Norse Care (Services) Limited

Sydney House

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

The inspection took place on 26 April 2016 and was unannounced. The service provided accommodation for persons who require nursing or personal care for up to 40 people. There were 33 people living in the home when we inspected, some living with dementia.

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. There was a registered manager in post.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur.

There were effective processes in place to minimise and review risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were suitable for the role. People were safely supported to take their medicines.

Staff had received training in areas specific to the people they were supporting and this helped to make sure that people received care individual to their needs. Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished.

Some people had applications in for the lawful deprivation of their liberty (Deprivation of Liberty Safeguards (DoLS)) and staff were able to explain how they promoted choice where people had variable capacity. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to access healthcare wherever necessary and in a timely manner. People's nutrition and hydration needs were met and drinks were available throughout the day.

People's privacy and dignity were promoted and they had good relationships with staff who were kind and caring towards them. People were encouraged to be as independent as possible and make their own choices.

Staff had good knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff and relatives, and activities were carried out in line with people's preferences.

The management team was visible throughout the home and people found them approachable. They found the registered manager was responsive in addressing any concerns. People were encouraged to provide feedback on the service and, and regular meetings took place.

There were systems in place to monitor the quality of the service and these were used to develop and improve the service.

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.

People were supported by a sufficient number of competent staff. Staff had a good awareness of how to keep people safe.

Medicines were managed and administered safely.

Risk assessments were in place for individuals and their environment and these were followed and reviewed to minimise avoidable harm.

Is the service effective?

Good

The service was effective.

Staff sought consent, and people were supported to make their own choices.

People had access a choice of nutritious food and drinks were available throughout the day. People's dietary needs were met and staff had a good knowledge of people's nutritional requirements.

People had timely access to healthcare services. Staff worked with, and followed advice given from healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind. Staff respected people's privacy and dignity.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were able to participate in a variety of activities. The service was responsive to people's individual requests respecting

their hobbies and personal interests where possible.

Staff knew the people they were caring for well and reported any changes or issues promptly.

Is the service well-led?

Good

The service was well-led.

The provider had effective quality assurance processes which helped drive improvement.

The culture of the staff in the home was positive and they worked well as a team.

Sydney 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.

The inspection took place on 26 April 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with twelve people living in the home, four visitors and a volunteer. We spoke with two visiting healthcare professionals and nine members of staff in the home. The staff we spoke with included the registered manager and the manager who was to be taking over the role in May, the deputy manager, a trainee care worker, a team leader, two care workers, the cook and the business support administrator who also worked as an activities coordinator. In addition, we spoke with three members of staff from the provider organisation, including a quality manager, the regional director and the learning and development lead.

We reviewed care records and risk assessments for five people who lived at the home and checked a sample of medicine administration records. We reviewed a sample of other risk assessments, quality assurance records, recruitment files and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

One person living in the home said, "I feel safe, and I'm comfortable here." A visitor said, "[Relative] is safe and well looked after. This gives me peace of mind." Staff knew how to protect people from harm and additional safeguarding information was available in communal areas of the home. Staff told us about what different types of abuse there were. They told us what they would look out for and who they would report any concerns to should they have any. Staff also received safeguarding training and any new staff's understanding was reviewed during their probationary period. We saw that there were processes in place to protect people from abuse or harm, and staff knew how to implement them, which contributed to people's safety. It was also reflected in a recent survey that all of the people living in the home who filled in the survey felt safe.

People's care records contained individual risk assessments included people's ability to use the call bell system, nutrition, mobility and continence. Where people had sustained a fall, associated action plans were in the care plan resulting from it. Risk assessments for individuals included risks for pressure areas. Staff were able to tell us how they look for any pressure areas. One member of staff said, "I get people up in the morning and check their skin then." There was a continence champion who had extra training in continence and was able to give advice to the other staff where needed. Staff had a good understanding of the association between continence and pressure areas. Where needed, additional equipment such as a pressure relieving mattress had been supplied. A visiting healthcare professional said, "They're very hot on pressure area care here, they call us straight away." Systems were in place to minimise the risk of people developing pressure ulcers, and where a risk had been identified by staff, prompt action was taken.

There were risk assessments in place for the building and environment, including building work which was underway at the time of the inspection. Lifting equipment, heating and electrical equipment had been tested. There were contingency plans in place in the case of lift failure or other events such as flooding. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training in this area. Although all staff had received fire training, some had not received it for two years. This was out of date according to the provider's policy, however the learning and development lead told us that they had developed an action plan for people to undergo this training imminently. We saw that fire drills had been carried out, recorded in detail and discussed with staff, and each person living in the home had an evacuation plan. We saw that evacuation chairs were available at the top of each staircase.

There were enough staff to meet people's needs. One person said, "If you need help, you only have to press your buzzer and they're there." Staff told us they felt there were enough staff to attend to people. A visiting healthcare professional told us there were always staff on hand when they visited. The service was usually able to use their own bank of staff to cover annual leave and sickness. We observed that staff were around in communal areas throughout the day of the inspection and were spending time with people living in the home.

The provider's recruitment policies and induction processes were clear and so contributed to promoting people's safety. We looked at a sample of recruitment records and found that appropriate checks were

made before staff were recruited, such as criminal record checks and references. The registered manager told us that volunteers went through the same checks as permanent staff. Staff confirmed that they had not been allowed to commence work until relevant checks and training had been completed, and records reflected this. This showed that an appropriate approach had been taken to maintain a high standard of care and that only people deemed suitable, in line with the provider's guidance were working at the service.

People were given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. Medicines were stored securely and at the correct temperature. They were managed safely and double checked where necessary. We looked at a sample of medicines administration records and found that they were detailed with pictures of each person on the front of their individual sheet along with information such as how they preferred to take their medicine. The front sheet included succinct details of medical contraindications and allergies people had, which were repeated on each page of their medicines chart. The second sheet in each person's chart contained pictures of each specific medicine. We found that the system in place was well equipped to minimise the risks of giving people anything they were allergic to and of someone receiving the wrong medicine. We observed that staff stayed with people whilst they took their medicines. We saw that people had their medicines in the dining room at lunch time, but this was carried out discreetly and people were consulted about whether they were happy to take them. We observed one member of staff say, "Don't worry, I can bring it back later when you are ready."

'As required' medicines were stored safely in labelled boxes, and recorded appropriately. Sharps boxes were kept safely and securely, which minimised risk of infection or injury to people. Medicines records were audited regularly to ensure that people had received their medicines as the prescriber intended. Records of medicines to be returned were also audited. We noted that the provider completed appropriate audits and when they identified concerns, prompt action was taken to address them. Medicines were reviewed as needed for people and a visiting healthcare professional confirmed this. One visitor said, "[Relative] was really tired on admission but is better now. He had a medicines review when he came here."

Good

Is the service effective?

Our findings

People living at the home told us they had no concerns over the competency of the staff. Staff told us they had supervisions and appraisals in place in order to discuss progress, concerns and any further training. We spoke with two members of staff about their induction, which they reported included shadowing more experienced staff, training and being observed by senior staff. Records confirmed this. New staff were subject to a probationary period, when their skills were reviewed, and they received feedback on their practise by senior staff. The staff we spoke with said they felt that they were well supported to carry out their roles, and that senior staff were supportive throughout the induction period and when they were undergoing further qualifications such as the care certificate.

The mandatory training for care staff deemed necessary by the provider included manual handling, infection control, food hygiene, dementia, first aid and fire safety. One member of staff was able to show us how they had learned from dementia training to use reassuring touch with people in the most appropriate way when carrying out care tasks. Where some training was out of date, the provider had acted upon this to ensure the training would be carried out in a timely manner. Other staff members were studying for the care certificate, which is an up to date qualification in health and social care. This enabled staff to be supported in becoming qualified in their field.

Team leaders had key roles which included leading in continence care and nutrition so they could communicate up to date information to the team and monitor these areas. Specialist training had been carried out when needed, for example training in continence products. A visiting healthcare professional described the staff as, "Very motivated and enthusiastic", when they attended insulin training with the diabetes team. This meant that the provider had systems in place to ensure staff were supported to develop the skills needed to care for people.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that where mental capacity assessments had been carried out, they allowed for people's fluctuating ability to make different decision at different times. Where people lacked capacity, their care records documented their body language in terms of whether they may be comfortable or not. Staff reflected this saying, "I've got to know [person] and what they like, and [person's] facial expressions and body language." A visiting healthcare professional told us that the staff always gained consent from people

when providing care. It was documented in people's care records what sort of decisions they could make for themselves and what they needed further support with.

Staff acknowledged the importance of making best interests decisions where people had fluctuating capacity. They recognised the importance of involving other relevant people where appropriate and decisions were documented in care records. These included details of people's Lasting Power of Attorney and whether or not these had been implemented. Where people did not have capacity, other professionals such as the manual handling advisor had been involved in discussing changes to people's care. We found that the service was acting in line with legislation regarding the Mental Capacity Act, and that staff were familiar with the principles and how to apply them. The manager confirmed that there were some people living in the home for whom DoLS applications had been made. We looked at a sample of these and found that they were made appropriately in line with the Mental Capacity Act.

One person living in the home said, "Food is lovely and we've got a choice." Visitors told us that the food was good, and one member of staff said, "They get good hot meals, and good choice." We observed the lunchtime period in the dining room, and noted that everybody was asked individually at lunchtime what they wanted. This included a choice of two main meals or a soup if they wanted it. Cooked breakfasts were available a couple of days a week and all the food was cooked on the premises. We spoke with the cook, who was able to tell us people's preferences and dislikes, and who was on a special diet. At lunchtime, some people were asked if they wanted something to cover their clothes and this was supplied if people wanted it. Where people required support from staff for eating, this was carried out discreetly by a member of staff. They talked the person through what was on the plate and sought consent for their support.

A visiting healthcare professional said that people were always supported and encouraged to eat and drink. People had drinks available in their rooms and staff were available and offered drinks throughout the day to people in communal areas. Fluid and food charts were used by staff when appropriate, and where people needed extra encouragement for eating and drinking, staff were allocated to attend to the person. People's weight and nutrition were reviewed monthly within their care records, or whenever there were concerns. One care record we looked at showed that staff had followed recommendations to keep daily food and drink charts, and that the person had been referred to a dietician following weight loss. Another care record showed a suggested meal plan for someone following a referral to the dietician. This was then discussed and agreed with the person. People were referred to speech and language therapists and reviewed when they needed it. We saw that people were assessed and reviewed when appropriate in order to maximise their hydration and nutritional health, and relevant healthcare professionals were involved.

People had timely and continuous access to other healthcare when they needed it; on the day of the inspection there were several healthcare professionals visiting the home. People were referred to the falls team when required and people were supported to go out to appointments when they needed. A visiting healthcare professional said, "They call us as appropriate, not all the time and never too late." Comprehensive records of healthcare visits were kept for each person.

Good

Is the service caring?

Our findings

One person living in the home told us, "Staff care and are first class". Another said, "Staff are very good, you ask for anything and they give it to you." A visiting healthcare professional said, "Staff never talk down or patronise people. You never hear them sounding harassed at all." In a recent feedback questionnaire, nearly all of the people living in the home had reported back that staff had time to talk with them. One member of staff said, "If I've made someone laugh then I know I've done my job properly." Another said, "People feel reassured, the people have a great relationship with the staff." During the inspection we observed positive interactions between staff and people living at the home.

A visitor to the home told us that their relative was always able to sit where they wanted by a window, and that they were happy in the home. A member of staff was able to describe how they support people with communication difficulties to make choices, "Sometimes I write it down on paper so that they might be able to read." Staff also described how they gave people choices of what to where or when they wanted to have a bath. One person living at the home explained how they had been able to make a choice about attending hospital appointments, and this was documented in their care record. People and their relatives had been involved in planning their care and people were supported to maintain as much independence as possible.

Staff were able to tell us how they promoted people's privacy and dignity when assisting them to move with a hoist, "You cover them with a blanket and always close doors when doing any care." Staff reported that they knocked on people's doors and talked people through things that they were doing with them. We observed that staff communicated sensitively with people, for example using a reassuring touch and being at eye level if people were sitting. We saw that staff supported people to eat in a dignified manner.

The majority of people living in the home reported back in a questionnaire that they felt their privacy was respected and the staff were sensitive to their feelings. These results were then discussed with people in a meeting. People living in the home were involved in discussion around new staff starting as well as the on-going building work within the home. They had the opportunity to discuss and raise any issues with each other at the meetings and this was documented appropriately.

People were supported to maintain their personal relationships and could have visitors whenever they wanted. There was a family room people could book if they wanted privacy or to bring pets in. One person said, "My family bring my dog in regularly and we have fun together in the family room". The home had made provision to encourage people to spend time with loved ones.

Good

Is the service responsive?

Our findings

One person said that staff were responsive to their needs, saying, "I can ask anyone if I need pain killers". People's changing needs were responded to and reviewed regularly. When people's health needs changed, they were involved in making informed decisions about next steps where possible. One person told us how they were supported to refuse treatment or further tests if they wished, and we saw that this had been recorded in their care records.

One healthcare professional said, "They're always very well informed about people's medical issues." There was additional information about health conditions such as diabetes readily available for staff in the medicines room. Two healthcare professionals who we spoke with said that staff followed their recommendations for people's care. People were able to receive care as they wished, we saw that the home had ensured that the balance of male and female staff at night would allow for people's choice of care worker. Staff were able to tell us about what individual people needed in terms of their care, for example how often someone needed repositioning if they were in bed. Details were written in care records which reflected changes that staff told us about and had been updated and reviewed accordingly. As well as people's personal care requirements, care plans also documented people's personal histories, hobbies and views.

People said that staff supported them to go outside when they wanted. One person living in the home told us they were not so keen on music or noise and spoke of the home having a quiet lounge on both floors. Some people said they did not join in the activities because they didn't like them. Staff said that they engaged people in activity where possible, such as going through a newspaper or playing a game. We spoke with a volunteer who visited the service weekly and provided a reminiscence style sweet cart and talked with people. There were additional companies visiting throughout the year who provided activities including regular exercise classes, drama, singing and entertainment. There were some outings organised throughout the year, such as a summer picnic on the broads. On the day of our inspection we observed people engaging in an activity using seated cycling equipment and tasting Greek foods and discussing Greece together.

There were activities provided for eight hours a week. This did not allow time for one to one activities and was therefore limited, however there was a vacancy for an additional member of staff for activities to increase this time. The registered manager carried out audits on the documentation of people's preferences and what they liked to participate with, in people's care records. This helped to plan activities that would interest people and be based on what people said they liked. There was an activities schedule for the week and people had been asked for their ideas for more activities as well as fundraising events. Most of these had been acted upon and if they were not possible this had been discussed with people.

A visitor to the service said, "You ring up and get answers", regarding raising any issues or complaints. The registered manager had taken appropriate action when complaints had been raised, and there were clear records kept of any issues. There had not been recent complaints but people told us that they felt confident to raise problems should they have any. One person living in the home said that there were some staff members who said they would come back and then did not, but that they would feel comfortable to tell the

manager about it. A meeting which followed a survey of the people living in the home had brought up that occasionally staff were not immediately available, however this was discussed and there were two new people starting at the time. Visitors were encouraged by staff to leave feedback for the service and further promotion of this had been discussed in team meetings.

Good

Is the service well-led?

Our findings

People living in the home told us they thought it was well-managed. A healthcare professional visiting the home said there was always a, "Good atmosphere." One member of staff said, "I've been made so welcome as a member of the team." All the staff we spoke with said that they felt the registered manager was very approachable and issues were resolved. One member of staff said, "The managers have been tremendously supportive and very encouraging." Staff told us that on shift they felt confident to approach the team leader with anything. Staff said that they were well looked after and had opportunities to improve practice and knowledge throughout appraisals and team meetings. One member of staff explained how they checked the competencies of new staff, as well as showing them what to do and talking them through things. They said, "It's knowing your team and working to people's best." We observed the staff working well together as a team. The registered manager was very visible throughout the home and familiar with all the people living there, and at times escorted people to their appointments.

The registered manager said that they felt well supported by the providers. We spoke with the regional director who told us that they had regular support visits to the home, and that any queries the manager had were discussed with them. They said that they discussed aspects of the home such as food, activities and legislation around MCA and DoLS regularly with the manager. The home was having a change of managers and they were both working during the time of the inspection, and the new manager said that they also felt well supported by the provider. The new manager had clear goals planned for the first year of working at Sydney House, including getting to know people living there and improving accountability for staff.

The registered managed had undertaken audits in areas such as medicines and care plans including activities. These helped to ascertain if areas were in need of improvement and to inform deciding actions. This included taking action to improve the provision of enough appropriate activities. We spoke with the provider's quality manager on the day of the inspection who was able to tell us about on-going audits that they carried out and actions from them to improve the service. Where gaps or areas for improvement had been found, action plans had been made and completed. For example, following feedback they were planning to take action to improve laundry in the home. There were on-going projects in place, such as development of more electronic data management systems, to help drive improvement. These would facilitate auditing of incidents such as falls and other accidents. Other improvement plans over the last year had been to increase the survey response by encouraging people to give feedback, improve staff allocation processes and improve access to the garden for Summer.

We spoke with the learning and development lead from the provider who was organising training as some people had fallen behind in some mandatory training. Initiatives taken included putting some staff through a 'train the trainer' programme so that they would be able to deliver more in-house training. They said that they had monthly meetings with managers and area managers in order to discuss potential new training, e-learning and address any outstanding training. Other regular meetings included management team meeting, team leader meetings and night staff meetings, where issues were discussed and acted upon. There was effective communication within the company which lead to initiatives for driving improvements to the service provided.

There were regular meetings for people living in the home where feedback was discussed, and people were asked individually if they had anything to add to the agenda. There was building work underway during the time of the inspection, which the registered manager had discussed with people living in the home prior to it starting. People had been accommodated in alternative seating areas during the day when the building works had affected them. When new staff were starting, as well as staff leaving, these were discussed with the people living in the home and records of meetings confirmed this. People were actively encouraged to come up with ideas for activities and fundraising to improve the service.