Norse Care (Services) Limited

Barley Court

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

Barley Court is a 'housing with care' service that provides people with personal care in their own flats (accommodated in one large building). At the time of the inspection, 50 older people and 4 people with a learning disability were using the service.

This announced inspection took place on 07 December 2016 and was carried out by one inspector.

At the time of the inspection there was a registered manager in place. However, at the time of the inspection they were working in a different position for the registered provider so were not in day to day charge of the service. A new manager had been appointed and was applying to the Commission to become the registered manager. 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.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005 and to report on what we find. The provider was acting in accordance with the requirements of the MCA. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People told us they felt safe. Risk assessments were in place which gave staff the information they needed to minimise risks to people. Staff had an understanding of how to protect people from harm and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. Staff received the training and support they required to carry out their role.

Staff were kind and caring when working with people. They knew people well and were aware of their preferences, likes and dislikes. People's privacy and dignity were upheld.

People were supported to take their medicines as prescribed. Records showed that medicines were administered as prescribed. People were supported to maintain good health. This was because staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed. When needed people were supported to ensure they had adequate food and drink that they enjoyed.

Care plans were in place detailing how people wished to be supported and these had been produced in conjunction with people using the service.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the manager if they needed to.

People had confidence in the manager and the way the service was run. The manager ensured the staff team were well supported. In addition, there were opportunities for people and staff to provide feedback about any improvements that could be made, and these were listened to and acted on.

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 were aware of the procedures to follow if they suspected someone might have been harmed.

Risks to people had been assessed and managed to reduce the risks where possible.

People received their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005. This meant that people's rights were being protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued

Is the service responsive?

Good

The service was responsive.

There was detailed information so that staff knew how people wanted to be supported. This meant that people received care and support in the way wanted to.

There was a system in place to receive and manage people's suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

Staff were enabled to discuss any concerns they had with the management team and were confident to question any colleagues' practice if they needed to.

The provider operated an open culture and welcomed ideas for improvement.

Audits and actions plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

Barley Court

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 07 December 2016 and was announced. We announced the inspection as we needed someone to be available. The inspection was carried out by one inspector.

Before we carried out this inspection we reviewed the information we held about this service including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also sent questionnaires to people who use the service, their relatives and community professionals to seek their views on the service being provided.

During our inspection we spoke with the manager, the deputy manager, a team leader and a care support worker. We also spoke with five people who used the service. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records.

Good

Is the service safe?

Our findings

People told us that knowing they could call the staff for support at any time helped them to feel safe. One person told us, "I feel safe living here; there are more people around to talk to."

Risk assessments had been undertaken by a staff member trained to do so. Any risks to the person and to the staff supporting them were assessed. Staff were able to tell us how they followed risk assessments. This helped to ensure that risks to people were minimised but they could still carry out the tasks and activities they wished to. For example, one person had stated that they wanted to continue cooking for themselves but was aware that this could place them at risk. A risk assessment had been completed which included providing firefighting equipment and staff support. This had resulted in the person being able to continue to cook for themself. This meant that the person had been able to do something that they enjoyed but the risk had been minimised to try and keep them safe. We saw that risk assessments had been reviewed and updated where necessary.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns. Staff told us that the contact details to report any allegation of harm were displayed in the staff room. Ten out of ten people who completed our questionnaire stated that they felt safe from abuse and harm from the care staff.

Accident and incident forms had been completed when necessary. The PIR stated, "We report and analyse our incidents, accidents, falls and medication concerns regularly. Offering opportunity to review these and minimise where possible where noticing patterns". The manager stated that this information was then shared during staff meetings to prevent reoccurrence of the accident or incident when possible.

We saw that there was a sufficient number of staff working to meet people's needs. One person told us, "There is always someone [member of care staff] when I need them. If not I use my pendant to call them." The manager stated that they used a dependency assessment tool to record how much support people needed. This was regularly reviewed with the staff that worked with people to ensure it was accurate. The manager also stated that to avoid, "Institutional care" they didn't allocate set times for people to have staff support. This allowed people the choice of what time they got up as they could request the staff support each day when they wanted it. The number of staff working at different times of day reflected the busier and quieter periods to allow this to happen. Extra hours to cover staff sickness, absence, annual leave and training were also included. Staff told us they had time to meet people's needs and provide them with the support they required. One member of staff told us, "I quite regularly just go and sit and chat with people", because they had the time to do so.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. References and acceptable criminal records checks had been

completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the service.

Medicines were administered by staff who were trained and assessed to be competent to do so. Staff told us and records confirmed that they had completed an administration of medicines training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medicines in a safe way. Relevant medicines administration guidance was provided and being followed as appropriate. Each person had a medication risk assessment in place. The manager stated that when staff had made any errors in the administration of medication they had to complete extra training and completed a further competency test. This was before being allowed to work unsupervised. Regular audits of the medication records were being carried out to identify and rectify any issues as needed.

Personal emergency evacuation plans were in place for each person. This meant that staff had the information they needed if people needed to be assisted out of their homes in an emergency. Contingency plans were in place for any foreseeable emergencies that may occur.

Good

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. We checked whether the provider was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded in detail. Staff had a good understanding of the principles of the MCA. Staff were aware that people could make what they thought may be "unwise" decisions but they if they had the capacity to make the decision they this was respected. For example, one person had been assessed as needing a thickening agent in their drinks to prevent them choking. However, the person did not always want to use this when they were in public. This decision was respected by the staff.

Staff told us that the training programme equipped them for their roles. For example, one member of staff told us that they had completed training in Parkinson's disease. They stated, "The training helped all the staff realise how important it is for someone with Parkinson's disease to have their medication on time." New staff completed a thorough induction including the Care Certificate. The Care Certificate is a nationally recognised qualification. The manager stated that all staff were required to complete training in emergency first aid, fire safety, food hygiene, health and safety awareness, manual handling, MCA, dementia awareness, safe handling of medication and safeguarding vulnerable people. The training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. The manager stated that she was aware of which members of staff had not completed their training as requested. They had taken the necessary steps to ensure staff completed this in a timely manner.

Staff told us that they felt supported. They said that they received formal supervisions and regular meetings with a line manager when they were in their probationary period. One member of staff told us that they didn't need to wait for their supervision sessions but could, "Raise concerns with a manager at any time." One team leader told us that they regularly observed how the care staff worked to ensure that they working to the required standards and in the way people preferred. The manager stated that they encouraged staff development and offered extra training and shadow shifts at other locations if they wanted to work towards a managerial role.

Staff demonstrated to us their knowledge of people's special dietary needs and any food and drink preferences. People confirmed that they could choose what they would like to eat and drink and care staff supported them to prepare it if needed. The PIR stated that nutritional assessments were completed and reviewed for each person. This was so that any unintentional weight loss could be monitored and action taken when needed. We saw that this was the case and that one person was being supported with

nutritional supplements to maintain a healthy weight.

The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. The manager stated that she had met with the GPs from the local surgery and arranged for them to visit the property once a week to see people about any health issues. People also confirmed that they were supported to access any healthcare professionals for any issues. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs.

Good

Is the service caring?

Our findings

We found that people were being looked after in a caring way. All ten of the people that returned our questionnaire told us that they thought their care and support workers are caring and kind. One person we spoke with told us, "The staff are brilliant, lovely people." Another person told us, "The manager is lovely. The carers (care staff) are always polite." One member of care staff told us, "I love my job, helping someone and making them smile when they are down."

People told us that they were well-looked after because staff were kind and caring. One person told us, "They [the staff] like you to tell them if there is anything wrong and they listen to you. If I wasn't happy I could go to anybody and tell them." Another person told us, "I have very very nice carers [care staff]." Another person told us, "The carers are very nice, especially [name of a member of care staff]. She is very open hearted and straight forward. They are always polite."

One member of staff told us, "I enjoy the interactions with the tenants [people that use the service].I like to go home and feel good that I have sorted out a problem for someone, that I've made a difference." They also told us, "We use the Butterfly approach – we can help people have little moments of meaningfulness." They gave an example of when someone had been anxious that morning. They had sat with them and held their hand and talked about the necklace the person was wearing. This had helped to relieve the person's anxieties. The staff member told us, "A small gesture can make a huge difference to someone's day." We saw that when care staff walked by people in the communal areas they always interacted with them in a caring way.

People's care plans included information about what was important to them as an individual. Staff were aware of what made people happy. One person's care plan stated, "I like to be independent and would prefer to guide staff rather than feel like they are taking over. I like to take my time and do things properly myself."

All ten of the people that responded to our questionnaire told us that their care and support workers treated them with dignity and respect and promoted their independence. One member of the care staff told us, "I always treat people with dignity and respect. When I help them with personal care I try to keep them covered up with a towel. When I'm hoisting them I try to make sure it's dignified. I treat people how I would want to be treated." Another member of staff told us they tried to promote one person's dignity. They did this by but asking what assistance they would like with their drinks before entering the communal areas (to avoid embarrassment for the person). One person told us, "The carers are always polite. They all knock on the door and ask if I want anything doing." People were encouraged to be independent as much as they were able to be. One person told us, "The care staff encourage me to do things for myself." The manager had asked people and staff to think about and record what they thought was important regarding promoting people's dignity The manager stated that the comments would be shared at the next team meeting.

When one person had needed independent help to make some important decisions the manager had arranged for an advocate to support them. Advocates are people who are independent of the service and

who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People received personalised care in the way that they wanted to. Nine out of the ten people who responded to our questionnaire stated that they were involved in making decisions about their care (the other person didn't know if they were).

Each person was allocated a keyworker [member of the care staff] who got to know them and their family well. The keyworker role included spending extra time with the person so that they would review their care and support. This was to ensure that their care plans reflected how they wanted to be cared for. One person told us, "I have seen my care plan and agreed with it. The care staff sit with me every now and again to review it." One person told us that the care staff understood how their medical conditions affected them and in response supported them at a pace that suited them.

The care plans were detailed and contained a lot of information for staff to enable them to meet people's needs. They were written in a positive manner and included information about the individual and what they could do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs, communication, medication, nutrition and any health issues. For example, one person was at risk of damage to their skin and the care plan contained information about how this could be prevented and how staff were to monitor it. The monitoring charts showed that the person was being assisted to reposition regularly to minimise the risk of pressures ulcers. The care plans we looked at had been signed to say the person agreed with it. Each week care staff were able to review and update care plans to ensure they reflected people's current needs. The manager told us that people who used the service, and if they wished, their families, were invited to a more formal annual review to discuss their care and support. One healthcare professional who responded to our questionnaire stated, "Care notes for residents (people who use the service) were up to date and appeared holistic and person centred. Written recommendations provided by myself were updated in the care notes when I next visited."

When required staff helped people to plan and co-ordinate activities according to their interests. People told us that they had enjoyed a recent trip out for a Christmas meal with other people who used the service and staff.

There was a complaints procedure in place. One person told us, "If I wasn't happy about something I could tell any of the staff. I told them about a problem with my light and it was sorted out the next day." Another person said, "If I was unhappy I would talk to the manager about it and she would sort it out." We saw that a complaint received from a person who used the service had been dealt with appropriately. Information was made available to people to encourage them to complain if they were not happy with the care they received.

Good

Is the service well-led?

Our findings

Although there was a registered manager they were no longer working in the service. A new manager was in post and was in the process of applying to the commission to be the registered manager. The new manager had only been in post for four weeks but had worked in the deputy manager's position before their new role. We spent time with the new manager during the inspection. The staff we talked to were very positive about the new manager. One member of staff told us, "I work very closely with the manager and the deputy. They are both very open; I can raise concerns at any time. It's the best we have been for a long time. It (the management team) feels settled."

There was a positive culture within the service. The manager and care staff explained that the values for the service included treating people with respect and dignity and setting high standards of care and not accepting second best for people who use the service. The manager stated that they had arranged for their office to be moved elsewhere in the main building so that they were more visible and accessible to people who used the service and the staff.

People were involved in the running of the service. Regular meetings were held for people who used the service so that they could discuss any issues or make recommendations for improvements. For example, it had been requested that information was available about activities organised for people who used the service. We saw that this had been done. The PIR stated that quality assurance surveys were sent out annually to people who use the service and the results and action plan were available to people. People confirmed that they were asked for their views on the service and could make recommendations for improvements if needed. One person told us. "The manager comes and asks if I'm happy with everything." Regular news letters were sent to people who used the service. This included information about any new staff and activities.

There were systems in place to monitor the quality of the service being provided. The manager, deputy manager and team leaders observed how the staff worked with people. This ensured they were following people's support plans and the correct procedures and provider's policies. The manager completed regular audits including care plans, supervisions, health and safety, complaints, accidents and medication. This identified any areas for improvements. The manager stated that the provider's quality manager supported them to produce and monitor action plans put in place to address any issues. For example, the medication audit had identified an issue which had resulted from poor communication. A medication checklist had been put in place for staff to complete each month to avoid a reoccurrence. A representative of the provider also carried out unannounced visits to the service to complete audits of the service being provided.

Regular staff meetings were being held. Care staff confirmed that they could add any items to the agenda that they wished to discuss. For example, one member of staff told us that they had raised the issue of suitable times for supporting people with activities. They said that this had resulted in more staff being available to help with activities for people.

Detailed handovers between care staff were carried out at least twice a day so that staff were made aware of

any changes. We observed a handover and found that it was carried out in a professional manner. As well as any health issues that were discussed people's well-being was also discussed. For example, one member of staff asked for the care staff to offer extra support to a person who was recently bereaved.

Representatives of the staff also held regular "Committee meetings" with the managers. The aim of the meetings was to improve Barley Court and make sure it was a place where people enjoyed living and working. There was also a focus group held once a month when staff would look at a different topic and what improvements could be made. For example, they had recently looked at promoting people's dignity and discussed different scenarios and how it could best be achieved.

Staff were aware of the whistle blowing procedure and, when needed, had used it. This had helped to ensure that only the right people continued to be employed in the service. This also showed that the provider had an open and honest culture.

The registered provider had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC when needed.