

Norse Care (Services) Limited

St Augustines Place

Inspection report

Addison Road
Gorleston
Great Yarmouth
Norfolk
NR31 0PA

Tel: 01493441710
Website: www.norsecare.co.uk

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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

About the service: St Augustine's Place provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service comprised of 20 flats and 14 bungalows. At the time of visit there were 34 people receiving support with personal care from the service.

What life is like for people using this service:

- There were sufficient numbers of suitably trained staff to meet the needs of people living at St Augustine's Place. People told us the staff were kind and caring.
- St Augustine's Place provided people with opportunities to engage in meaningful activities and supported people with this where it was part of their agreed care plan. This reduced the risk of social isolation.
- People who required support to maintain good nutrition and hydration told us they received the support they needed.
- Information about people's preferences in coming to the end of their life were documented. The service worked well with other agencies to ensure people had a comfortable, pain free death.
- People told us staff were respectful, asked for their consent and gave them the privacy they wished for.
- Where required, people were supported to make appointments with other healthcare professionals and attend appointments.
- People were actively involved in the planning of their care and had access to several ways to give feedback on the service they received. People's feedback was acted on.

See more information in Detailed Findings below.

Rating at last inspection: At the last inspection on 1 September 2016 the service was rated Good.

Why we inspected: This was a planned inspection following the service's registration with the Commission.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-Led

Details are in our Well-Led findings below.

Good ●

St Augustines Place

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older people living in supported living flats. Not everyone living at St Augustine's Place receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service to ask about their experience of the care provided.

We spoke with the registered manager and three support workers. We looked at five records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding processes and procedures. They had received training in this subject.
- People told us they felt safe, one said, "This is home. I feel safe here." Another told us, "I feel very safe here."

Assessing risk, safety monitoring and management

- Comprehensive assessments were carried out to identify any risks to people. Where risks were identified, clear measures to reduce the risk were documented. People were involved in discussions about risk reduction where possible.
- Assessments were carried out of people's mobility and how they could be supported to do this safely. There was clear information available for staff on how to support people safely, considering their right to independence.

Staffing and recruitment

- Sufficient numbers of staff were deployed to meet people's needs. Care was taken to ensure enough staff were available to meet people's preferences, such as the time of day they like to receive their personal care.
- The registered manager told us that the service was flexible, with enough staff on duty at all times during the day to respond to people's requests for support outside of the care schedule they had agreed.
- People told us they felt there were enough staff to meet their needs. One said, "Last week I fell, I pressed my bell and they were here within minutes." Another person told us, "They're always here when they're expected." One other person commented, "They don't rush you. If they've come to see you for a specific reason they'll spend the time to get it right."
- Staff told us they had enough time to meet people's needs and they did not feel rushed. They told us that the registered manager was hands on and assisted the staff if they needed it.

Using medicines safely

- Where people required it, they received appropriate support with their medicines. The service risk assessed and supported people to self-administer their medicines where they were able.
- Staff had received regular training in medicines and their competency was assessed regularly.
- Monthly audits were carried out of medicines to ensure any errors could be identified. We saw that action was taken where minor records shortfalls had been identified.

Preventing and controlling infection

- Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. The service checked whether staff were using appropriate PPE at unannounced quality checks.

Learning lessons when things go wrong

- Incidents and accidents were recorded and thorough investigations carried out. If people had falls these were recorded and analysed to see whether any actions were required to reduce the risk of future falls.
- The registered manager monitored whether incidents could indicate changes were required to people's care and support.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Comprehensive assessments of people's needs were carried out before the service began supporting them. These were reviewed regularly to assess whether people's needs had changed.
- People's care records were written in a way that reflected best practice guidance.

Staff support: induction, training, skills and experience

- People told us they felt the staff were skilled enough to support them. One said, "I can't fault them."
- The service provided staff with suitable training for the role. This included specific training relating to the needs of people they supported, such as pressure care training and training on dietary supplements.
- Staff were encouraged to aspire to improve their skills and undertake training for positions with more responsibility. One staff member said, "They encourage us to be the best we can be."
- One staff member told us they had been offered a place on a course to be a team leader and were completing an NVQ with the registered manager's support.
- Senior staff carried out unannounced spot checks to assess the skills of care staff and to ensure that training had been effective.
- Staff spoke positively about the supportive environment the registered and deputy manager created. They said they had regular supervision sessions and felt able to share their views and feelings.

Eating, drinking and a balanced diet

- People told us they received support with their meals if they required it. One said, "You get a choice of whether you want the meals they provide or if you want to get them elsewhere. Staff come and help me with those and get drinks."
- The support people required with eating and drinking was assessed and documented in their care records. People's preferences were documented to ensure staff could support them in a person-centred way.

- The registered manager told us that they personally did the food shopping for several people using the service. They said these people had previously had supermarket deliveries but the quality of the food varied so the registered manager had offered to do their shopping for them.

Supporting people to live healthier lives, access healthcare services and support

- People told us the service helped them access support from external health professionals if they needed it. One said, "No hassle, they'll call the doctor."
- The service assessed the support people required with making appointments with other professionals and this was documented.
- Records were kept of the contact people had with healthcare professionals and the outcome of this contact to ensure staff were aware of any advice or guidance provided. This information was also included in the handover between shifts so staff could implement any potential changes to people's care.

Ensuring consent to care and treatment in line with law and guidance

- 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 Mental Capacity Act (MCA).
- People told us that staff were respectful of their right to make choices and asked for their consent. One said, "They always knock and let me know they're coming. They always ask what they can do for me."
- The service assessed people's capacity to make specific decisions and the outcome of these assessments was documented.
- Staff had a good understanding of consent processes. One said, "We don't go in people's flats without permission or if they are not there to invite us in."

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them with care, kindness and respect. One said, "The staff are wonderful. I genuinely consider them to be good friends." Another person told us, "They cannot do enough for you. The management too." One other person commented, "The staff bend over backwards for you. Whatever you want is done."
- People told us staff showed genuine concern for their wellbeing. One person said, "I felt unwell this morning and staff kept popping in all the while on and off to check I was okay."
- People told us they received care from a stable group of staff they knew and had built relationships with. The registered manager ensured they scheduled staff in order to meet people's specific preferences and matched staff with likeminded people.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were involved in the planning of their care. One person said, "I know what is in my care plans. I've signed them." All the care plans we reviewed were signed by people to indicate they were happy with the content.
- Staff understood their role in supporting people to make decisions about their healthcare options and involved people in discussions about this.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff treated them with dignity and respected their privacy. One said, "The staff are very respectful as this is my own home."
- Staff we spoke with demonstrated they knew about people's specific preferences when they visited their home. For example, staff said one person didn't like staff wearing shoes in their flat so they always took them off.
- Care plans made clear the parts of tasks people could complete independently and what they required

support with. Staff demonstrated to us they had an awareness of promoting independence and not over-supporting people.

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were personalised and included information about their interests, hobbies, likes and dislikes.
- There were detailed life histories in place for people living with dementia. This meant staff could better understand people who may not always be able to recall these details themselves.
- People told us staff knew them well and knew their preferences. One said, "They know you as a person." Another person told us, "All the staff know me well and I know them. We are good friends, I'm always pleased to see them."
- People told us staff would come and visit them 'just for a chat' which demonstrated to us that they were not task focused.
- The support people required to reduce the risk of social isolation and loneliness was set out in their care records. Staff had an awareness of reducing these risks and the registered manager told us they ensured there were sufficient staff available to spend time with people.
- The registered manager also employed a member of activities staff on Monday, Wednesdays and Fridays. They led on activities such as games, baking and crafts. One person told us, "The activities and outings are always good. We went to [the pub] at Christmas for dinner. It was lovely."
- The registered manager also told us the activities staff member had spoken to people about their goals and aspirations. They said one person living with advanced dementia had been withdrawn and did not want to participate in activities so the activities assistant spent time 1:1 with them.
- The registered manager said during one of these times, the person stated they wanted to be able to go to the beach. We were told that as the person got closer to the beach they started to remember more and that helped staff to understand them better.
- One person told us about the efforts staff had made to make their birthday special. They said, "I got 14 cards that day from the carers. Everyone was made aware it was my birthday and they got me a cake which we all shared. It makes you feel more like this is home."

End of life care and support

- Personalised end of life care plans were in place for those who wished to have them. Each person had been given the opportunity to talk about their preferences and record these if they wished. Some people had not wanted to discuss it and this was respected by the service.
- Clear plans were in place for one person who was receiving end of life care, making clear the support they needed from the staff to remain comfortable.
- The service worked well with local district nursing teams to ensure people received prompt, joined up care.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of our visit. However, there was a suitable complaints procedure in place.
- People had copies of the complaints procedure and knew how to complain. One person said, "There are signs and notes all over saying if you aren't happy, tell us. They would definitely listen."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their responsibilities in promoting person centred, high quality care. They ensured that people had maximum involvement in care planning and that staff had time to develop meaningful relationships with people.
- Care was taken to match people using the service with staff according to their preferences, hobbies and personal interests.

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

- There were adequate governance procedures in place to assess the quality of the service and identify areas for improvement. Staff working at different levels were aware of their responsibilities with regard to governance and maintaining quality care.
- Areas of risk and shortfalls were identified and promptly acted on. The provider monitored the performance of the service and its management team to ensure people received consistently high-quality care.
- Notifications and referrals were made appropriately by the management team. Notifications to the commission are required when certain incidents occur.

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

- People were given regular opportunities to feedback on the service they received. The registered manager invited people to meetings where they could express their views.

- The minutes of a recent meeting showed that people were supported to raise complaints with outside agencies and seek a resolution.
- People told us they felt listened to. One said, "We have meetings. [Registered manager] always says we should say our opinions so they know how we feel."
- People were also given the opportunity to complete a questionnaire to rate the service they received. The results of the most recent survey were all positive, and no areas for improvement or action were suggested by respondents.
- The staff we spoke with were positive about working for the service and about the management team. They spoke of how supportive the registered manager was and how helpful their hands-on approach was.
- The provider held yearly awards evenings for staff and the staff told us this made them feel valued. The registered manager told us that the activities assistant had won an award for 'aspiration' the previous year.
- The service had built links with the local community. This included collecting for a local food bank. Some people chose to accompany staff to deliver what had been collected and help out.
- The service also had links with local schools and nurseries who visited regularly to take part in activities and spend time with people who enjoyed the company of children.

Continuous learning and improving care

- The registered manager and provider had a robust quality assurance system in place. We were told that the regional manager came out monthly to carry out supervision for the managers and carry out audits.
- The service employed team leaders who were supernumerary half of their shift. They had received specific team leader training and part of their role was to observe staff practice and address shortfalls.
- The service had a continuous improvement plan in place, which stated how the service intended to develop and continuously improve.
- Area's for planned improvement included supporting people to access better quality food according to their preferences.

Working in partnership with others

- The management team had built positive relationships with external health professionals and commissioners such as Norfolk County Council. They were open, transparent and willing to take advice and act on this. Records confirmed that the service took note of advice or guidance and put this into practice.