

CareTech Community Services Limited

Normandy House

Inspection report

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Tel: 01908673974

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Normandy House is a residential care home providing personal care and support to four adults with a learning disability. The service can support up to six people in one adapted building.

Normandy House is a family sized property in a residential area which looks similar to other houses on the street. It is located in the suburbs so transport is required to access community resources and the town.

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

Improvements were required to ensure care records reflected people's current risks to ensure staff knew how to provide safe care and support. Some medicine recording required strengthening to ensure staff knew when to administer medicines safely and record all relevant information in line with best practice guidance.

Improvements were needed to quality assurance processes to ensure they were completed within the provider's timescales and identified issues which needed action. The registered manager was committed to ensuring people received good quality care in line with the Right support, right care, right culture guidelines and followed up promptly on issues brought to their attention.

People received safe care and were supported by a consistent team of staff. Safe recruitment processes were in place. Processes were in place to ensure lessons were learned when things went wrong.

Infection prevention and control measures were in place including sufficient stocks of personal protective equipment (PPE) to reduce the risk of cross infection.

People living in the service, relatives/next of kin and staff had opportunities to contribute their views. Positive feedback was received about communication between staff and relatives. Relatives knew how to make a complaint if they needed to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions Safe and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to have choice and control of their lives. People were starting to be able to do

activities they enjoyed again, and meet more often with family and friends, following the lifting of the pandemic restriction.

Right care:

- People were cared for safely. We found some issues with documentation which needed to be strengthened.

Right culture:

- The registered manager and staff promoted a positive and open culture. When issues were brought to the attention of the registered manager they were dealt with appropriately. Relatives knew how to make a complaint and felt any concerns would be taken seriously.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 November 2019). In March 2021 we undertook a targeted inspection which only looked at the area of infection prevention and control. This did not impact upon the last rating.

Why we inspected

We received some concerns in relation to management and staff practices in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Normandy House on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Normandy House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Normandy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 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 communicate verbally with us. We spoke with four relatives and next of kin of people living in the service. We spoke with four members of staff including the registered manager, senior care staff and care staff.

We reviewed a range of records. This included aspects of three people's care records and multiple medication records. We looked at three staff files in relation to recruitment processes. A variety of records relating to the management of the service including quality assurance checks, health and safety records, meeting minutes and finance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at updating care records and additional health and safety information. We spoke with a health professional who visits 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- A range of care and risk support plans were in place but were not always up to date and did not cover all known risks. For example, when someone required thickened drinks to reduce the risk of choking or used a lap belt to ensure their safety whilst in a specialist chair. We did not find any negative impact upon people living in the service because of this.
- When people had previously shown expressions of emotional distress, care and risk assessment records were not updated to reflect their current support needs. There was no positive behaviour support plan in line with good practice and outdated language was used for this area of support.
- Hospital assessments were in place to hand to medical staff in the event a person needed to go to hospital. We found these were not always up to date which increased the risk of unsafe care. For example, if a person required support to ensure they did not choke when eating or drinking.
- Prompt action was taken to ensure people's safety. For example, when physical risks increased to a person due to a health condition, additional safety equipment was put in place to ensure effective overnight monitoring.
- Following the inspection the registered manager provided confirmation care and risk support plans, and hospital assessments, had been updated to reflect people's current needs.

Using medicines safely

- Some areas of medicine documentation required strengthening. For example, there was limited guidance for staff to follow when medicines were administered, 'as and when required.' Best practice guidelines were not always followed when handwriting medicines onto medicine administration record (MAR) charts or recording the reasons why medicines were not given. We did not find any negative impact upon people because of this.
- People received support to take their medicines as prescribed. One person told us, "I always have my tablets morning and tea time," and records confirmed this.
- Staff received training to administer medicines, and competency checks took place to ensure staff continued to administer medicines safely and according to the provider's policy.
- Following the inspection the registered manager confirmed the issues we found in medicines documentation had been rectified.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. Relatives and representatives told us they felt people were safe. One relative told us, "I have no concerns, none at all. I believe (relative) is safe." Another relative said, "I'm convinced they are safe. They feel safe and that's why they are happy. We have no concerns about them in the home. They were very happy to return there after a visit to us recently."
- Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns by following appropriate procedures. The registered manager agreed with our observation that refreshed safeguarding posters around the service with information for staff and people would be beneficial.
- The provider had systems in place to safeguard people from abuse and was aware of how to follow local safeguarding protocols when required.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- There were sufficient staff available to ensure people's support needs were met. Feedback and records confirmed staffing levels were consistent. The service did not use agency staff which meant there was a permanent team available to support people.

Preventing and controlling infection

- We found one ensuite bathroom which had not been cleaned in line with the cleaning schedule. The registered manager acted upon this when brought to their attention.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. We saw appropriate follow up action was taken. This included consideration of how to reduce the risk of something similar happening in future.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were not fully effective as they were not always timely. For example, accidents and incidents had not been audited since April 2021 and the quarterly health and safety audit due in July 2021 had not been done. Some issues identified in an internal health and safety inspection of October 2020 had not been acted upon promptly. The registered manager was aware of these issues and confirmed they would be addressed immediately.
- Audit processes did not always identify all issues which required attention. For example, the medicines audit did not identify an out of date medicine stored in a person's cabinet and the infection control audit did not pick up the lack of recent cleaning in an en-suite shower room. The need to update various care records had not been identified as an area of improvement. The registered manager confirmed they would strengthen these processes.
- Management oversight of care records had not identified the need for a full review of DNACPR (Do not attempt cardiopulmonary resuscitation) decisions. It was not clear if relatives/next of kin had been involved in some discussions, and the information outlined in some care plans differed to decisions made in DNACPR documentation in people's care files. The registered manager contacted the GP surgery immediately to initiate a full review.

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

- The registered manager was committed to ensuring people received good quality care. Positive feedback was received about the registered manager. Relatives told us they were, 'efficient' and 'good'. Staff we spoke to during the inspection told us the manager was supportive and approachable.
- The pandemic impacted significantly upon people's ability to go out into the community and do their usual activities. We heard examples of people starting to make social arrangements and doing things they enjoyed again. This was supported by the service and in line with the Right support, right care, right culture guidance. Some relatives thought their loved ones would benefit from going out more.
- All of the feedback we received, and our observations, confirmed staff put people at the centre of the service and provided good quality care that focussed on their care needs.

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

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.
- The manager was open and transparent about the improvements which needed to be made, and committed to achieving these. They were supportive of the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings were held and minutes were recorded. We saw a range of topics were discussed including PPE, training and team dynamics. A system of one to one supervision was in place for staff to discuss their role and any support needed. This was being embedded to ensure regular sessions took place.
- Some relatives had returned feedback questionnaires giving their views on the care and support provided to their loved one living in the service. Other relatives told us they had not received a survey. Relatives were in regular communication with staff and were kept updated by staff and the registered manager.
- The registered manager told us people living in the service provided their views and were kept updated on a one to one basis according to their communication preferences and abilities. Throughout the inspection we observed staff interact warmly with people, ask their opinions, and respect their choices.

Working in partnership with others

- The provider and staff team worked in partnership with other professionals to ensure people living in the service received the right support, right care and right culture. This included working with health professionals such as the GP, district nurses and occupational therapists. They also worked with local authority teams responsible for safeguarding people and monitoring the quality of their care.
- Following the inspection the registered manager liaised with a local fire safety officer to ensure the process of assessing fire risks in the premises was undertaken in line with best practice guidance.