

Heera Care Ltd

Norwood 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

About the service

Norwood House is a residential care home providing personal care to 20 people at the time of the inspection. The service can support up to 27 younger adults, older people, people living with dementia a physical disability or sensory impairment.

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

People told us they were safe and felt staff had a good understanding of their care and support needs. Safeguarding concerns had been referred to the local authority when required. Medicine support was delivered in a safe way. Risks to people were considered and any accidents and incidents were monitored and recorded. Staff were recruited safely.

Support was delivered by a team of staff who had the skills, knowledge and relevant training to support people. Staff communicated with relevant professionals to ensure people received the healthcare support they required. People were provided with a variety of meals which they told us they enjoyed.

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 were involved in decisions and their choices were respected. Information was presented in a way people could understand.

People were supported by staff who were kind and caring and treated them with dignity and respect and promoted their independence. Staff spent time getting to know people and their life histories. Care plans contained person-centred information.

Staff understood the importance of social interaction. People had opportunities to take part in stimulating and enjoyable activities. Consideration was given to their specific interests and how participation could be encouraged. People knew how to make complaints, and these were dealt with appropriately.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required and engaged with the community. Regular feedback on the service provided was requested from people and relatives.

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 07 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Norwood House

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Norwood 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.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, care workers and the housekeeper. We spoke to two health care professionals who visited the service.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place continued to ensure safeguarding concerns were reported and responded to appropriately.
- Staff demonstrated a good awareness of safeguarding procedures, they knew who to inform if they witnessed or were told of any allegations of abuse.
- People and their relatives told us they were safe. One person said, "I am okay here, I feel safe."
- The registered manager and staff knew to liaise with the local authority if necessary.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems and processes in place to assess and manage risks to people. Risk assessments were personalised and relevant to people's individual needs.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed.
- Accidents and incidents had been recorded. A system was in place to monitor accidents and incidents and identify any patterns or trends

Staffing and recruitment

- There were enough staff to meet people's needs
- Staff were recruited safely. All pre-employment checks were carried out prior to people starting work at the service.

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Staff had received appropriate medicines training and their competencies were assessed.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines should be given.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.
- The service was clean and tidy throughout. Domestic staff were visible throughout the inspection.
- Infection control audits were completed by senior management to ensure standards were maintained.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments of people's needs were completed, Care and support was planned, delivered and monitored in line with current best practice.
- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Good communication between staff and people ensured people's needs and choices were met.

Staff support: induction, training, skills and experience

- Staff were well supported. They received regular supervisions and appraisals.
- A staff induction and training programme was in place to ensure staff kept up to date with best practice. Staff told us that the training was good, and they could get additional training if needed to ensure they could support residents.

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

- People were supported to maintain a balanced diet.
- People were provided with a variety of meals and refreshments throughout the day which were adapted to meet people's preferences and dietary requirements. One person said, "The food is very good," and a relative told us, "There is a lot of variety."
- People's weights were monitored and recorded. Action had been taken when any concerns were identified.

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

- Information continued to be shared with other agencies if people needed to access other services such as hospitals.
- Care plans showed when people required support from healthcare professionals this was arranged, and staff followed the associated guidance provided. A visiting health care professional told us, "The staff are really good at calling call us and picking up infections, they are on the ball." another said, "Staff are always very responsive to recommendations made."
- Staff were kept informed of any changes to people's health and wellbeing from handover meetings and care plans.

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

- The service was adapted to meet people's needs. Easy read signage was in place to promote

independence.

- People's bedrooms were personalised to their own tastes.
- People had access to ample outdoor space. Consideration had been given to people's needs and interests. For example, sensory equipment, bird feeders and planting areas had been created for people to enjoy in the garden.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to deprive people of their liberty had been made and systems were in place to monitor these.
- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a friendly approach which showed consideration for people's individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and responded to people's requests in a timely manner.
- People and their relatives said the staff were very caring and considerate towards each of them. Their comments included, "Staff look after them, they seem to love [name of person], they are a character." and "The staff are very kind and caring I like my routine and they support me with it."
- People were supported in a homely environment where visitors were welcomed. We observed staff welcoming relatives and taking time to speak with them. One relative said, "I can visit any time and I do."
- Staff received training in equality and diversity. This ensured staff knew how people wanted their needs met and these were respected.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people, such as other health professionals.
- People were involved in discussions regarding how they wished their care and support to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff had time to build trusting relationships with people allowing them to show compassion and respect. For example, during lunch time we observed how staff knew people who would take longer to finish their meals and provided them with warming plates to prevent their food from going cold.
- Staff were able to describe how they maintained people's privacy and dignity. One member of staff said, "We close bathroom doors, close blinds. We ask them what they want us to do and explain what we are doing"
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, for example personal care.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and any visitors were included in activities and general discussions.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in line with their wishes and preferences. Staff were knowledgeable about people's personal routines.
- Care plans contained detailed, good, person-centred information and clear guidelines for staff on how to meet people's needs, considering their personal preferences.
- People and their relatives were involved at all stages of the process with regular reviews of care to ensure their needs were being met. A relative said, "I attend reviews they listen to me and I can speak to the registered manager if I need to." A person said, "My daughter attends my reviews."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made.
- Information in people's care plans supported staff to understand people's forms of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide variety of activities on offer to suit people's preferences and abilities.
- Care plans contained details about people's hobbies and interests. Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. This included activities during the night for those that had trouble sleeping.
- People were supported to maintain contact with family and friends.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints.
- The complaints procedure was available within the service.
- When complaints had been raised these had been thoroughly investigated and responded to appropriately.

End of life care and support

- Staff received training in providing end of life support and staff said they understood their role in working

alongside other health and social care agencies in making people as comfortable as possible.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; 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 demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People, relatives, and staff spoke positively about the registered managers approach and commitment to the service. A staff member said, "The manager is brilliant, they are very fair and supportive."
- The registered manager understood requirements in relation to the duty of candour.

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

- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their role and what was expected of them.
- Quality assurance systems were in place to monitor and improve the service provided.

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

- People and relatives were actively involved in the service. Residents meetings took place where they could share their views, provide feedback and any ideas to improve the service. Relative were encouraged to attend events and activities held within the service. A person told us, "I don't always join in the activities, but my daughter does."
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. People felt listened to and their views were acted on. One health care professional said, "We have a good working relationship with the registered manager."

Working in partnership with others; Continuous learning and improving care

- Staff had developed good partnership working with other professionals and services.
- The registered manager was committed to driving forward improvements and sharing best practice.
- Action plans were generated, and timely action had been taken whenever shortfalls were found.

