

Norse Care (Services) Limited

St Nicholas House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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:

St Nicholas House is a care home for older people situated in a residential area of Dereham. The accommodation is located over two floors and people with dementia related needs were cared for in a separate wing. There were 28 people living at the service on the day of inspection.

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

People's experience of using this service:

- People and their relatives made positive comments about the care provided at St Nicholas House. Comments included, "I didn't know there were places like this. I have decided not to go home as I love it here. I am amazed the place is as nice as it is." And, "The people, not just the staff are so friendly and helpful, I am very impressed."
- Some environmental risks in the service had not been identified and systems required improvement to ensure the environment was consistently safe.
- Staff were recruited safely, were visible in the service and responded to people quickly.
- People were given choice and supported to be independent. They were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them.
- People could take part in a range of activities which promoted their wellbeing.
- People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.
- People received their medicines when they needed them.
- End of life planning required further development. We have made a recommendation that the service consults a reputable source to further develop end of life planning.
- People, their relatives and professionals made positive comments about the management team at St Nicholas House.

Rating at last inspection: Good (report published 22 April 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement 

Is the service effective?

The service was effective

Good 

Is the service caring?

The service was caring

Good 

Is the service responsive?

The service was responsive

Good 

Is the service well-led?

The service was well-led

Good 

St Nicholas 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Service and service type:

St Nicholas House is a care home which is registered to provide accommodation and personal care for up to 39 older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 24 January 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with five people using the service, four relatives and nine staff including the registered manager, deputy manager, dementia care lead, activities co-ordinator, kitchen staff and care staff. We observed the support provided throughout the service. We looked at records in relation to

people who used the service including three care plans and six medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff and the management team had not identified some risks in the the service. One walking frame used to support a person with their mobility was not safe. The rubber feet [ferrules] on the walking frame had worn right through to expose the metal which placed the person at risk of slipping or falling. Wardrobes were mostly secure; however, one wardrobe was wobbly and had items stored on top which posed a risk to the person should it topple over. In an upstairs bathroom, a window restrictor chain had broken and the window opened widely which put people at risk of falling. The registered manager told us that these issues would be addressed immediately, however, although they contacted community services about the frame, it was still in use and the ferrules had not been replaced when we spoke to them a week after the inspection.
- Moving and handling practices were mostly safe. Staff ensured they had adequate space to move people safely, communicated with each other well and gave reassurance to the person being moved. However, where one person was supported to stand, they were very unsteady on their feet and looked like they were going to fall. The registered manager told us they would request a re-assessment of the person's needs.
- People felt safe living at the service. One person commented, "I love this room. I feel safe and happy here. When it's warmer, I leave my window open so the cat can come and go."
- Risk assessments covered areas such as falls, medicines and diabetes and provided guidance for staff on how to safely support people.

Staffing and recruitment

- We received mixed feedback about staffing levels. One relative said, "I think there are times when they need more [staff]. In the evening, when they're helping people to bed, [person] has told me sometimes they have to wait because [staff] are busy." One person said, "I press the call button and they usually come within a couple of minutes but longer if they're helping someone else."
- Recent feedback from a survey that had been sent to relatives showed that out of the 13 comments that had been received, five mentioned that there were not enough staff. Comments included, 'Staffing levels are inadequate', and, 'The level of staff cover at the weekend may be a bit thin.'
- Despite this feedback, staff were visible, responded quickly and had time to spend with people during our inspection. Most staff confirmed that they felt there were sufficient staffing levels.
- When people requested help via their call bell, a staff member could speak to the person via an intercom system in their bedroom and let them know how quickly they would be with them.
- The registered manager assessed staffing levels and checked call bells regularly to ensure people received help quickly. Where it was identified that staffing levels were not adequate, changes had been made to provide more staff to meet people's needs.
- Recruitment systems continued to be effective and ensured suitable staff worked at the service.

Using medicines safely

- Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. Medicines were stored securely and records were mostly completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe. Staff were knowledgeable about people's medical needs and preferences and these were recorded for reference.
- Where people received medicines 'as and when required', there were guidelines in place about the reason it was required, when it could be given and the potential side effects.
- Staff took time with people and were respectful in how they supported people to take their medicines.

Preventing and controlling infection

- The environment was clean and fresh and cleaning schedules were in place. Cleaning staff were employed and staff received training in infection prevention.
- The flooring in the kitchen was heavily stained and some areas of the kitchen floor were difficult to clean to prevent any build-up of bacteria. Despite this, the service had received a food safety rating of five stars from the Food Standards Agency.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures and knew who to inform if they suspected potential abuse.
- The registered manager understood their responsibility where safeguarding concerns were raised.
- Policies in relation to safeguarding were in place and information displayed about how to contact the local authority.
- There was a safeguarding tree in the service and people had shared what made them feel safe. Comments included, 'All the lovely carers', and, 'I know everything is done properly.'

Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents and accidents. The registered manager kept records to check for themes or patterns and act as needed.
- Medicine errors were discussed in team meetings and measures put in place to reduce any re-occurrence.

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

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

- People had their needs assessed before they moved into the service and a care plan was put in place to ensure they were effectively supported.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- Staff applied their learning which led to good outcomes for people and subjects were discussed in team meetings.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- On joining the service, staff received an induction and training specific to the needs of individuals, for example, dementia awareness and moving and handling.
- Staff had completed training in subjects such as fire safety, basic life support and falls prevention.
- Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received regular supervision and made positive comments about the support they received from the management team.
- The registered manager encouraged staff to develop. Some staff completed an 'Emerging Talent' programme to provide them with knowledge to progress into leadership roles.

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

- People received home-cooked food and comments included; "I think the food is very good, I have no complaints. We get a choice of things to eat and if we don't like what's on offer we can have something different."
- People were offered choices of where to sit and what to drink. The mealtime experience was relaxed and people were given support to eat where needed.
- People had access to fluids and told us they had enough to drink. One person said, "Oh yes, there's enough to drink. I have squash, I get a fresh jug of water in the morning and I make my own drink so it's the strength I like."
- The kitchen staff were knowledgeable about people's likes and dislikes and their nutritional requirements.
- People were encouraged to eat a balanced diet and where people were at risk of malnutrition, foods were fortified using cream and butter to provide extra nutrition.
- One person used to live in a different country and their relative had shown the kitchen staff how to cook

some of their favourite food. This person had their own individual menu so they had food they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked effectively with other organisations such as GP's and the district nursing team. One professional said, "The home is working closely with the GP team to make sure that any requests for same day visits are appropriate and work alongside the Community Geriatrician to put plans in place for the management of specific residents."

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

- The dementia wing had dementia friendly items available to provide additional stimulation and encourage interaction.
- There was appropriate signage to help orientate people to the communal areas or to their bedrooms.
- Some of the bedrooms were very small. One professional said, "On occasions it has been very hard for the staff to care for residents in some of the smaller bedrooms when their needs change." They added that it had been difficult to fit the bed that the person needed into a smaller room. This had already been identified as an area for development by the registered manager and the provider was considering plans to make some rooms bigger.
- While the dementia wing was bright and engaging, other areas of the environment looked tired and in need of decoration. The colours were bland and the paint was coming off some door frames and skirting boards. This was discussed with the registered manager who told us this was already included in the development plan.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as needed. One person said, "If I needed a doctor, the staff will arrange it. I'm diabetic and had a visit today to check everything was as it should be."
- People were supported to take part in fitness classes to maintain their mobility.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA.
- People were encouraged to make decisions for themselves.
- Staff checked that people consented before providing them with support. One person said, "When they [staff] come to help me, they always ask and explain what they are doing."
- Where people did not have capacity, decisions were made in their best interests involving relatives and other health professionals where appropriate.
- Where people were restricted, the registered manager understood their responsibilities in terms of making an application for deprivation of liberty safeguards to the authorising authority.

Is the service caring?

Our findings

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives consistently told us that staff were kind and caring. One person said, "They [staff] are just lovely, nice kind people, they are polite and respectful."
- Staff treated people as individuals and knew people well. One person commented, "Staff know that sometimes I like to stay in my room but they let me know when something's happening (activity) and ask if I want to join in. They know I like to have my door open too, so I can watch all the coming and going."
- People could have visitors when they wished relatives told us that they were made to feel welcome.
- Staff engaged in meaningful conversation and interaction with people. There was lots of laughter and the atmosphere was relaxed.
- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and maintaining eye contact to aid people's understanding.
- The service had two cats who provided comfort, gave people a sense of wellbeing and promoted their self-esteem. One person told us how they looked after the cats and enjoyed, 'the job.'

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

- People had choice about what they wanted to do and where they wanted to be within the service and the staff respected their choice. One person said, "I get up and go down to the dining room for breakfast but, they [staff] told me I don't have to. They told me, if I prefer I can have breakfast in bed, it's up to me."
- Care plans were regularly reviewed and people had signed their plans to agree with the care being provided.
- People and their relatives were asked for their views on the care informally and through residents' meetings.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent. Care plans identified what a person could do for themselves and what they needed help with. One person helped fill water jugs and took the tea trolley around the service. They said, "I like to feel useful and they [staff] do so much for us. Also, I get to see everyone and sometimes we talk, I love it."
- People's dignity was respected. One person said, "Staff help me shower every week and they let me do as much as I can for myself but they're very good, I'm not embarrassed."
- Staff received training in General Data Protection Regulation (GDPR) to ensure people's information remained confidential.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in developing care plans which included information about people's life histories, specific needs, routines and how staff should support them according to their preferences. One relative said, "We have been included and made to feel that even though [person] was here, we were still involved in their care."
- Staff displayed a genuine interest in getting to know people and what they liked. One staff member commented, "It's the little things they [people] like that are important such as which way the television is facing and how they like their tea and coffee. I chat with them to find out stuff about them and use this to develop a relationship with them."
- People could take part in activities that interested them and the planned activities were on display. One staff member said, "There is always something going on. There are activities every day." One person said, "I'm organising indoor bowls. There's four of us going to play."
- People accessed their local community. One person attended an art class and another person went to bingo. One person said, "[Staff member] takes me to the shops and we go shopping together and I just love it."
- On the day of inspection, people were enjoying a visit from a dog who was performing tricks. There was lots of laughter and the dog encouraged interaction from people and generated conversation.
- The service was part of a project called 'Oomph' which aims to enhance the physical and emotional wellbeing of older people and people were taking part in exercise classes. Staff were giving encouragement and there was lots of participation and laughter.
- Staff recorded events that happened within their day which they felt positively impacted on each person's wellbeing to focus on the 'small things' that were important to people.
- Where one person's first language was not English, the staff involved the person's relative to ensure effective communication and a translator was available if needed. Technology was also used to aid communication and translate words.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints.
- People told us they had no complaints but knew how to make a complaint if they did and felt that any concern would be resolved.
- Complaints which had been received, had been investigated and where required, action taken to prevent re-occurrence.

End of life care and support

- People were supported with end of life care planning to ensure a dignified pain free death. One relative

said, "[Person] was only here a month. In that time, the care they received was excellent. Staff looked after them but have also treated us with such kindness. One staff member came in yesterday even though it was their day off so they could say goodbye. They didn't have to do that."

- One professional told us that the care provided at the end of a person's life was, "Individualised and compassionate."
- End of life care planning could be further developed to include people's preferences, cultural requirements and their wishes after they died. The registered manager agreed with our findings.

We recommend that the service consults a reputable source to further develop end of life planning.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives knew who the registered manager and deputy manager was and they were visible in the service. They were complimentary about the registered manager and comments included, "We think [registered manager] is very good."
- The provider NorseCare and the management team were focused on ensuring the positive wellbeing of the staff team as well as the people it was supporting. Comments from staff included, "We have plenty of support," and, "[The registered manager] is very approachable." One staff member described how the deputy manager had shown true dedication in supporting the staff and the service in the absence of a manager.
- The registered manager sent out annual surveys to people and their relatives for their views on the service. The registered manager took action on the feedback received.
- Staff received supervision of their performance and team meetings were held. These provided an opportunity for staff to feedback their views and suggestions for improvement which were considered and acted upon by the management team. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- The registered manager had a good oversight of what was happening in the service and where concerns were identified they were discussed with staff through supervision.
- The culture of the service was caring and staff were passionate and motivated about supporting people. One staff member said, "I love my job. It feels like a family. You are in it together. All of the senior managers have health backgrounds so they understand. They definitely listen to what I say and act on it."

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

- The registered manager put measures in place to ensure that the areas of risk identified during inspection were checked often.
- Senior managers visited regularly and completed audits in areas such as infection control, complaints and care plans. These included actions to take and some actions had been completed.

Continuous learning and improving care

- Staff were asked for their views on the service during team meetings. One staff member said, "We are asked for our views. Things are always changing and new things being put into place."
- The provider, NorseCare was committed to continuous improvement and were developing a dementia and wellbeing strategy to be implemented April 2019.

- The service used a development plan to focus on making improvements.
- Surveys had been completed prior to the start of the 'Oomph project' and once the project had been running for three months to analyse the impact it was having on people's wellbeing. The results showed improved outcomes for people.
- The registered manager told us they had recently improved the assessment process to ensure that they only accepted people that they could effectively support. One professional said, "[The registered manager] or a staff member go and assess new residents much more than previously and this seems to have given them more control over only accepting residents that are suitable."

Working in partnership with others

- The management team had started working with the trusted assessor team at the local hospital who support the NHS with prompt discharges. This ensured that any changes in the persons needs upon discharge can be safely met by the service.
- The local school had visited the service and sung carols. The registered manager was planning on developing more links with the local community.