Normanshire Care Services Ltd

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Inspection report

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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 18 December 2017 and was announced. We told the provider 48 hours before our visit that we would be coming to allow time for the staff to prepare people who may experience anxiety about unfamiliar visitors. At the previous inspection in January 2016 the service was overall rated as Good.

Normanshire Care Services Ltd is a 'care home' for people who have a learning disability. People in care homes receive accommodation and 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 home accommodates a maximum of six people in one terrace house. At the time of our inspection there were six people living at the home.

There was a registered manager at this service. 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.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans were in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. Medicines were stored and administered safely. The home environment was clean and infection control procedures were being followed.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests. We saw people were able to choose what they ate and drank. The home was well decorated and adapted to meet their needs of the people

Relatives told us that people well treated and the staff were caring. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People had access to a wide variety of activities. The service had a complaints procedure in place.

Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place.

These included survey and audits.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Normanshire Care Services Ltd

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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspector was informed by feedback from professionals which included the local borough contracts and commissioning team that had placements at the home, the local borough safeguarding team, and a learning disabilities liaison nurse that provided services to the home. We used information the provider sent us in the 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.

This inspection took place on the18 December 2017 and was announced. We told the provider 48 hours before our visit that we would be coming to allow time for the staff to prepare people who may experience anxiety about unfamiliar visitors.

During our inspection we spoke with the registered manager, the deputy manager, the director of the service, and two support workers. We also spoke with a social worker during the inspection. After the inspection we spoke with three relatives of people who used the service, and the general director of a day centre which people used. We were unable to observe how staff interacted with people because only one person was at the service during our inspection. This person indicated they were anxious being observed so we respected their wishes. The other people who lived at the service were visiting relatives for the holiday period, and at a day centre.

We looked at four care files, staff duty rosters, three staff files which included supervision records and two recruitment records, a range of audits, minutes for various meetings, two medicines records, three finance records, accidents and incidents, training information, policies and procedures, and safeguarding information.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative when asked if the service was safe said, "I do think [relative] is quite safe. The staff have my [relative's] best interests at heart." Another relative told us, "[Relative] is safe."

The service had safeguarding policies and procedures in place. Staff were able to tell us about the signs of abuse and how they would report their concerns, including to agencies outside of the organisation, such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff had access to the local authority safeguarding policy and protocols which included how to contact the safeguarding team. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed. One staff member told us, "I would make the person safe and report to my line manager immediately. We would go to the provider, the local borough and CQC if no action taken." Another staff member said, "Any safeguarding we report to the manager. Every borough has a safeguarding team. The number is in our policy."

The registered manager told us and we saw records that showed there had been three safeguarding incidents since the last inspection. They were able to describe the actions they had taken which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were medicines, toileting, daily activities, choking, road safety, and personal care. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were recorded by two members of staff and we saw records of this. Records showed a financial audit was conducted monthly. This minimised the chances of financial abuse occurring.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded. For example, we saw a person had a challenging incident with a person in the community. As a result, a safeguarding referral was raised. In addition, the person's risk assessments and support plans were updated to support them more safely in the community. There had been no further incidents for this person in the community. This meant the service learned from incidents and put procedures in place for prevention.

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Sufficient staff were available to support people. Relatives told us there were enough staff available to provide support for them when they needed it. One relative told us, "I think there is enough staff. [Relative] usually gets two to one with staff." Another relative said, "They have enough staff there. They have enough staff when they go out." Staff told us they were able to provide the support people needed. One staff member told us, "[Provider] are providing enough staff." Another staff member said, "[Provider] calls bank staff for emergencies." Any appointments for people, vacancies, sickness and holiday leave were covered by bank staff. The general director for a day centre people used told us, "They provide the right level of staffing."

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Reasons for giving PRN medicines were documented in the medicine folder for people. Each person had a pictorial easy to read guide for individual medicines which covered what the medicine was, the side effects and administration. This meant people were receiving their medicines in a safe way.

Equipment checks and servicing were regularly carried out. The service had completed all relevant health and safety checks including fridge/freezer temperature checks, fire system and equipment tests, emergency lighting, portable appliance testing, gas and electrical safety checks, and water temperature checks Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Records showed staff had completed training on infection control. Staff had access to policies and guidance on infection control which covered such topics as personal protective equipment (PPE), training, and outbreaks of infectious diseases. Records showed cleaning schedules had been recently discussed in the staff meeting for November 2017. Each bathroom had a pictorial guide on how to wash your hands. The registered manager told us and showed us records of a monthly audit which looked at cleanliness of the home. One staff member told us, "First wash hands when giving personal care and wear appropriate gloves and clothing." Another staff member said, "The rooms are sanitised every day to control cross infection.

Good

Is the service effective?

Our findings

Relatives told us the staff were very good and supportive. One relative told us, "The staff I know are brilliant." The general director for a day centre people used said, "The staff are professional. It is a very unique service."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The pre-admission assessment looked at people's physical, mental health and social needs. The registered manager told us there had been one new admission since our last inspection. A relative told us, "At the beginning I was involved."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "Training is good. If we need more training the manager will give it to us." Another staff member said, "We get safeguarding, PBS (positive behavioural support), medicines training. We have one trainer who comes here. They also help with the Care Certificate." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such safeguarding, medicines, first aid, infection control, managing challenging behaviour, food safety, health and safety, equality and diversity, dignity and respect, PBS, learning disabilities and autism, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

New staff joining the service completed the care certificate. The care certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. When new staff joined the service they completed an induction programme which included shadowing more experienced staff. One staff member said, "Induction was six weeks. We shadowed as well."

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included incident reporting, daily recording, support plans, and health reviews. Each supervision focused on a different policy such as safeguarding, infection control, and medicines. One staff member said of their supervision, "Discuss how to make things better and if any issues." Another staff member said, "Supervision is every two months. It's like a friendly talk." Annual appraisals were completed and people who used the service could feedback on staff performance. All staff we spoke with confirmed they received yearly appraisals and we saw records of this.

People's dietary needs and preferences were discussed with them or with relatives before admission to the service. Menus were developed weekly and displayed in the kitchen. The menu was divided to take account of peoples individual likes and dislikes. Staff encouraged people to eat a healthy balanced diet, and recorded peoples food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Some people had very specific dietary requirements. Records showed this was clearly documented in people's support plans and staff when asked, knew people's dietary needs. Discussions had taken place with relatives and health professionals to ensure the appropriate level of support was given and

staff were vigilant about how much people ate and drank. People's weights were regularly recorded and any significant changes reported to the registered manager. A relative told us, "They [staff] are in contact with the GP and dietician and they have given recommendations what to eat. They are sticking to the plan. The last home he lost weight and was undernourished. This home finds different methods to allow [relative] to eat." Another relative said, "[Relative] is very difficult when it comes to food. He likes rice, sausage rolls and fish. He has snacks. They encourage him to have a variety of food."

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals. A record was kept of all health appointments and contacts. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helps people to make sure that the service had thought about people's health and that their health needs were being met. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. Relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member. One relative told us, "[Relative] has a dietician and a doctor as well. He is also on medication. I know they have lowered the dosage." The same relative said, "If [relative] becomes sick I am the first to know." Another relative commented, "[Relative] sees doctor and dentist regularly. When he sees them they [staff] let me know."

The premises, décor and furnishings were maintained to a high standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use. The home was spacious and free from clutter. People's bedrooms were personalised.

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

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make an application for consideration to deprive a person of their liberty. We saw applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the registered manager and deputy manager were able to explain the process they would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications. We saw evidence of these principles being applied during our inspection.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. One relative said, "The [staff] I know are caring, especially the key worker. She takes her time and puts in a lot of effort. She genuinely cares. [Staff] are in it just not for the money. They really do engage in with [relative]." Another relative told us, "They [staff] are very good to [relative]." The general director of a day centre people used said, "Oh yes they are very caring. Even our other clients are well associated with them. Our clients like their staff. The staff are very polite and smiling. They are very positive."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "[People who used the service] feel we are part of their life. Have a very good relationship." Another staff member told us, "We are day to day part of their life."

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "We have to do an assessment and prepare the care plan. Take charge of the health plan. All this information helps us prepare the care plan." Another staff member said, "We make appointment and any referrals. Arrange resident and family meetings and keep up to date records." Relatives we spoke with knew the keyworkers for their relatives living in the home. One relative told us, "The key worker is [staff member]. We always speak to her regularly. They always let me know how [relative] is." Another relative said, "[Keyworker] is brilliant with him and understands him." Records confirmed key working sessions were being regularly completed.

People and their relatives were actively involved in making decisions about the care and support provided. Support plans were reviewed regularly with input from people and their relatives. Records confirmed this. One relative told us, "I am told about [relative's] reviews which I go too. The last review we spoke about his care plan." Another relative said, "[Relative] has a care plan and a support plan. I told them what he likes to do. I told them what he likes to eat and when he is not happy what they need to do. I was involved in it. They invite me and we sit down."

People's privacy and dignity was respected. Staff we spoke with gave examples of how they respected people's privacy. One staff member told us, "When [people who used the service] go to their room we give them space." Another staff member said, "When giving personal care we will close the door." A relative said, "Yes I think [staff] respect [relative's] dignity." Another relative told us," There are times when his care worker is able to gauge if [relative] is upset. She asks if he needs anything and she steps away. She understood [relative] needed his space."

People's independence was encouraged. Staff gave examples of how they involved people with domestic tasks and doing certain aspects of their personal care to help become more independent. This was reflected in the support plans for people. For example, one support plan stated, "Learn to brush my teeth. I will need

staff to prompt and teach me how to put tooth paste on the tooth brush. How to use the tooth brush to brush my teeth." One staff member told us, "Show [person] a video on how to use a toothbrush." A relative said, "[Staff] get [relative] to do things independently."

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive to people's needs. One relative said, "Staff have been there a long time. They are very good. They are responsive."

Following initial assessment people's care and support plans were designed around their specific individual assessed needs. The support plans had a section called 'about me' which included background history, relationships with family and friends, cultural needs and any other information that would help support the service provide personalised care.

Support plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. The support plans covered communication, medicines, personal care, dressing and undressing, mobility, finances, eating and drinking, mental health and emotional wellbeing, religious and spiritual needs, daily living skills, and hobbies and interests. The support plans were person centred. For example, one person needed support with nail care. The support plan stated, "Staff to support [person] and introduce a high five, touch his fingers and gradually work their way towards cutting his hand and toe nails. It will all depend upon [person] being comfortable. Staff should never force him to get his nails cut. Leave him straight away and give him space if he is agitated while staff is trying to cut his nails." Another example, one person needed support when showing signs of challenging behaviours. The support plan stated, "Triggers include, waiting too long for food or not having the freedom to pace in and out of the kitchen when cleaning is in progress. Distraction tools that can be used include, presenting my favourite toys, turning on my favourite music, asking [person] if he would like to go for a walk, lots of reassurance, offer him his favourite drink, giving him the option of going to his room to relax or none of the above succeeds, staff should use therapeutic interactions with [person]. These include, use of theraputty, physical contact, in the form of tapping their palms and then his palms. This helps to reduce anxiety and distract." Theraputty is hand exercise material used for developing hand muscle strength and increasing endurance.

People's cultural and religious needs were respected when planning and delivering care. Staff told us and records showed people visited their place of worship. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We are open to everyone. We do not discriminate." The deputy manager said, "We would treat them like any other client. We respect their choice in life." A staff member told us, "We would make them secure and safe. No discrimination."

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection one person was at a day centre, two people were with family, and one person was engaging with activities at the home. We observed this person playing the keyboard with staff supporting them. People were supported to engage in activities outside the home to ensure they were part of the local community. One relative told us, "I think [relative] is stimulated enough. [Relative] does go out to the shops, trips, and big long drives. He is quite active." Another relative said, "[Relative] likes swimming and going shopping. Sometimes he doesn't want to go out. They

need to encourage him. I think they do [encourage him]."

There was a complaints process available to people. People were given a 'service user handbook' which explained how they could make a complaint in an easy read pictorial format. A pictorial guide was also available in the communal area. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

Relatives knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. One relative told us, "I would inform [registered manager and [relative's] social worker." Another relative said, "I would talk to the manager to make a complaint or social services." There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. The registered manager told us there had been one formal complaint since the last inspection. This complaint had been dealt with through the safeguarding process and because of this the provider explained to us that a formal response had not been given to the person who made the complaint. The provider assured us in the future the complaint process would be followed.

At the time of our inspection the service did not have any people receiving end of life care. The service did not have an end of policy for people who used the service. However after the inspection the provider sent us a policy that was appropriate for people who used the service. Each person had an end of life arrangements form completed which covered funeral arrangements and any special requirements. Records showed relatives were involved. One staff member said, "We discuss end of life with the family. It's an important part of the care."

Good

Is the service well-led?

Our findings

Relatives told us that they liked the home and they thought that it was well led. One relative said, "I think the care home is quite good in terms of the management and the communication we have got. [Registered manager] keeps me in loop with all the current updates on [relative]." The same relative told us, "Staff seem happy there and that is reflective of the management. The relationship with [registered manager] is very good. He is very compassionate. He is able to sympathise. He has a relationship with [relative]." Another relative said, "He is very polite and very nice. [Relative] is in good hands." The general director of a day centre people used said, "The manager and deputy provide information we need."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "Very friendly and approachable. He will observe everything. You can talk to him about anything." Another staff member said, "Very calm and composed. Approachable 24/7." The deputy manager said about their relationship with the registered manager, "We have a good relationship. He has taught me everything. You can call him anytime. He is very responsive."

The registered manager told us that they felt that communication was open at the service and, "It's about being a leader just not a manager." They told us about their vision and values for the service and spoke about aspirations to be an outstanding rated service in the future with the CQC. The registered manager told us about their continuous learning which included being a member of Skills for Care. Skills for Care is an organisation that provides practical tools and support to help adult social care organisations in recruitment, development and lead their workforce. The registered manager was also a member of the Institute for Learning Disabilities and had joined a social network group that supported registered managers strive to be outstanding in their field.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics such as cleaning schedules, safeguarding, training, quality assurance, complaints, accidents and incidents, medicines, positive behavioural support, and updated information on the CQC. One staff member told us how often meetings took place, "Every two months but if there is an issue they will call [a meeting]." Another staff member said, "We discuss any issues about running the service and the service users. Any changes or improvements. It is always a two sided discussion."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The registered manager told us they conducted a monthly audit with the director of the service. The audit looked at cleanliness of the home, care plans and risk assessments, medicines, quality assurance, food and hygiene, people's finances, staff rotas, activities, care records and feedback from staff. The registered manager or the director also conducted spot checks on staff. The spot checks looked at punctuality, personal appearance, respect for people used the service, communication, and medicine administration. The spot checks ranged from early morning to late evening and records confirmed

this. The registered manager told us the provider had employed an external company to conduct audit checks starting from January 2018.

The provider had a system in place to obtain the views of family members of the people who used the service. Feedback surveys were completed by family members. The feedback we saw was positive. For example, one person's relative stated, "Relationship is very good with [relative]. Staff know what he needs and what he is trying to communicate." Another feedback form stated, "Staff are very good. Always very caring toward [relative]. He is always happy when I come to see him." One relative told us, "Every time I go I get asked for feedback and I fill out form." Another relative said, "They do send me [questionnaire] about how I feel and I give them feedback. They do it about every six months."