

Community Integrated Care Norfolk Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Norfolk Road is a small care home providing accommodation and personal care for up to 6 people with a learning disability. At the time of our inspection, there were 5 people living at the home.

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.

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

Right Support:

The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

Right Care:

The provider made sure there were enough staff to support people to do the things they enjoyed and to keep them safe. The provider's aims and ambitions were for people to receive good continuity of care from a staff team who knew them well. Staff were knowledgeable about people's preferences, communication and aspirations. Care was provided in a person-centred and flexible way. Relatives said staff treated people with care and kindness and supported them in a personalised way.

Right Culture:

The values of the provider and staff team meant people led inclusive and empowered lives. People received good quality care and support because trained staff could meet their needs. Staff knew and understood people well. Staff and relatives said the service was managed in an open and approachable way. Staff were proud of the values they shared with the provider and their colleagues and the supportive team culture this created.

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 25 April 2018).

Why we inspected

We carried out this inspection due to the length of time since the last inspection.

This report only covers our findings in relation to the key questions Safe and Well-led. 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 has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norfolk Road on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Norfolk Road

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 was carried out by one inspector.

Service and service type

Norfolk Road 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. Norfolk Road 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider 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 spoke with two people about their support, activities and lifestyle. We observed people's support. We spoke with 2 relatives.

We spoke with 7 members of staff including the registered manager, 2 service leaders and 4 support staff. We reviewed a range of records. This included 2 people's care records and medicine records. We looked at 2 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

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

- The provider had safeguarding systems to protect the people who used the service. Staff knew people well and understood how to protect them from potential abuse. The service worked well with other agencies to do so.
- People we spoke with said they felt "safe" in their home. We saw people were comfortable in the presence of staff. Staff described the training they had about reporting concerns and knew how to do this.
- Relatives told us their family members had lived at the home for several years and were "very happy". They commented, "[Person] is always happy to go back home after visits to the family. They run back in their house" and "[Family member] always seems so relaxed there. I'm so relieved they moved there, it's been the best place they have lived."

Assessing risk, safety monitoring and management

- The provider had systems to protect people from avoidable harm, including strategies to manage risks.
- Risk assessments about known risks to people, such as health needs or wellbeing, were well detailed and up to date. These provided clear guidance for staff about how to support people in a consistent, safe way without compromising their independence.
- Premises and maintenance safety checks were carried out at the required intervals.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- Staff gave people choices and respected their decisions. Where people lacked capacity for any specific decisions, these were made in the person's best interests and included relevant professionals.

Staffing and recruitment

- The provider ensured there were sufficient staff on duty to provide the support people needed.

- Staff confirmed staffing levels made sure people had good support. Their comments included, "There's enough staff to get people out into the community and to do lots of activities - whatever they want to do" and "We've got a good staff team and more new staff are being recruited."
- The provider carried out safe recruitment practices to make sure new staff were suitable to work with people.

Using medicines safely

- Medicines were managed safely. Staff ensured people's medicines were regularly reviewed.
- People's medicines were securely stored, mainly in people's own rooms. Staff had training in medicine management and were very knowledgeable about people's medicines.
- Records of medicines were up to date although there were a couple of minor recording anomalies which might make auditing unnecessarily complex. We found no evidence this had any impact on people using the service. The registered manager acknowledged this and said this would be amended and streamlined.

Preventing and controlling infection; learning lessons when things go wrong

- The provider's infection prevention and control (IPC) policy was up to date.
- Improvements to infection control checks in another location operated by the provider had been shared at Norfolk Road. Improvements had also been made to the premises to support better cleaning arrangements, as advised by local IPC practitioners.
- The provider had an electronic system for recording incidents and accidents, and the actions taken to manage them. The registered manager reviewed all accidents and incidents regularly to identify any trends and areas for improved safety.

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 staff team promoted a positive, personalised and open culture.
- Staff were successful at making sure people achieved their individual aspirations and ambitions. Staff told us, "We're here to help them have their best lives possible" and "It's all about their choice, what [people] want to do and where they want to go, we're just here to help them achieve that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems to monitor the quality and safety of service. The management team carried out audits of the service and reported their findings to the provider.
- Managers and staff understood their roles and responsibilities. The management team were experienced and knowledgeable.
- Staff said they felt valued and supported by the provider and by the management team. Their comments included, "CIC are good at managing services and we get everything we need to do our jobs" and "I feel really valued by [management team], they are very approachable and find resolutions to any issues we have."

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

- Staff fully understood and took account of people's individual communication needs and protected characteristics. Staff engaged with each person in ways that met their specific communication styles.
- Relatives were very positive about how the staff communicated with people and involved them in their own decision-making. They told us, "They help him be as independent as possible and they really understand his autism" and "Staff try to integrate [person] and support them to lead their own life."
- Relatives described communication with the service as very good. They told us, "They always keep me informed" and "Whenever I ring or visit, the staff are very helpful, friendly and welcoming."
- The provider understood their duty of candour and had been open, honest and apologised to people when appropriate.

Continuous learning and improving care; working in partnership with others

- The management and staff team worked well with other health and social care professionals for the

benefit of people who lived at the home.

- Care professionals told us there had been some good improvements over the past year. Their comments included, "Communication and organisation of the service has improved drastically" and "Due to having a good relationship with social workers and adult social care, they are able to communicate effectively."
- The provider and management team were committed to continuous improvements to the service for the benefit of the people they supported. The house had recently been redecorated and there were plans to further improve the accommodation.