Norse Care (Services) Limited

Bishop Herbert House

Inspection report

34 Globe Place
Norwich
Norfolk
NR2 2SG

Tel: 01603620710
Website: www.norsecare.co.uk

Date of inspection visit:
08 October 2018

Date of publication:
08 November 2018

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

Bishop Herbert House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Bishop Herbert House is registered to provide care and support for up to 14 adults with physical disabilities, some of whom may reside there on a respite basis. At the time of our unannounced inspection there were 14 people who used the service.

At our last inspection on 2 February 2016, we rated the service overall Good. The key questions Safe, Effective, Caring, Responsive and Well Led were rated good.

At this unannounced inspection on 8 October 2018, we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood their roles and responsibilities in keeping people safe. They were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely.

Staff had developed good relationships with people. Staff consistently protected people's privacy and dignity and promoted their independence.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive care that was personalised and responsive to their needs. They participated in meaningful activities and were supported to pursue their interests and hobbies. The service listened to people's experiences, concerns and complaints and acted where needed.

People were enabled to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access to healthcare services.
The management team were passionate and committed to delivering high quality care and support to people. They were accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.
Systems were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained. Systems were in place to minimise the risks to people, including from abuse, accessing the community and with their medicines.

A system of audits ensured the provider had oversight of the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Bishop Herbert 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 8 October 2018. It was an unannounced inspection carried out by one inspector.

Before the inspection we reviewed the information, we held about the service. We reviewed the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters.

The service provides care and support to people some of whom have complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. On the day of the inspection we observed the way people interacted with the management team and staff. We met and spoke with six people who used the service and one relative.

We spoke with the registered manager, the deputy manager, a registered manager from another of the provider's services who used to manage the service, four care staff and the cook. We received feedback from three community professionals. We reviewed three people's care plan and medication administration records (MAR), three staff files and other records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

At our last inspection in February 2016, the key question safe was rated as good. At this inspection the service continued to effectively manage risks and meet people's needs safely. The rating continued to be good.

We saw that people were safe in the service and comfortable with the staff who supported them. Staff assisted people, where required, to maintain their safety whilst promoting their independence, for example, helping them to make hot drinks and with food preparation.

Safe systems were in place to minimise the risks to people because electrical, fire safety and the water system were regularly checked to ensure they were safe. Risks to the environment were safely managed.

Staff continued to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A member of staff said, "I wouldn't hesitate to voice any issues or concerns. We have all had whistleblowing [reporting of concerns to external agencies] training there are [telephone] numbers in the office and on the notice boards in the home."

Risks assessments were completed, individualised and up to date. People who were vulnerable because of specific needs had clear plans in place. This guided staff to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. One community professional told us, "The staff team provide individual care for people with specialised needs often resulting in complex arrangements bespoke to that person. Risks are identified and managed well. This gives me a sense of security as I know they [staff and management team] are doing a professional job, keeping people safe and giving them excellent care."

Where people needed support with behaviours that may be challenging to others, their care records guided staff in the triggers to these behaviours and to the actions required to minimise the risk of their distress to themselves and others. This included prompts for staff to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

Staff continued to be safely recruited and had all the required pre-employment checks in place. This included references, employment histories and Disclosure and Barring Service checks to make sure staff were safe and suitable to work with this client group.

The staffing level was flexible to meet people's needs. The registered manager used a dependency tool to

work out the required number of staff and this was adjusted regularly to accommodate people's assessed level of need as this varied.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept.

Staff received training in infection control. We observed staff using Personal Protective Equipment (PPE), such as aprons and gloves, to minimise the risk and spread of infection. Staff told us there were plentiful supplies of PPE available to them. Hand gels were available to staff and visitors in the communal areas of the service.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors for example with medicines had been identified. In addition, the accident and incident forms were reviewed by management to ensure that appropriate actions had been taken and followed up on. The deputy manager shared with us that where lessons could be learnt these were discussed at daily handovers and in staff meetings.

Good

Is the service effective?

Our findings

At our last inspection in February 2016, the key question effective was rated as good. At this inspection we found staff continued to be trained and supported in their role, people were supported with their nutritional needs and to maintain their health. The rating continues to be good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This considered their physical, mental and social needs and records seen were regularly reviewed and updated.

Staff demonstrated a very good understanding of people's needs and had received the training they needed. New staff had undertaken a structured induction and told us they felt well supported. One staff member said, "I've had lots of training and shadowing [working alongside more experienced colleagues]. There is a lot of experience, I have learnt so much"

The provider's mandatory training, included refresher updates, in a variety of subjects such as safeguarding, Mental Capacity Act, infection control, food hygiene, communication, fire, and person-centred care. In addition, staff told us they had training associated with people's specific and diverse needs such as: Parkinson's, fluid and nutrition and peg feeding. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach, to provide a means of feeding when oral intake is not adequate or no longer viable.

Records and discussions with staff showed that staff received supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People continued to be supported to maintain good health. Conversations with staff and records seen demonstrated that the staff sought advice or support from health professionals when they had concerns about a person's wellbeing.

People enjoyed a positive meal time experience and were supported to maintain a balanced diet. They told us they were happy with the food they were served. One person said, "The food is tasty, can have what you want if you don't fancy what's on the menu." Another person said, "Food is good. They [kitchen staff] are very accommodating. They know what you like and don't. They make a fuss of you especially when it's your birthday or a special occasion. I like that." A relative told us, "I bring some extra bits in that I know [family member] likes and the kitchen staff make sure [family member] has it. It is low fat which is important as [family member] is on a special diet. I am working with them [staff] to make sure [family member] has all they need."

People were encouraged to be independent, where assistance was needed with their meal, such as prompting or cutting people's food, this was provided sensitively. Our observations and records showed that appropriate action had been taken by the service in response to specialist feedback given to them

regarding people's dietary needs.

The service worked with other professionals involved in people's care to ensure that their individual needs were met. One healthcare professional commented on the effective arrangements in place stating, "I feel I can rely on the team there to follow my guidelines. I have found the team very helpful, and they communicate well, letting me know of any issues I should be aware of and highlighting any concerns they have with my patients."

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises such as choosing the colour of their bedroom and were consulted on any changes to communal areas.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the 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. The management team understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

The staff and management team we spoke with demonstrated they understood the MCA and worked within its' principles when providing people with care. They could describe to us how people's capacity was assessed, and the process for making decisions in people's best interests where they lacked the capacity to do so. We noted that where required, people had a decision specific mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. One community professional said, "The staff fully understand the people that live in the home and that they are complex unique characters who may make unwise choices but that is their right."

People's records seen showed they had been signed by the person to show they consented to their care arrangements. Throughout the inspection we saw staff consistently seek consent from people before providing any care and support.

Good

Is the service caring?

Our findings

At our last inspection in February 2016, the key question caring was rated as good. At this inspection, we found people remained happy living at the service, they continued to be complimentary of the staff and management team and felt well cared for. The rating continues to be good.

People told us the staff treated them with respect and kindness. One person said the, "Staff are beautiful, really caring and thoughtful. They are considerate, can't do enough for me. They are marvellous. I feel safe and happy here. They have become family to me." Another person told us, "I don't mind it here. They [staff and management] are always kind to me and look after me."

A relative shared with us their positive experiences of how people were cared for in the service. They said, "It is not just [family member], everyone here is very well looked after. Couldn't be more perfect. Anything that can be done is done. Very caring and supportive place."

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of the inspection, nobody required the use of an independent advocate.

Good

Is the service responsive?

Our findings

At our last inspection in February 2016, the key question responsive was rated as good. At this inspection, we found staff continued to be attentive and responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People received care and support which was designed to meet their individual needs. One person said, "The staff are so understanding and non-judgemental. They are helpful and understand my difficulties and situation. This takes a lot of pressure off me. Not having to explain if it is a good or bad day, what I can and can't do. Sometimes that in itself is exhausting. The staff never make me feel bad about my health. I know I am in good hands here." A relative commented, "I feel like I am coming home when I visit here. It's a home from home. The staff are all caring and attentive. They spot things and always follow up, however small and let me know what's going on. That makes all the difference."

People's care records were personalised focussing on positive and enabling language and outcomes for people. The records provided guidance to staff on people's preferences regarding how their care was delivered. This included information about their hobbies, life history and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans contained specific guidance for staff, especially newly employed staff, to help meet people's needs and respect their specific preferences. They were detailed and were kept under regular review. They were kept secure.

Current information about people's care was recorded in their daily notes and handed over to colleagues. The daily task sheet was signed by staff and included additional tasks, such as cleaning and doing laundry, which staff signed to show completed. Senior staff checked that previous entries had been completed each shift and highlighted where any gaps had occurred.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. On the morning of our inspection one person was listening to music and reading the newspaper in the craft room, two people were doing an activity with a member of staff in the lounge and one person was making jewellery in their bedroom. Several people were in their bedrooms having chosen to get up later in the day. In the afternoon we saw that two people were being supported with access to their local community to visit the cinema. Another two people had gone out into the town. One community professional commented, "The location of Bishop Herbert House is ideal for people with physical disabilities as it is so accessible to the town centre and enables people to retain their community links."

Visiting professionals said that the service was focused on providing person-centred care and support, and achieved postive outcomes for people. One healthcare professional said, "They provide a welcoming environment and are keen to enable people to progress to reach their potential and be as independent as possible. They are certainly a very caring team, and the management and staff have always been keen to engage."

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. A complaints policy including an accessible version was in place. There had been no formal complaints received. The management team advised they were developing their process for capturing informal comments and concerns to develop the service.

No one at the time of our visit was receiving palliative care. However, care records showed that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. The management team and staff were able to tell us how they would ensure that a person had a comfortable and pain free death.

Good

Is the service well-led?

Our findings

At our last inspection in February 2016, the key question well-led was rated as good. At this inspection, we found the management team were proactive and acted when errors or improvements were identified. They demonstrated how lessons were learnt and how they helped to ensure that the service continually improved. The rating remained good.

The management team promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives, staff and professionals. We saw evidence to support that people's views were used to influence what happened in the service. For example, the choice of menu and provision of activities.

People told us they felt able to talk to the management team about anything they wished. One person said. "[Deputy manager] is always here so never a problem if you want a word. [Registered manager] is available if you need them." A relative commented, "[Deputy manager] is a gem, works hard and understands and knows the residents well. It is an established staff team whom you never hear complain. They are very good."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. One member of staff said, "[Deputy manager and team leader] are very good, approachable and will help out with any problems. They are supportive and here daily. I enjoy working here and feel supported. [Registered manager] oversees two services but if they are not here they are only a phone call away if you need them. We all work together and support one another." Morale in the workplace was good. Staff told us they felt supported and had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team

There was a regular programme of internal and external audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, providing further training and support to staff.

The registered manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, staff training and development, care reviews and accident and incidents. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. One professional described the effective working relationship saying, "At Bishop Herbert House there is an exceptional staff team; go above and beyond. It is a reliable, consistent service. Staff know people's histories and stories as they have been there a long time and this brings a comfort to people living in the service. The

staff and management team work collaboratively with me to provide person centred care for people. I have nothing but praise for the service." Another professional commented, "I have had very positive experience working with the staff at Bishop Herbert house."