

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Normanshire Care Services is a residential care home which provides accommodation and personal care to up to 6 adults living with a learning disability or autism. The service is provided in one building across two floors with a garden. At the time of inspection 6 people were using the service.

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

Right Support

The model of care and the setting maximised people's choice and control. People had their own bedroom and had access to shared facilities including a garden. People were protected from the risks associated with the spread of infection and were supported to take their medicines safely.

People's risks were assessed in a person-centred way. Care plans and risk assessments were regularly reviewed and involved relatives and advocates as appropriate. People who may become anxious or distressed had proactive plans in place to reduce the need for restrictive practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People's needs were assessed before they began to use the service to ensure the provider could meet those needs. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.

Relatives confirmed they were included in decision making about their relative's care. People were supported to eat and drink enough to maintain a balanced diet. Staff involved people in choosing their food and planning their meals. Staff supported people to maintain their health and worked jointly with healthcare professionals to improve outcomes for people.

Right Culture

Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. The management team worked directly with people and led by example. Relatives and staff confirmed they would be able to raise concerns to enable improvements to be made to

the service. Relatives were asked by the provider about their opinions of the service.

Staff were recruited safely and there were enough staff on duty to meet people's needs. People were protected from abuse and poor care. The provider supported staff with training and supervision. Training included learning disability and autism so care could be provided effectively.

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

Rating at last inspection

The last rating for this service was good (published 16 September 2021)

At our last inspection we made a recommendation in relation to the referral and assessment of people's needs. At this inspection we found the provider had taken action on this and improvements had been made.

Why we inspected.

We received concerns in relation to the general care and safety of people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

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

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Normanshire Care Services Ltd

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of 1 inspector.

Service and Service Type

Normanshire Care Services Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Normanshire Care Services Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of Inspection

We gave the service 2 hours' notice of the inspection. This was because it is a small service and people are often out and we wanted to be sure there would be people at home and staff to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed care and treatment in communal areas. We spoke with 2 relatives and 1 person who used the service. We spoke with 4 staff including the registered manager, service manager, team leader and 1 care staff. We looked at a range of management records including medicines and quality audits. We reviewed 3 people's care records including risk assessments and 3 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A person said, "I do feel safe."
- Relatives confirmed they felt their relative was safe with staff. Comments included, "I do think [relative] is safe" and "[The service] is very safe."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "The manager we have is good and has a zero tolerance to abuse or neglect."
- The provider understood their responsibility to safeguard people using the service.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People had risk assessments in place including about mobility, showering or bathing, using stairs, road safety and food preparation.
- The service manager explained how they reduced the risks of harm to people and said, "We have risk assessments in place. Staff are aware of the likely risk. I do visual checks of the service to check things like trip hazards."
- The registered manager told us, "There is a process in place according to our policy. All of the team meet up and we say what sort of risk it is, and we take it from there. We do a consultation meeting with [the family]."
- Records around risk assessments were detailed. For example, a person's risk assessment about road safety stated, "Staff should explain to [person] when coming up to crossing the road the importance of stopping and looking."
- Behaviour support plans were in place for people who may become distressed or anxious. These gave clear guidance to staff about the signs to look for when the person was becoming distressed or anxious and how to respond.
- The provider had a policy for handling people's money and kept records of people's expenditure. We checked the records of expenditure for one person and the amount of money people had remaining and these were correct.
- Building safety checks were carried out as required. For example, portable electrical appliances were tested on 15 December 2022, emergency lighting checked on 20 November 2022 and firefighting equipment checked on 26 April 2022.

Staffing and recruitment

- Records confirmed, and we observed there were enough staff on duty to meet people's needs including where they needed 1 or 2 staff support for indoor and outdoor activities.
- Relatives confirmed there was always enough staff on duty to meet people's needs. A relative said, "Yes, [relative] is well supported." Another relative said, "I think there are too many staff. It can be a bit too noisy at times."
- Records and staff confirmed there was always enough staff on duty. A staff member said, "Yes, we have enough staff."
- The service manager told us they used agency staff to cover planned staff absences and permanent staff were asked to swap their shifts to cover absences that were unplanned.
- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. This included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and correctly. We checked stock count for five boxed medicines and saw this matched the amount recorded.
- We checked the medicines for three people using the service. Medicine administration records were completed correctly with no gaps.
- Detailed guidelines were in place for people who were prescribed 'as needed' medicines so staff would know when and how to administer these.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Where prescribed calming medicine was given on an 'as needed' basis, a manager had to approve the administration on each occasion.
- Controlled drugs were stored and recorded appropriately. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people.
- People had a medicine support plan and risk assessment in place which indicated what support the person needed with their medicines. For example, a person's medicine care plan detailed the risks for staff to be aware of for them taking blood thinning medicine.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have family or friends visiting at any time. This was confirmed by relatives. The service manager told us visitors were in the habit of telling them in advance when they would be visiting although this was no longer required. They explained as well as helping to prevent overcrowding in the service, the visit could be planned around the person's activities.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. We reviewed a sample of these records and saw actions taken and lessons learnt were documented.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service manager told us lessons learnt from accidents and incidents were shared with staff and gave us examples of these. They said, "We talk about it in team meetings. It's something we do very well."
- Staff knew what action they should take if there was an accident or incident and confirmed lessons learnt was shared with them. A staff member said, "It should be documented in the log and an incident report is completed. The manager addresses it with staff and staff are onto it. Lessons are taken and documented."

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found although improvements had been made, further improvements were needed in relation to fully assessing people's needs in order to achieve the best possible outcome. The provider had made improvements.

- People's care needs were fully assessed before they began to use the service to ensure the provider could meet those needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication and sensory needs. Assessments included the person's, cultural, spiritual, relationship, physical and mental health needs.
- There were clear pathways to future goals, including skills teaching in people's support plans. For example, a person had a goal to get a part time job. Records showed staff had supported them with this goal and they had now been offered a job.

Staff support: induction, training, skills and experience

- People were supported by staff who were supported with relevant training. This included training in supporting people with a learning disability and/or autism and positive behaviour support.
- Relatives told us they thought staff had the skills needed to provide their relative with care. A relative told us, there had been new staff starting who they felt needed time to develop skills in using Makaton. Makaton uses speech with signs and symbols to help people communicate.
- Staff confirmed they were supported with regular training opportunities. Comments included, "Everyday with [service manager] is about training. We learn every day" and "[The training] is very helpful."
- New staff completed induction training which included shadowing experienced staff and being allocated a mentor so they would have colleague to colleague support.
- Staff new to caring were required to complete the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed refresher training courses which helped them continuously apply best practice. This included health and safety topics such as emergency first aid and fire safety.
- The provider supported staff with regular supervision and appraisal. Staff told us they found this helpful. These meetings included discussions about the people using the service and the staff member's wellbeing, performance, goals and training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. They were involved in choosing their food, shopping, and planning their meals.
- People were supported by staff to be involved in preparing and cooking their meals in their preferred way. A person told us the food was, "Very good and I help staff prepare the food."
- Staff explained how they supported people with their nutrition. A staff member said, "We make sure we have enough food in the service for them. We try to prompt, encourage, and support." Another staff member told us, "We do the shopping every Monday and Friday. We actually ask [people using the service] what they would like to eat."
- We saw the kitchen was well stocked with nutritious food which was stored appropriately and at safe temperatures. Staff told us they prepared an alternative if a person changed their mind about what they wanted to eat.
- Care plans detailed people's food and drink preferences as well as the support they needed. For example, one person preferred to be offered a choice of two plated meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. Care records showed the outcome of appointments people had with various healthcare professionals.
- Relatives told us they were satisfied with how staff supported people with their health. Comments included, "I am happy they are keeping an eye on that [relative's health] and "[Relative's health] is the one thing they are constantly in contact with me about."
- Staff confirmed they supported people with healthcare appointments and described how they supported people with oral healthcare. A staff member said, "We have a form to fill in to assess their teeth and to check there is no decay. Some people have fluoride prescribed by the GP."
- People had a health action plan which gave guidance to staff about how to support the person to keep healthy. People also had a hospital passport which contained information about them including how they communicated. The person could show this to hospital health staff to help them get the care they needed in an easy way to understand.
- During the inspection, the service was visited by the multi-disciplinary team from the GP surgery to carry out annual health reviews with the people using the service. This team consisted of a nurse practitioner, a healthcare assistant and the pharmacist.

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms on the ground floor or first floor which they personalised to meet their individual needs. A person told us they liked their bedroom and having a large, fitted wardrobe space.
- We observed people looked comfortable and relaxed making use of the communal areas of the home such as, the open plan lounge and dining area. There was a desk in the dining area which was available for people using the service and staff to use.
- The upstairs bathroom had a bath which was fitted with a removable bath seat. This meant it could be easily accessible for people with mobility needs.
- People had access to a garden area with colourful fencing. There was a separate laundry room in the garden area which people could access. Staff had a separate office building in the garden which they could work from.
- The provider had recently redecorated the communal areas of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and any conditions relating to DoLS authorisations were being met. At the time of this inspection, 5 people had an appropriately authorised deprivation of liberty safeguards (DoLS) in place.
- The service had carried out mental capacity assessments and best interest's decision-making for people where this was appropriate. People had access to advocacy where this was appropriate.
- Staff understood the need to obtain consent before delivering care. A staff member told us, "I cannot just walk into their room. I still have to knock." This staff member explained how they offered a person two choices of food, activities or clothes and asked which they wanted.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service aimed to achieve good outcomes for people.
- Management was visible in the service, approachable and worked directly with people, leading by example. A person told us, "[Service manager] is accessible so that makes it comforting to me."
- Relatives told us they were satisfied with how the service was managed and their suggestions to improve the service were welcomed. A relative told us, "I have a good relationship with the [service manager]. If there were any problems, I would definitely speak to them."
- Staff spoke positively about the management of the service. Comments included, "[Managers] are very, very approachable" and "[Registered manager] comes here often and door is wide open. [Service manager] is actually good at what they do and they are quite approachable."
- The service manager explained, "Staff know how to contact me if they need support and advice when I am not here." The registered manager told us, "I am always on call and [service manager] is there to cover me when I am not available."
- The service manager told us about the recognition award they had introduced which helped people using the service and staff to feel valued. We saw 3 people using the service had received a certificate for achievement of goals. A person proudly showed us their certificate and told us there was a plan to display everyone's certificate on the notice board.
- We noted 3 staff had also received an achievement certificate for dedication, commitment and hard work. The team leader had received an achievement certificate for their performance and contribution to the service. The staff had surprised the service manager with a certificate for their dedicated service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to notify the local authority and CQC about safeguardings and incidents. CQC had received notifications as appropriate.
- The service manager demonstrated they understood their responsibilities under the duty of candour and said, "It's being open and transparent when things go wrong; not hesitating in notifying the family and if necessary apologising to the family and what we are going to do to make things better."
- The registered manager told us, "We should be open and honest with the people we care about. There is a statutory requirement to notify [relevant authorities] of serious incidents. The crucial part is to apologise to the [person]. We make sure we learn from those mistakes."

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

- People were supported by managers and staff who were clear about their roles and responsibilities. A staff member told us, "I am leading the team, so I am everywhere and with all [staff and people using the service]."
- A staff member told us they were kept updated about any changes and said, "We do handover. We have a group chat where we pass on vital information."
- The provider had a quality audit system to check for improvements which could be made. This included health and safety, infection control daily medicine spot checks.
- We reviewed the service manager's monthly audit for January 2023. Areas for improvement had been noted for report writing which included gaps in food and fluid charts, body check section of logs and waking night logs. We noted action had been taken and the outcome documented on these areas.
- The registered manager carried out monthly checks of the service which included cleanliness, record keeping, medicines, daily activities and quality monitoring. Records for January 2023 noted the only action was for the grass in the garden to be trimmed. The action taken was a staff member was allocated for this task.

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

- The provider had systems in place to engage with people using the service, relatives and staff through feedback surveys and meetings.
- The most recent annual relative's survey carried out with relatives included positive feedback about the staff and the care and facilities provided. A relative stated, "[Relative] relates with the staff very well and they treat well with utmost care and with love."
- Feedback sought from 5 external professionals was positive. We noted the GP, an advocate and 3 social workers all indicated they were very satisfied with the service provided.
- People using the service had regular meetings. We reviewed the minutes of the meeting held in November 2022. Topics discussed included the house decoration, fire safety, how people were feeling and if they knew what to do if they were not happy. We noted each person had the opportunity to contribute to the meeting.
- Staff told us they had regular meetings and they found them useful. A staff member said, "They [meetings] are very useful because we pass on vital information."
- We reviewed the minutes of the staff meeting held in December 2022 and noted topics discussed included updates on the wellbeing of people using the service, waking night feedback, training and complaints.

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people including dietician, occupational therapists, psychiatrist and podiatrist. Records confirmed this.
- The service manager told us they had a good working relationship with the GP practice. We observed positive interactions between the multi-disciplinary team from the GP practice visiting the service, the service manager, and the team leader.
- The service received positive feedback during the survey of professionals from the GP surgery which stated, "Very good communication between [the] home and surgery. Surgery is promptly advised of any concerns."
- The registered manager told us they had a positive working partnership with other professionals including the local authority rehabilitation team, occupational therapist, social workers and behaviour therapists.