member who was very confused after a stay in hospital and thought there was someone coming into their bedroom at night. They told us, "When [family member] came back from hospital she was very confused and I think she was seeing things. The carers wrapped [family member] in a blanket and took her to the lounge. They sat with her ... and one carer even went round and sat in each chair to prove to Mum that there was nobody else there."

We saw that staff offered people choices, including what they wanted to do, to eat, or where they wanted to spend their time. We noted that people's care records showed whether people wished to receive support from a member of staff of the same gender. This helped them to be more comfortable with receiving care. We saw that staff supported people if they needed help to move, so that they could spend their time where they wanted to within the service. This enabled them to spend time with others, to use their own rooms, or to spend time in one of the quiet areas or garden.

People were still treated with respect and staff promoted their dignity and privacy. One person told us, "They [staff] always knock; they are polite and treat me with respect." Another said, "I need quite a lot of help and the carers are respectful when they help me at bath time, I trust them."

We noted that, where one person and their family needed to discuss the person's welfare, staff arranged for this to happen in the home and in private.

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs and focused on them as individuals. Staff understood what was important to people, their backgrounds and histories. The information staff gave us about individual needs was consistent with what people's care plans contained. Staff also ensured that they kept people's records and assessments up to date to ensure they could adapt people's support if their needs changed. This included prompt update, involving a person who had returned to the service the day before our visit.

People told us that staff understood and respected their preferences, likes and dislikes. For example, one person told us, "I do get choice, when I have a bath I have a female carer help me, I'm sure a male carer would be alright because they are very good but I prefer a female carer." Another person said, "I like to have a bath every day so that's what I have." One person said, "When they [staff] come round with the drinks trolley in the morning, I like to have a [brand of instant soup]. They know just to give me a mug of hot water so I can make it myself." Two people told us that their faith was important to them and they attended religious services when representatives of the local church came to the home.

People continued to receive support to enjoy their interests and hobbies. An activities coordinator was able to spend time either with groups of people or with individuals. We saw that they engaged one person in discussions about their life, birthplace and schooling. One person told us, "I've got a friend [living] here and we enjoy doing a jigsaw puzzle together." They showed us one they had just finished and went on to say, "I like knitting and I watch the television, I rarely get bored." Another person told us, "I enjoy the activities. I like to go outside and do some gardening." They did not enjoy one of the music sessions but said they could choose not to go.

A visitor told us how their family member was sometimes confused and so did not join with activities but, "Family member] loves the singing so does join in with that." They said that staff knew the person enjoyed it and would encourage them to join in.

We noted that one person asked for assistance to wash their hair during the afternoon and their request was responded to promptly. The provider's questionnaire showed that all of the respondents felt they could choose their time of getting up or going to bed and felt they were treated as individuals.

People were confident that, if they had any concerns or complaints, staff would listen to them. The provider's own questionnaires for people showed that they understood how they could make a complaint if they needed to. We saw that, if people did raise concerns, the registered manager recorded and investigated them, and discussed the outcomes with people. There was no pattern to the complaints indicating failings in care. The last complaint was from April 2017 and showed that it was resolved to the satisfaction of the person who made it.

Is the service well-led?

Our findings

The service continued to be well managed, benefitting from a registered manager with a lot of experience in the service and a deputy manager. Both were knowledgeable about people's individual needs, their management roles and the regulations we expect the service to meet. They, and the provider, took people's views into account in the way they developed and operated the service.

Staff told us that morale and team work was good. We noted that, during the course of the day, there was a lot of laughter and chatter between them and people using the service. They felt that communication was good between staff. They were able to describe their roles and responsibilities, including where they had taken on additional roles as 'champions' for a particular area of care, such as for dignity, medicines management and mental capacity.

Our review of the information we held, showed that notifications about events taking place in the service were made appropriately. These were completed by various members of the management team and showed they understood the information they needed to report to the Care Quality Commission (CQC). Staff spoken with were clear about the role of CQC in regulating and monitoring services and confident about discussing their work with the inspector. The registered manager was receptive to discussions about minor changes that would improve practice, such as in recording and the way information was displayed for staff.

People told us that they were asked for their views about the service and how they would like to see things change. One person told us, "We had a meeting this morning. I was asked if I'd like to go out on days out but I said no." We noted that others had expressed an interest in going out in the near future and that the registered manager was in the process of arranging for this to happen.

There were formal processes for consulting with people for their views. The provider arranged for independent analysis of results of annual questionnaires. People's responses expressed a high degree of satisfaction and the analysis showed Priorsmead was performing well against the provider's other services. The registered manager ensured they evaluated events such as accidents or incidents, to see if there were underlying patterns they needed to address. This contributed to managing the safety of the service and identifying whether they needed to make improvements.

People and their visitors, were very satisfied with the standard of care and the approachability of both the registered manager and staff. One visitor told us, "They look after [person] very well. I know who the manager is and can talk to her if I need to." Another said, "It's lovely here, I think because it's quite small the carers have more time for people."

People and their visitors said they had recommended the service to others. For example, one visitor told us, "I have recommended Priorsmead to people more than once. We both think it's very good and the care [person] has had has been excellent." All of the staff spoken with told us that they felt the standard of care was such that they would be happy for one of their family members to live at Priorsmead.