Normanshire Care Services Ltd

Normanshire Care - Longwood Gardens

Inspection report

33 Longwood Gardens
Ilford
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Tel: 02082798327

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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 inspection took place on the 15 January 2019 and was unannounced. At the previous inspection of this service in January 2018 we rated them as Requires Improvement and found two breaches of regulations. This was because care and support was not always provided a way that was safe and effective quality assurance and monitoring systems had not been established. During this inspection we found these issues had been addressed.

Normanshire Care – Longwood Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care to a maximum of six people and six people were using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. 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 working at the service to meet people's needs and checks were carried out on staff before they commenced working at the service. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner. Steps had been taken to help ensure the premises were safe.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training and supervision to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. People's right to confidentiality was promoted. The service sought to meet needs in relation to equality, diversity and human rights.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities, both in the home and the community. The service had a complaints procedure in place and people knew how to make a complaint. Care plans

were in place around end of life care.

Staff and people spoke positively about the senior staff at the service. Systems were in place for monitoring the quality of care and support provided. Some of these included seeking the views of people who used the service.

We have made one recommendation in this report, that systems are introduced for checking monies held by the service on behalf of people.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe way.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Is the service effective?

Good

The service was effective. People's needs were assessed before the provision of care to them.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005 and people were able to make choices about their care.

People were able to choose what they ate and drank and the service supported people to eat a balanced and nutritious diet.

People were supported to access relevant health care professionals as required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

The service met people's needs in relation to equality and diversity issues.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the home and community.

The service had an appropriate complaints procedure in place and people knew how to make a compliant. Information about supporting people in the event of their death was available.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place who was supported in the running of the service by two deputy managers. Staff told us the senior staff team were helpful and supportive.

Various quality assurance and monitoring systems were in place to check on the quality and safety of care provided. People and their relatives were asked for their views about the service.

Normanshire Care - Longwood Gardens

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 the 15 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant events the provider had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with three people who used the service and observed how staff interacted with people. We also spoke with four staff; two deputy managers and two support workers. We reviewed three sets of records relating to people including care pans, risk assessments and medicine records. We checked five sets of staff recruitment, training and supervision records. We looked at the quality assurance and monitoring systems used at the service and read minutes of both staff and residents meetings. We checked several policies and procedures.

Good

Is the service safe?

Our findings

At the previous inspection of this service in January 2018 we found they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 for a number of failings related to safety. During this inspection we found that each of those issues had been addressed. Previously, the fire risk assessment was not up to date and did not have details about mitigating risks to people using the service. This time we found the fire risk assessment had been updated and was now satisfactory. Fire doors were not maintained appropriately, and again this issue had been addressed. Fire alarm checks were carried out at the previous inspection, but it was always the same fire point that was tested. Records showed that now all three alarm points were regularly tested. Since the previous inspection water systems have been tested for the risk of legionella infection and found to be safe. Other health and safety related checks had also been carried out, including testing of gas and electrical systems at the premises. Unlike at the previous inspection, on this occasion we found food stored at the premises was within its use by dates.

At the previous inspection we found medicines were not always managed in a safe way because PRN (as required medicines) guidelines were not always in place and medicines were not stored in a temperature-controlled environment. At this inspection we found PRN guidelines were in place advising on when these medicines should be administered. Medicines were stored securely in locked cabinets, each of which was temperature controlled and the temperatures were checked and recorded daily.

People told us they were supported with taking their medicines. One person said, "Staff help me with my medicines." Medicine administration records were maintained which included the name, strength, dose and time of medicines to be given and medicine charts were signed by staff after each administration to provide a clear audit trail. Records were also maintained of the amounts of medicines held in stock. We checked these records and found they matched the actual amounts of medicines held.

Systems had been established to help safeguard people from the risk of abuse. The service had both a safeguarding adult's procedure and a whistle blowing procedure. The former made clear the service had a responsibility to notify the Care Quality Commission (CQC) and the local authority of any allegations of abuse and the latter made clear that staff had the right to whistle blow to outside agencies if appropriate. Contact details of such agencies were available at the service. However, the safeguarding adult's procedure gave the contact details of a local authority that was adjacent to the one in which the service was located. It is the host local authority who have responsibility for investigating allegations of abuse. We discussed this with the deputy manager who said they would amend the procedure accordingly. Records showed that allegations of abuse that had arisen since our previous inspection had been dealt with in line with the procedure. Staff were aware of their responsibility for reporting allegations of abuse. One staff member told us, "I would talk to the manager immediately [if they suspected someone had been abused]."

The service held money on behalf of people. People told us they were happy with this situation and mental capacity assessments had been carried out on this issue. Money was held in a locked safe which only the three senior staff had access to. Records and receipts were kept of monies spent on behalf of people. We checked the records and found there was some minor discrepancies. Monies were not routinely checked

each day which meant it was difficult to identify the cause of discrepancies and we recommend systems are implemented to help ensure people are safeguarded from the risk of financial abuse. After the inspection the provider sent us information clarifying that they had addressed the financial discrepancies we found.

Steps had been taken to help provide care and support safely. Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They were personalised around the needs of individuals. Risk assessments covered risks associated with safeguarding, accessing the community and using the kitchen.

Were people exhibited behaviours that challenged the service guidance was in place about this. Incidents of such behaviours were recorded and analysed to see if there were any trends or patterns that could be seen to help staff work with the person to develop positive behaviours. Staff had a good understanding of how to support people who were anxious and to help them to calm down. Personal emergency evacuation plans were in place for each person, setting out how to support them in the event of a fire or other such emergency.

There were enough staff working at the service to meet people's needs. On the day of inspection sufficient staff were available to support people to access the community and those who remained at the service. People told us there were always staff around who they could talk to. One person said, "There are always staff around if I want to talk to someone." Staff also confirmed there were enough staff and that they had time to carry out their duties. We looked at staff rotas for the day of our inspection and these were in line with the actual staffing arrangements for that day.

Staff told us and records confirmed that checks were carried out on prospective staff before they commenced working at the service. One staff member said, "We had checks, the DBS and references." DBS sands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed that checks undertaken included proof of identity, criminal record checks and employment references. This meant the service had taken some steps to seek to employ suitable staff.

Measures were in place to reduce the risk of the spread of infection. Staff told us they were expected to wear protective clothing when providing support with personal care and we saw there was a good supply of such items in stock. Guidance on good hand washing technique was on display in communal toilets. The premises were free from offensive odour on the day of inspection. The service was mostly clean, with the exception of the floor covering in the upstairs bathroom which was stained. We discussed this with the deputy manager who agreed that it needed to be replaced.

Accidents and incidents were recorded and reviewed so that lessons were learnt from them to lead to improvements. for example, one person went missing for a day. They were returned safe by the police the next day. As a result, the person's risk assessment was reviewed, staff met to discuss how to reduce the likelihood of reoccurrence and the person was referred to an appropriate health care professional for support.

Good

Is the service effective?

Our findings

After receiving an initial referral from the local authority about taking on a new person, an assessment was carried out of the person's needs. This was done by the registered manager and was to determine what the person wanted support with, what their overall needs were, and if the service was able to meet those needs. Records showed assessments covered needs related to mobility, personal care, medicines and social and leisure activities.

Staff were supported to develop knowledge and skills to help them in their role. On commencing employment, staff undertook an induction training programme. This involved a mixture of classroom based and on-line training in addition to the shadowing of experienced staff to learn how to support individuals. One staff member said, "I had five days shadowing the others in the house before I started."

Staff told us and records confirmed that they had on-going training. One staff member said, "I do have a lot of training, I think I have enough." Another member of staff said, "We had on-line training, there were some questions you had to answer, we did safeguarding adults, first aid, health and safety, food hygiene." Records showed training included medicines, infection control, first aid, diabetes, challenging behaviour, fire safety, health and safety and the Mental Capacity Act 2005.

Staff had regular one to one supervision meetings with their line manager. One staff member told us, "Yes, we have supervision. We talk about whatever has happened with the residents, if they are not happy about anything." Records confirmed supervision took place and included discussions about training, issues related to people who used the service and teamwork.

People told us they enjoyed the food at the service. One person said it was, "Nice food." People told us they were able to choose what they ate. One person said, "Staff ask me what I want to eat." People's weight was checked and recorded monthly and appropriate action was taken if there was any significant weight gain or loss and people were encouraged to eat a heathy, balanced diet. There was a three-week rolling menu which had been designed with the input of people using the service. People were able to eat food that reflected their cultural heritage, both with the food cooked at the service and also take-aways and the opportunity of eating in restaurants.

The service supported people with their health care needs. People were able to access relevant health care professionals. One person said, "If I have to go to the doctor [named staff member] takes me, or another member of staff if they are not around." Health Action Plans were in place for people which included information about how to meet people's health needs. Records confirmed people had routine access to health care professionals including GP's, dentists, opticians, psychiatrists and the learning disability team. We noted that two people were supported to attend medical appointments on the day of our inspection.

'Hospital Passports' were in place for people. These provided information to hospital staff about the person in the event of them being admitted to hospital. They covered information about people's medical history and conditions and their communication needs. However, we saw for one person the information in their

'Hospital Passport' was not relevant to a hospital setting. We discussed this with the deputy manager who told us they would update the document accordingly.

The service was built over two floors with a communal bathroom/toilet on each floor. Those people with mobility needs had their bedrooms on the ground floor and all communal areas with the exception of the upstairs bathroom were accessible to them. Toilets and bathrooms had been fitted with and rails to help make them accessible.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where people required a DoLS authorisation this was managed in line with legislation and the provider had notified the Care Quality Commission of any DoLS authorisations.

We saw that mental capacity assessments had been carried out by the service and there were records of best interest decisions having been made. For example, in relation to people's capacity to manage their finances, make decisions about taking medicines or receiving medical care and treatment.

Good

Is the service caring?

Our findings

People told us staff treated them in a respectful way and that they were caring. One person told us, "I like the staff here, the treat me well." Another person said, "Yeah, they [staff] are all friendly."

Care plans included information about people's likes, dislikes and interests. This helped staff to get to know people. We observed that staff had good relationships with people and people were seen to be relaxed and at ease in the company of staff. Staff were seen to initiate positive interactions with people, for example engaging in activities with them or sitting chatting with them.

Staff were aware of the importance of promoting people's dignity, privacy and independence. They explained how they did this. For example, one staff member said when providing support with personal care, "We make sure we lock the door so nobody can come in. Mostly we prompt them to do things, we ask them to do it first." The same staff member explained how they offered people choices, for example about what to wear. They said they asked the person, "Which one do you want to put on, the black one or the white one? It's your choice." Another staff member told us, "When [person] is using the toilet I will not be in the same room" and "I will wash [person's] back and then I will say to them to do their front and legs [to develop their independence]."

Care plans included information about supporting people to be independent and set out what they could do themselves and what they required support with. For example, the care plan for one person stated, "I will choose my own clothes to wear. At times I may need support around decision making as I may not be dressed appropriate for the weather. I do not require any support putting on my clothes." Care plans also covered support with daily living skills such as doing laundry and keeping bedrooms tidy, which again helped to promote people's independence.

The service sought to meet needs around equality and diversity issues. People told us they were supported to maintain relationships with family and friends. One person said, "I can phone my brother or sister if I want." The deputy manager told us no one using the service at the time of inspection identified as being LGBT, but added, "We would support that need (if someone did)." Two people were supported to attend a place of worship and the service celebrated religious festivals of differing faiths. People were supported to community services that reflected their culture including restaurants and hairdressers.

Staff understood the importance of confidentiality and were aware that they should not disclose information about people without proper authorisation to do so. Confidential records were stored securely in locked cabinets and password protected computers which helped to promote people's privacy.

Each person had their own bedrooms which they had been able to personalise to their own tastes, for example with family photographs. Bathroom doors were fitted with locks that included an emergency override device which helped to promote privacy in a way which was safe.

Good

Is the service responsive?

Our findings

People told us they were happy with the service. One person said, "Its ok here." Another person told us how the service was responsive to their needs, saying, "If I am upset I can talk to [three named members of staff]."

Care plans were in place which set out how to meet people's needs in a personalised way, based on the needs of the individual. For example, the care plan about communication for one person stated, "I can express what I am feeling by using words in short sentences. I can often repeat myself. I need to be reminded that you have understood what I am saying. I can follow instructions or understand discussions if people speak slowly, clearly and in short sentences."

Care plans covered needs related to mental state and cognition, decision making, continence, mobility, finances, medicines, skin care, nutrition and lifestyle and activities. Care plans were subject to review, which meant they were able to reflect people's needs as they changed over time. We saw people had signed their care plans which indicated they agreed with their contents and consented to receive support in line with the plans. Daily records were maintained which meant it was possible to monitor that care was provided in line with the care plan and the person's assessed needs.

People told us they took part in activities of their choice which they enjoyed. One person said, "I'm going to the cinema after breakfast and having popcorn." We noted this activity took place. Another person said, "I like it here, I like going on the trains and buses." The same person told us they were a supporter of Arsenal Football Club, telling us, "I went to the Arsenal ground to have a look round with staff." They also said, "I like puzzles" and we saw them enjoying doing a jigsaw puzzle during the inspection. A member of staff said, "I love taking the residents out. We go to the cinema, bus rides, train rides, shopping, we go out every day." Records confirmed regular activities took place including Zumba classes, restaurants, cinema, arts and crafts classes, bowling and train rides.

People were aware of how to make a complaint. One person said, "I would talk to [deputy manager] if I had any problems." The service had a complaints procedure which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. A copy of the procedure was on display within the communal area of the service. This was in both written and pictorial format which helped to make it more accessible to people. The deputy manager told us there had not been any complaints made since our previous inspection and we saw no evidence to contradict this.

Records of compliments were kept. For example, a relative had written, "We just wanted to say how well [person who used the service] looked last night when we took them out for dinner. Thanks again for taking care of [person], it really is much appreciated."

No one using the service was in the end of life stages of care at the time of inspection. Documentation was in place to state that resuscitation should be attempted and an ambulance called for individuals if required. End of life care plans were also in place for people. These included details of the arrangements to make and

people to contact in the event of a person dying.

Good

Is the service well-led?

Our findings

At the previous inspection of this service in January 2018 we found they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because effective systems had not been established and operated to monitor the quality and safety of the care provided. During this inspection we found this issue had been addressed. Various audits were carried out, including in relation to infection control, health and safety, fire safety and medicines. An outside agency had been contracted to carry out an audit of the service in line with what the Care Quality Commission looked at during its inspections.

Other monitoring systems were in place which included seeking the views of people and their relatives about the service provided. People told us and records confirmed that they participated in resident's meetings. One person said, "We have resident's meetings, we say 'hello'." Another person said in resident's meetings they talked about, "What we like doing, where we want to go." Minutes of resident's meetings showed they included discussions about the menu, activities, cultural needs and any changes people might like to see.

Staff told us they were invited to attend team meetings. One staff member said, "They happen about every six weeks. We talk about the residents, our jobs, pay and conditions." Another staff member said, "Yeah we have team meetings. We talked about [person] because they lost weight and we discussed how we could help them." Minutes confirmed staff meetings took place and included discussions about key-working roles, introducing new staff, activities, safeguarding and medicine reviews.

Surveys were conducted of relatives to seek their views. We saw completed survey forms which included mostly positive feedback. For example, one relative had written, "I feel happy and reassured that my [named relative] is getting the proper care they need. The staff are lovely. They treat [person] fairly and they are respected." Another relative wrote, "[Person] seems very happy and well looked after and has adapted well to the staff around them. I am pleased with [person's] bedroom and the maintenance of it." Staff surveys were also carried out which likewise contained mostly positive feedback.

The service had a registered manager in place who was supported in the running of the service by two deputy managers. Staff spoke positively about the management team. One staff member said of their line manager, "They are good. They make sure the staff are respectful of the residents. They are respectful to the staff too and make you happy to do your job. Any problem they are ready to help you. If you tell them something confidential they treat it very well." Another member of staff said of their line manager, "For me they are ok, we never had any issues, actually they are quite nice. Other managers [not working at this service], when they ask you to do something are not nice but [line manager] is nice, they will explain things." One of the deputy managers said of the registered manager, "They are supportive in terms of if there is anything we have asked for it has been done." They added, "Even if they are not here at the service we can always reach them, anytime. If they do not pick up the phone straight away they will always return the call."

The senior staff were aware of their regulatory responsibilities and of their obligation to notify the Care

Quality Commission (CQC) of significant events. Records showed that CQC had been notified of such events with one exception, where the police had visited the service after being called by a person using the service. The provider sent us a notification about this within 24 hours of our inspection.

The service worked with other agencies to help develop good practice. For example, they worked closely with the different local authorities who commissioned care from them. They were also affiliated to Skills for Care, who provided advice and support with training and staff development.