CareTech Community Services Limited

Normandy House

Inspection report

2 Laser Close
Shenley Lodge
Milton Keynes
Buckinghamshire
MK5 7AZ

Tel: 01908673974

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Normandy House provides personal care and accommodation for up to six people who have learning disabilities and may also be living with dementia. The home is located in a residential area of Milton Keynes. On the day of our inspection there were five people living in the service.

We carried out this inspection on 21 March 2016, to check that improvements had been made following our focused inspection on 14 July 2015. This inspection was unannounced.

There was no registered manager in post during our inspection; however the service had a new manager who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Although there were systems in place in respect of the Mental Capacity Act 2005 (MCA) these were not always used appropriately to ensure that decision specific assessments were completed for people.

Care plans were based upon people's individual needs and preferences. We found that they were reviewed and updated regularly, to ensure they reflected the most up-to-date information regarding people's care needs. However, records did not show that people or their relatives were full participants within the formal review process, which meant that their input into the care planning process was not always well documented.

Quality monitoring systems and processes were in place but were not always used as effectively as they could have been. The manager required time to embed their proposed changes so as to drive future improvement.

People felt safe in the service. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Systems in place were not followed to ensure that appropriate action was taken to keep people safe from abuse or neglect. Potential safeguarding incidents were reported to relevant external agencies. Risk assessments ensured that staff understood how to manage risks to promote people's safety.

Robust recruitment checks took place in order to establish that staff were safe to work with people. There were adequate numbers of staff on duty to support people safely and ensure people had opportunities to take part in activities of their choice. Systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

Staff were provided with an induction programme when they commenced employment and they also received on-going training, based on the needs of the people who lived at the service. They benefitted from

additional support within regular supervision sessions which enabled them to discuss any concerns and training and development needs.

People were able to access snacks and fluids throughout the day. Meals were based upon their preferences and catered for specialist dietary requirements. People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs.

Staff were friendly, kind and compassionate towards people. They engaged with them in a friendly manner and assisted them as required, whilst encouraging them to remain as independent as possible. Staff treated people with dignity and respect and understood their specific needs and wishes. Advocacy services were accessed to enable people to have a voice when this was appropriate.

People were supported to undertake activities both inside and outside of the service to keep them engaged. The service also had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The service was led by a manager who was new in post, with additional support from the deputy manager. Although the manager was new to the service we found that there was an open and transparent culture, which was used to good effect in supporting people and staff to express their views about the delivery of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were risk management plans in place to promote people's safety

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

There were systems in place in respect of medicines which ensured that people's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems in place in respect of the Mental Capacity Act 2005 (MCA) were not always used appropriately to ensure that decision specific assessments were completed for people.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access relevant healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff supported people to develop positive and caring relationships.

People were treated with dignity and respect and staff worked

hard to ensure this was maintained.

People were able to make choices about their day to day lives and the care given was based upon their individual preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives, were not consistently involved in formal reviews of their care, although their needs were reviewed on a regular basis.

People participated in activities based upon their personal preferences and in accordance with their abilities.

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to monitor the quality of the service provided to people. However, the manager required time to embed their plan of action to prioritise those areas where improvements were required.

The service had a welcoming atmosphere, as well as an open and positive culture.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service, especially since the new manager had come into post.

Normandy House

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 21 March 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we checked the information we held about the service and the provider and saw that the service had been working closely with the local authority to address areas of improvement. We found we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with three people and observed two others, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of those people who could not talk with us.

We looked at four people's care records to see if they were accurate and reflected their needs. We reviewed three staff recruitment files, three staff supervision records, four weeks of staff duty rotas and a variety of staff training records. We checked four medicine administration records and also reviewed how complaints were managed. We looked at records relating to the management of the service, including quality audits and health and safety checks. The aim of this was to ensure the service had robust systems in place to monitor quality assurance and drive future improvement.

Good

Is the service safe?

Our findings

People felt safe living in the service and told us they knew who to speak with if they had a concern about their welfare. One person said, "Yes, they keep me safe here." Another person nodded when we asked if they felt safe and secure with the staff that supported them. We observed that people were calm and relaxed in the presence of staff and able to interact with them about any concerns they had.

Staff were able to give us some examples of what they considered to be abuse, and told us how they would respond to allegations or incidents of abuse. One staff member told us, "We all want people to be safe." They went on to tell us that they would always report any issues of concern to the manager so they would be acted upon. Another staff member said, "No doubt about it, if I thought anything was wrong then I would tell the manager." The manager told us they considered people's safety within the service to be of paramount importance and wanted to ensure that safeguarding was a regular topic for discussion in staff meetings and supervisions.

Safeguarding policies were displayed at the service and contained contact details for the local authority and were in a format that people could understand. Records showed that safeguarding concerns had been referred to the local authority for investigation when required and that staff had received safeguarding training. There were systems in place to protect people from abuse and to keep them free from harm.

Staff took appropriate action following any accidents or incidents. One staff member told us, "It is very important if something happens that we document it and report it straight away." We found that incidents were recorded and where appropriate reported to organisations including the Care Quality Commission (CQC) and local authorities. Action had been taken by the service to minimise the risk of incidents happening again.

Risks to people's health and well-being had been identified and assessed by the service. Staff told us that they used risk assessments to ensure appropriate action was taken to help keep people safe but also where possible, to promote their independence. One staff member said, "It is important that we try and let people do as much as they can, to take some risks." We found that risk assessments were in place, and reviewed regularly to ensure that safe and appropriate care was delivered to people. We saw risk assessments in place for areas including nutrition, mobility and skin integrity. Care plans incorporated a section, marked as 'alert' designed to draw staff's attention to potential risk factors. We found that more comprehensive records of risk factors were also in place, which provided staff with a more detailed guide to maintaining people's safety.

The manager told us that the service had contingency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. We saw there were also contact details of emergency telephone numbers displayed in the service which were accessible to staff should they be required in the event of an emergency situation.

People told us they thought there was enough staff to support them. One person told us, "Well, I get to go

out and staff always help me with things." Another person nodded when we asked them if there were enough staff to support them with the things they needed assistance with. Staff considered there was enough staff on duty on a daily basis to give people the care they needed. One staff member said, "Yes, there are enough of us, we do use agency but they are the same people so that gives us some consistency. We are also waiting for new staff to start which will be good." The manager discussed that recent recruitment had taken place and that once staff vacancies had been filled the reliance upon agency staff would reduce. Records confirmed that recruitment was underway to fill outstanding vacancies.

During the inspection there was sufficient staff on duty to meet people's care needs, and to enable people to go out into the community. The number of staff on duty for each shift was clearly detailed on the rota. We found that this was prepared in advance so that if there were any required changes, these could be made in a timely manner. Rotas' evidenced that there was an appropriate ratio of staff to people, with two waking night staff employed ensuring that staff were available throughout a 24 hour period. We found that staffing levels were reviewed regularly and adjusted when people's needs changed. The numbers of staff were sufficient to meet people's needs.

Staff underwent a robust recruitment process before they started to work at the service. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out though the Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People told us they were happy with their medication administration and that they were supported by staff to take their medicines safely. One person said, "My tablets are in my room and I have them when I need them." Another person smiled when we asked them if they were given their medication when they needed it. Staff told us that this was always administered to people in accordance with their prescription. One said, "It is really important that people get their medication when they need it." Staff who administered medicines told us they were trained and their competency was observed by senior staff and we found evidence to confirm this.

We observed staff giving some people their medicines. They sat with people and encouraged them to take their medicines and watched whilst they did so. They ensured people were comfortable and had agreed to take each of the medicines. Medicines were stored securely in locked cabinets in people's rooms. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required. Medicine administration records (MAR) were completed properly with no unexplained omissions. Medicines were managed safely.

Requires Improvement

Is the service effective?

Our findings

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).

There were systems in place to support people who lacked capacity to make their own decisions. Staff were aware of the principles of the MCA, and applied it to their role if they suspected that people may lack the mental capacity to make decisions for themselves. One staff member said, "It's important that any decision made for someone is in their best interests." Another staff member told us, "We want to make sure things are right for people." We found that the manager, who had only just come into post, was working hard to ensure that people's records contained an accurate record of their specific mental capacity. They told us that they intended to review all generic mental capacity assessments within people's records and ensure that individual assessments were completed for more decision specific areas, for example, personal care. Records showed that although there had been a consideration of people's mental capacity that the resulting information was not always then transferred into people's specific care plans. This meant that, when people were considered to have variable capacity, there was sometimes limited guidance for staff as to what areas each person had the ability to consent to and what areas they did not. However, records showed that decisions had been made in people's best interests where they lacked capacity; to ensure they received the right care and support to maintain their health and wellbeing.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met, and found that systems were in place to ensure this was done in line with legislation. The manager told us that DoLS applications had been submitted for people. We found that records contained copies of authorisations raised to deprive people of their liberty, along with the supporting information used to accompany the applications.

People told us that staff asked for their permission before they did anything to support them. One person said, "They always ask me." Staff also confirmed they checked with people that they were happy to undertake any aspect of their care. One staff member said, "It is important that we check with people if they are happy to do something." Another told us, "Even when people cannot tell us, we always watch to make sure they are ok with something. We can tell by their body language." Throughout our inspection, we saw that staff sought consent from people before providing them with care or support. Staff were patient and waited for people to answer them, before carrying out a task, such as clearing away someone's plates or helping them move to another area of the service.

Although most of the people living in the home were unable to tell us whether they considered staff had the appropriate skills to provide them with their required care, one person said, "Yeah, they know what they are

doing." Another person nodded when we asked them if staff supported them in the right way. Our general observations confirmed that staff applied the knowledge gained from training to support people. For example, in the use of hoist transfers to support people who were immobile.

New staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. One staff member explained that they had been given time to review people's care plans and observe the provision of care to people. They felt this was beneficial in giving them experience of the work they would go on to do. It also helped them to understand people's needs and to get to know them before they began to work more independently. The manager told us, and records confirmed that the induction programme included both a corporate induction and a more service specific one. This was based upon the essential standards of care contained within the Care Certificate. Records showed that new staff received induction training, which included health and safety, fire safety, moving and handling and safeguarding components, along with relevant training to ensure that they could meet people's assessed needs. When staff required additional time to complete their induction, records detailed that this would be discussed so as to find a suitable resolution.

Staff received training on a variety of topics, appropriate to the people they supported. One staff member told us, "We have lots of training, it all helps us." Another staff member said, "The training is more than sufficient, some is face to face and some is by e-learning. It does help us to know what we need to do." The manager confirmed that training was on-going for staff and that dates had been set for future training sessions, for example, in respect of Percutaneous Endoscopic Gastrostomy (PEG) tube feeding. We found that staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults. Staff were also supported to complete additional training relevant to people's specific needs and in support of their own personal development; for example, the manager confirmed they would commence their Qualification Credit Framework (QCF) Level 5 training later this year. People were looked after by staff that had the necessary understanding and knowledge to meet their needs appropriately.

Staff felt well supported by the manager who they said was accessible and approachable. They told us they received regular supervision. This enabled them to discuss training and development needs, and any areas of concern in respect of the people who lived in the service. We discussed supervisions with the manager and found there was a schedule in place to ensure these were undertaken on a regular basis. In the near future it was envisaged that supervisions would be cascaded to senior staff to monitor and complete. Records confirmed that supervisions had taken place.

People told us the food they had was good. One person said, "I like all the food I have." Another person smiled and nodded when we asked them if they thought the food was nice. The manager told us of their plans to revise the menus to ensure that staff and people had a better awareness of the specific nutritional details for each meal choice. They were going to work on a colour coded format which would show specific dietary values for meals choices. Menus were planned in advance and people were encouraged to select their choice of meal with staff and if they did not want what was on offer, a range of alternatives were available. The menu was displayed on notice boards with other notices and information so that people could see what was available.

People had access to health services to ensure their general health and well-being was maintained. One person told us that staff supported them when they visited the doctor or went to the hospital. Staff told us it was important they helped people to stay well but also to manage any changes within people's conditions as they arose. Records showed that people attended hospital and GP appointments and also received visits from a range of professionals, including community learning disability nurses, social workers, speech and

language therapists and dieticians. People received on-going support from healthcare professionals in line with their needs.

Good

Is the service caring?

Our findings

People were happy with the care and support provided and told us that staff were kind towards them. When we asked one person if they felt staff were caring, they said, "I like him." This comment was in reference to their keyworker with whom they felt they had a good relationship. Another person gave us the thumbs up sign and laughed and smiled when we asked if they were happy in the service. People were observed to be happy with the care and support provided to them and we saw some positive dynamics between people and staff who responded to people's requests with compassion. Positive and caring relationships had developed between staff and the people who used the service.

We found there was a homely atmosphere within the service and it was apparent that people felt like it was their own home. In contrast to our last inspection, we observed that people were more relaxed and calm; they had the freedom to go where they liked in the service and were content to be in the presence of staff. Staff were receptive to people who were tactile and responded to requests for hugs in an appropriate manner. We observed that people sought reassurance from being close to staff, and that there was lots of laughter, joking and cheerful chat taking place. Our observations demonstrated that staff had positive relationships with the people they supported.

Staff were observed to be happy in their roles. They told us that the service had recently had its issues but that they felt they were moving forward. They said that some staff had left but those that remained were keen and dedicated and wanted to work hard to ensure that people received the care they needed and that was right for them. One staff member told us, "I do enjoy being here and the relationship we have with people is good. We really want them to have the best." Another staff member said, "We need to do right by them, to give them a good quality of life." Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. During our inspection we saw that both people and staff went to the manager for help and advice. They were listened to and the manager demonstrated that they understood their individual needs and preferences and respected their contributions.

As much as possible, people were involved in making decisions about the way in which their care was provided. Staff told us that people's bedrooms had been furnished and decorated in the way they liked to reflect their individual interests and taste. People were given choices, such as in how they spent their time during the day, what time they got up and what clothes they wanted to wear,
and staff respected their choices.

People were treated with dignity and respect by the staff that supported them. One person nodded to acknowledge that staff gave them choices and respected their decisions. Staff understood the role they had in maintaining people's dignity. One said, "We knock on people's doors and make sure that care is given behind closed doors" They explained how they knocked on people's doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people's privacy and dignity were respected.

Relatives were involved in the care of people and acted on their behalf. Records confirmed that they visited people on a regular basis. We found that one relative visited on a daily basis and was welcomed into the service to spend time with their loved one. Access to advocacy services was also available to people if this was needed and we found that information was accessible for staff on how to obtain this support should it be required.

Requires Improvement

Is the service responsive?

Our findings

People's preferences, wishes and choices had been taken into account in the planning of their care and support and the care plans we looked at confirmed this. However, it was not always easy to determine whether people and their relatives had been involved in the review of care plans. We discussed this with the manager who acknowledged that although care plans were reviewed on a regular basis, formal service reviews may not always have adequately documented people's involvement in the process. The manager showed us their plans to meet with all relatives over the next few weeks where they intended to discuss the review process and determine how much involvement people and relatives wanted.

The manager also told us that resident's meetings took place but that they would like these to take place on a more regular basis. We found that previous minutes of these meetings only included feedback from people who could verbalise. There was no indication that people who experienced issues in expressing themselves had been supported by staff to communicate their views by the use of tools such as pictures or key words. Meetings did not always encourage or empower people to make suggestions about how other areas of the service could be improved.

People were not able to tell us if an assessment of their needs had been carried out before they came to stay in the home. However, the manager confirmed that any new admission would always be assessed to determine if their needs could be met and whether they would be suitable with the mix of current people within the service. The manager told us they were aware of the impact that a previous admission had created for people and staff and that they would seek to lessen this when any new admissions were possible. Records confirmed that pre-admission assessments took place before people moved into the service.

Care plans enabled staff to understand people's needs and to deliver them appropriately. One staff member said, "They give us all the information we need and help us to know what people want." Another staff member told us, "They guide us as to everything we need to know about and we can then build on that through the practical side of things." People's care plans contained information that was person centred and included details about the person's background, their preferences, what was important to them and how they wanted to be supported. They were in an easy read, pictorial format and were individualised and relevant to each person. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was also guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People told us they were asked about their individual preferences and interests and whether any improvements could be made to the delivery of care through key worker meetings and daily contact. Staff ensured people were content with the care they received, through meetings and general conversations. We found that staff took time to talk with people about what they wanted and what their individual needs were. People's needs had been assessed with their interests at heart.

People told us they had access to a range of activities which suited their individual interests. One person

attended a day centre on a regular basis and another person enjoyed going shopping with their key worker. Due to the complex needs of people we found there was not a rigid activity plan in place; staff undertook activities based to suit people's abilities on a day to day basis. We observed individual activities taking place, for example staff spending time talking to people about music or playing games with people, giving them the opportunity to be tactile. People also enjoyed having hand massages and being pampered. The manager discussed with us plans to enhance the garden area so that those people, who wanted to, could join in with some gardening activities. Plans were also in place to discuss going on holiday for those people that wanted to. Although people did not follow a structured activity schedule, we found that they were kept engaged and supported to undertake a variety of activities.

People were supported to make complaints or raise concerns if they had them. We asked one person what they would do if they were worried and they told us they would speak to staff if they had a concern. Staff supported people to raise concerns if they had any and we found accessible information that explained how people could complain. There had been no recent complains but we saw from past issues that there was an effective complaints system in place and that the manager responded appropriately to complaints. The complaints log showed that complaints were responded to appropriately and in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

The service was led by a manager who was new in post. Although they were not yet registered with the CQC, we found that they had already applied to become the registered manager and that their application was in progress. The manager confirmed that they had received support from the provider and other management staff within the wider organisation. Internally within the service, the manager was also supported by a deputy manager and a team leader.

Since our last inspection we found that continued efforts had been made to areas that required improvement. Risk assessment processes were in place and care records were updated on a regular basis and contained relevant information to guide staff as to people's care needs. However the manager, who was new in post, required time to embed some additional changes in respect of making improvements to the implementation of decision specific mental capacity assessments and formalising people and their relatives involvement in the review process.

Through our discussions with the manager we found that they understood the key challenges they faced. Records confirmed they had worked with the local authority to take steps to address them and to move forward from past issues. Staff told us that it was important that they all considered how the service needed to be developed in order to meet people's care needs and to continue improving. One staff member said, "I think there is light at the end of the tunnel now, we are moving forward." The manager told us that they wanted to provide good quality care and through our discussions, it was evident that all staff were working to improve the service provided and to make the people who lived at the home as happy and comfortable as possible.

Staff told us that the manager was very approachable and had the right skills to fulfil the role and move the service forward. They said that they had taken the time to get to know people and make themselves accessible to staff. We observed staff asking questions of the manager during our inspection and being given constructive support. We found that the manager was hands on in their approach to people and willing to support people and staff with whatever they required.

During our inspection we saw there was an open culture within the service. Staff members said that the team were close and worked well together, all having a common goal which was to provide good quality care. Staff acknowledged that the service had room to improve but felt that they could achieve this goal.

Staff told us that they had the opportunity to attend staff meetings. They told us that they felt listened to and able to raise issues about the service with the staff team including the new manager. We found that meetings were held regularly and saw that the minutes covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support.

Any accident or injury was documented so that appropriate action could be taken. Systems were in place for

recording accidents and incidents and we found that these were linked to people's individual care plans. There was a clear record of any incidents that had occurred and these were properly recorded and analysed to identify any patterns within the service.

Quality assurance systems were in place. We saw there was a programme of regular audits which had been carried out on areas, including health and safety, infection control and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, writing reports and identifying possible areas for improvement.