Norse Care (Services) Limited

Woodlands

Inspection report

Grimston Road
South Wooton
Kings Lynn
Norfolk
PE30 3HU

Tel: 01553672076
Website: www.norsecare.co.uk

Date of inspection visit:
18 January 2017
20 January 2017

Date of publication:
14 February 2017

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 18 and 20 January 2017 and was unannounced. Woodlands is a care home providing personal care for up to 41 people, some of whom live with dementia. On the day of our visit 38 people were living at the home.

The home has had the current registered manager in post since June 2015. 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.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and the registered manager took action to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff were making these for them in their best interests.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy living at the home and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The

registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

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 assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

Mental capacity assessments and best interests decisions had been completed for decisions that people could not make for themselves. Deprivation of liberty safeguards applications had been submitted for some people who were not able to leave the home unsupervised.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to maintain people's hydration.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

Woodlands

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 took place on 18 and 20 January 2017 and was unannounced. This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return. 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. We reviewed this and other information available to us about the service, such as the notifications they should sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with four people using the service and with two visitors. We also spoke with the registered manager, the deputy manager and three care staff during our visit.

We spent time observing the interaction between staff and people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for four people, and we also looked at the medicine management process. We reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "I wouldn't be here if I didn't." One person's visitors also said they felt their relative was very safe at the home.

The provider had taken appropriate steps to reduce the risk of people experiencing abuse. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We observed that staff approached people quickly if they needed to and this reduced situations where people became upset. Care records for two people showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks.

The equipment people used was well maintained. Staff made sure that this was serviced to ensure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services what support people required in the event of an emergency, such as a fire. We concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

People told us there were enough staff available. People also told us that they only had to wait for a short time if they called for help. One person said, "There is always someone around, I don't have to wait for long." Two visitors told us that there were busier periods of the day but that they did not think their relative had to wait too long. They said that there were, "Always staff here" and that staff popped in to see their relative if they were in their room.

Staff members said that they thought there were enough staff available to meet the needs of the people

living at the home. They told us that new staff had recently been recruited. We saw that people received a prompt response when using their call bell to request assistance and that staff members were available in communal areas at all times.

There were dedicated kitchen and housekeeping staff, so that care staff were able to concentrate fully on their role. The registered manager used a dependency tool, which helped them to determine staffing requirements. Staff rotas showed that staffing levels were ten care staff on duty during the day and nine staff members in the evening. This tallied with the number of care staff identified as required through the dependency tool.

The registered manager told us that staff members worked extra shifts to cover absences, and agency care staff were also used. They said that most agency staff used regularly worked at the home as this provided staff who knew people and their needs. The registered manager told us how many staff were usually scheduled on duty each day. We saw that staff rotas confirmed that staffing numbers were at this level or higher. We concluded that there were enough staff scheduled to be on duty and that the registered manager took action in the event of any drop in the planned staffing numbers.

People were supported by staff who had most of the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions. However, gaps in prospective employee's employment histories were not examined and we found no information to explain gaps in two staff files that we looked at.

People were provided with the support they needed to take their medicines as required. People said that they received their medicines when they were due and that these were never missed. One person told us how this meant that a health condition they had was controlled, which meant that they could continue to do things for themselves. Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that medicines were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found clear and detailed guidance for staff on the circumstances these medicines were to be used.

Good

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider was not always meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for some people living at the home. However, we found that these were only for people most at risk of leaving. The registered manager had not identified that there may be a necessity to apply for a DoLS for those people who were not actively trying to leave the home. We spoke with the registered manager about this. They told us that although they had received training in the MCA and DoLS, they were not aware of changes that clarified when they should complete DoLS applications. They also told us that they would further update their training, complete and submit additional DoLS applications for those people who were not free to leave.

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 checked whether the service was working within the principles of the MCA. We found that staff completed mental capacity assessments where they had concerns that people may not be able to make their own decisions. These were only for decisions where staff had concerns and they recognised that they should support people to continue making their own decisions for as long as possible. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes.

We saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision. We saw that staff members told people what they were going to do before carrying out any tasks. They asked people specifically if they were happy for the staff member to continue when the staff member intended to carry out any personal care or physically assist the person. We observed staff transferring a person using a hoist. They explained what they were going to do and made sure the person was happy with this and wished to continue. This gave the person the opportunity to agree or decline the help.

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. People told us that they thought staff members had been well trained. One person told us that staff always knew how to use the equipment, how they liked to be cared for and that, "They always know what to do."

Staff members told us that they received enough training and this was what they needed to be able to carry out their roles. They confirmed that they received annual training in such areas as fire safety, and moving and handling, and that they were able to request additional training if they felt they needed this. They also said that they had the opportunity to complete national qualifications and that senior care staff were in the process of completing Diplomas in care. One staff member told us that they had completed a level 3 qualification in care and would like to do more.

The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that most staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills. The registered manager provided explanations about why some staff had not kept up to date with training, such as maternity leave or long term sick leave. They also told us about the actions they had taken, such as discussing in supervision sessions with the staff member, to make sure other staff updated their training.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

People told us that the meals were nice and that they had plenty to eat. One person commented, "It's always very nice." Another person told us, "There's always two choices and if I don't like either they will get me something else."

We saw that the midday meal was a social time, and people sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged them to eat well. Staff members helped people to eat when this was necessary. They asked people quietly if they needed or wanted help with their meal and supported them to eat as independently as possible. They sat with people to help them and described the meal before helping them to eat. We saw that staff helped people who ate in their own rooms and gave them the same support and time to eat and drink. People had a choice of drinks during their meal and staff described the meal choices that were available, before people made their decision.

Staff weighed people regularly to monitor them for any unplanned change in their weight. The staff took any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as soft or pureed food, received this and where necessary they had fortified meals with extra calories added. We saw that staff had enough information to make sure people drank enough each day. They kept records close to where people spent their day and recorded immediately when people had a drink. This meant that records were accurate and staff were able to continually assess if people had had enough to drink. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

People told us that they saw healthcare professionals when they needed to and that staff arranged this quickly. One person told us how staff had arranged for them to see their GP, obtained the prescribed medicines and they started the treatment in the same day. Another person's visitors also said that staff were quick to contact health professionals and that they were also contacted.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from

a variety of professionals including their GP, district nurses, specialist nurses, community mental health nurses, and speech and language therapists. We concluded that staff helped people to access the advice and treatment of health care professionals.

Good

Is the service caring?

Our findings

People told us that they were happy living at Woodlands, they said that staff were caring and they were looked after well. One person told us, "They're very kind, always polite and they always knock on the door before coming in." Two visitors also told us that their relative was treated kindly, that staff were polite and, "That is just how they are."

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to them with affection and respect, and knew people's names. The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way. One person told us, "Staff come in and have a chat with me. They see me as a father figure and chat about all sorts of things."

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw during lunch that people were able to sit where they wanted and they could spend time in any part of the home.

People told us that they were able to do what they wanted and that staff always gave them care and support in the way that they wanted. One person told us that they were able to go to bed when they wanted, they often stayed up to watch the football. We saw in another person care records that they preferred to stay up quite late. A staff member told us that the person liked to watch the news and then go to bed as this had been their routine at home.

People told us that they were involved in making decision about their care on a day to day basis. Two people said that staff always asked them how they wanted the staff member to give their care. We asked if they had seen their care records or if they were involved in decisions about whether their care needed changing. They told us that they were not interested in looking at their records as staff looked after them well and in the way they wanted. Two visitors told us that their relative had given permission for them to look at their care records. They said they were able to discuss with their relative the care that the person received and whether they wanted any aspect of this changed.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging this. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had. We observed that staff members explained to people what they were going to do. They did this in different ways, such as by telling people or showing them a limited choice. We also saw that staff watched for clues in the people's body language that might indicate when the person was not happy.

People told us that staff respected their privacy and dignity. Staff members provided appropriate explanations of how they would maintain people's privacy. They confirmed that they had received training in this area. We saw that this usually happened in practice. We saw that most staff knocked on people's doors before entering rooms, although there were a couple of occasions when the staff member did not knock. During our visit we saw that personal care was given behind closed doors, people were dressed in clothing that was appropriate for the weather and staff were discrete when talking about personal subjects

Visitors told us that there were unrestricted visiting hours and they could see their relatives when they wanted. Other than when people had asked for their information to be shared, staff members maintained people's confidentiality by not discussing personal information, such as medical details, in public areas or with other people. People's care records and personal information was stored securely in a lockable room.

Good

Is the service responsive?

Our findings

People told us that staff looked after them well and they received the care they needed when they wanted it. One person told us, "They do everything I need them to do, they look after me well." Another person said, "I get the care I want, what more can I ask for." One person's visitors also said that they thought their relative received the care they needed. They told us that staff had changed where the person spent most of their day and they found that their relative had more things to do and people to talk with.

We spoke with staff members about several people and their care needs. Their descriptions showed that they had a good understanding of people's individual care needs and their preferences. They explained about people's physical care needs, how long term conditions affected people and what they would do if people became unwell. One staff member gave us a good insight into two people's long term health condition and how these people were affected differently by this.

We spent time observing how staff cared for people and found that staff anticipated people's needs and were aware when people needed their attention more urgently. We saw that staff interacted with people in a positive way. Staff frequently walked around the home to make sure people had their care needs met in a timely way.

People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Staff had written plans in so much detail that we found we could determine which person the care plan was written about without knowing people. The registered manager told us that this had been their aim, so that new or agency staff had as much information about people as staff who knew them well.

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was generally a good level of detail, with some plans describing the support people needed very clearly and in great detail. This meant that staff members had enough guidance to care for people properly.

One person's care plan showed the specific care needed for staff to manage the person's diabetes. There was clear information to tell staff what to do if the person suffered from high or low blood sugar levels, as well as the signs and symptoms particular to the person that they should be aware of. Other plans provided staff with information about people's long term health conditions, how these affected people, the signs staff should look for and what they should do if the person became unwell.

We spoke with people about how they spent their day. One person, who spent their time in their room, said that they had enough to do each day. Another person told us that they were able to spend time with people who they were close to. We saw that these people had formed a close friendship since living at the home and spent most of their daytime together laughing and chatting. We also saw that other people formed friendship groups in the home and they also spend time, usually in the afternoon, sitting together and sharing that time.

People were encouraged to continue their previous hobbies and pastimes. We saw a staff member discuss with one person about their knitting. They asked the person if they would teach them to knit, to which the person agreed. A staff member worked part time to arrange activities and spend time with people. At other times care staff members helped people to do this. We saw that one staff member encourage people in an impromptu sing-a-long following lunch on one day of our visit. This was lively and at times raucous, and provided people with an entertaining start to their afternoon. We saw that it resulted in people continuing conversations and being increasingly alert and interested in what was going on around them in the period immediately following their meal.

People and visitors told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager and they were confident that their concerns would be listened to. However, they all said that they did not have any complaints about the home or the care they received.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that the registered manager had acknowledged and responded to complaints, and they took appropriate action in response to the complaints to improve the quality of care provided.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home and they thought it was generally well run. One person said, "Yes, I'm happy here." Visitors gave us the same opinion and they told us, "We think we're lucky to have found this place. [Relative] looked after well and she seems happy. She's contented here, which makes it easier for us."

People told us that staff got on well with each other and that they were always nice to each other. Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that working at the home was very teamwork orientated.

The registered manager has been registered with the Care Quality Commission since June 2015. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home.

People told us that they knew who the registered manager was and that they saw them around the home to say 'hello' to. They knew the registered manager by name and told us they were approachable. Staff members told us that the registered manager was very approachable and that they could rely on them for support and advice.

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. A whistle blowing policy was available and copies were available so that staff were able to look at it in private if this was required.

People's views of the running of the home were obtained in an annual survey. The most recent survey for 2016 was still being collated. We looked at the results of the 2015 survey, which showed a very positive result overall. It showed that people were happy with the care they received, although there were two areas where improvements were needed. We spoke with the registered manager about this and the action they had taken to address the areas of missing laundry and activities. They told us that they now laundered each person's clothing separately to any other person's, which reduced significantly the number of clothing items that went missing. They had also employed a staff member specifically to help people in their daytime pursuits and especially in one area of the home, time spent with people was recorded each day. This not only provided a record but helped staff to carry on conversations or activities across the day or into the next day.

The registered manager completed monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We found that when issues had been identified, actions had been taken to address them. For example, staff had not completed some of the cleaning schedule and it was identified from this that it was unclear whose responsibility it was to complete the cleaning. Housekeeping staff then drew up clearer guidelines to make sure other staff were aware of the need to complete some tasks during the day and some at night. The registered manager

completed an analysis of any incidents and accidents, and complaints that had occurred which had not shown any trends or themes.