

CareTech Community Services Limited

Normandy House

Inspection report

2 Laser Close
Shenley Lodge
Milton Keynes
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MK5 7AZ

Tel: 01908673974

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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

Normandy House is registered to provide accommodation and support for up to six people with learning disabilities and complex needs. On the day of our visit, there were five people living at the service.

Our inspection took place on 18 April 2017 and was unannounced.

The service had a registered manager. 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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service. People had risk assessments in place to enable them to be as independent as they could be whilst remaining safe. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Systems were in place to ensure people's medicines were managed in a safe way and that they received their medication when they needed it.

Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a balanced diet and adequate amounts of food and drinks of their choice. The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

People were looked after by staff that were caring, compassionate and promoted their privacy and dignity. We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. There was an effective complaints system in place which was used to drive future improvement within the service.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes. Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

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.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

There were current risk management plans in place which were intended to promote people's safety.

Safe recruitment procedures were in place and staff rotas were organised to ensure people received support which met their needs.

People's medicines were managed so that they received them in a safe way.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff that had the right skills and knowledge to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

The service had a complaints process and people were encouraged to raise concerns.

Is the service well-led?

Good ●

The service was well led.

People lived at a service that promoted a positive and open culture.

There was effective leadership in place and we found that the service promoted a positive culture that was person centred and empowering.

The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

Normandy 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.

This inspection took place on 18 April 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

During our inspection we observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with three people who used the service and one relative. We also spoke with the registered manager, and two care staff to gain their views of the provision of care.

We reviewed three people's care records to ensure they were reflective of their needs, two medication administration records, four weeks of staff rotas and four staff files, along with other documents relating to the management of the service, including quality audits to ensure that the service had good oversight of all aspects of service delivery.

Is the service safe?

Our findings

People felt safe and protected from harm in the service. One person nodded when we asked if they felt safe. Another person told us, "Yes, I feel safe." Our observations showed that people were relaxed with staff and had the confidence to approach them when they needed support with any aspect of care.

Staff had received training in how to protect people from harm and knew how to recognise signs of abuse and how to report their concerns. One staff member said, "I would go straight to the manager or senior. I know that I could come to you Care Quality Commission (CQC) if I needed to." The registered manager told us that all staff worked hard to ensure there were robust systems in place to keep people safe, both in the service and when out in the wider community. They told us, "We want everybody here to be safe, in everything they do."

Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. We found that the safeguarding policy was displayed within the service and was accessible to people, in a variety of formats. Safeguarding was also discussed within staff meetings, so that staff felt able to discuss any concerns they might have had. There were robust systems in place for ensuring people were kept safe and free from harm.

Staff told us that risks to people's safety had been fully assessed and included those associated with falls, nutrition, pressure care and engaging within the community. Staff felt it was important to have robust risk assessments in place for people because it helped to maintain their safety. One staff member said, "The risk assessments are helpful, they guide us in what to look out for." We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to people. These were reviewed regularly so they remained reflective of people's needs and helped staff to determine the support people needed if they had a sudden change of condition or experienced an increased risk. Staff had the knowledge to deal with emergency situations that may arise so that people received safe and appropriate care in such circumstances.

The registered manager told us that the service had emergency plans in place for flooding, severe weather, major fire, loss of electricity and gas leak. There were full contact details of emergency telephone numbers displayed in the service, which were accessible to staff should they be required.

Staff were aware they should always report an accident, no matter how small, so that correct action could be taken. We found that all accidents and incidents were logged and analysed for any specific patterns or triggers. Learning from incidents and accidents was discussed at team meetings and shared with staff through the communication book and within staff supervisions. Records confirmed that correct action had been taken by staff and that appropriate documentation had been completed where accidents and incidents had occurred.

Staff told us that staffing was adequate to meet people's needs and to keep them safe. During our inspection we saw that staff were available at all times to support people and to respond to their requests

and needs. There were systems in place to cover staff leave which included accessing bank staff or asking off duty staff to cover. One staff member said, "We work well as a team, we cover each other. I do think there are enough of us here." People were supported by enough staff to ensure that each person had support in line with their care plans, both in the service and when out in the community attending activities.

The number of staff on duty for each shift was detailed on the rota. Staff numbers were based upon people's dependency levels and were reviewed on a regular basis. The registered manager was included as an additional member of staff within the numbers of staff on duty, so that they could be 'hands on' if required but also undertake their management role.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely and in a way that was right for them. People had cabinets in their bedrooms and most knew when it was time for their medication to be administered. Staff worked with people to make sure they got their medication on time and monitored it to ensure it remained effective. Staff told us they had been trained in the safe handling of medicines and always ensured that people received their medicines as prescribed. We saw evidence that people's medicines had been reviewed by the GP on a regular basis.

We looked at two Medicine Administration Records (MAR) and saw that they were completed correctly. We saw that records were in place to instruct staff in what circumstance medicine prescribed as 'when required' should be given. This prevented people being given medicine when it was not needed. Systems and processes were in place to ensure that people received their medicines as prescribed to ensure good health. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed.

Is the service effective?

Our findings

The registered manager told us that all new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff also told us when they were first employed they had received robust induction training. Records confirmed that all new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people's assessed needs.

Staff told us that they received training, supervision and on- going support. The training matrix confirmed that they had either received all the training they needed or it had been highlighted that the training needed to be arranged. One staff member told us, "We have a lot of training but it is all helpful, it teaches us what we need to know to support people." Staff received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy, catheter care and diabetes. The training offered was useful in ensuring that staff were equipped with the knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager. One said, "We have regular supervisions." Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

People told us that staff asked for their consent before they carried out tasks. One person nodded when we asked them if staff made sure it was ok to help them; another person acknowledged the question in a similar manner. Throughout our inspection we observed staff asking people's permission before care or support was given.

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). Some people were subject to a DoLS and staff knew who they were and why they were in place. Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a basic understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety.

People we spoke with enjoyed the food and drinks offered and had a choice of what to eat. We heard how people discussed menu options in regular meetings. During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and if they did not want what was on offer, we observed that a range of alternatives were available.

People's care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. Staff supported people to attend required appointments when needed and were swift to act when people's care needs changed. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide required support. People received ongoing support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People were supported by staff that were kind, caring and respectful. One person said, "I like them." Another person told us, "Staff are nice." When asked if staff were kind, another person smiled in acknowledgement. We observed staff and people interacting and engaging positively. One person was making preparations to go out and staff offered gentle reminders to take items they may need. We found that the atmosphere was calm and friendly and there were relaxed conversations taking place whilst people were getting ready.

Staff took time to listen and observe people's verbal and non-verbal communication to ensure that they felt included within on-going conversations. They were courteous and respectful, taking time to engage with people and allowing them time to take on board what they needed to do and communicate their response. We saw that one person preferred to be approached in a particular manner. Staff explained to us that this meant they could see everything that was going on around them, which reduced their anxiety.

We saw that people were able to decide what time they got up and how they spent their day. One person liked to get up late on occasions and we noticed that staff supported this person later in the morning when they asked for assistance to get washed and dressed. It was evident that the way in which staff engaged with people made them feel happy and cared for.

Rooms had been decorated to reflect people's personal taste and there were photographs and other personal possessions on display. Communal areas contained photographs of people and added to the homely feeling which existed. Staff told us that they felt that having personal items and photographs about the home, contributed to a feeling of belonging and showed the people that they were cared for.

Throughout the inspection we saw that staff interacted with people in a friendly professional manner. It was evident that there was a mutual respect between staff and the people who lived at the service. One member of staff told us, "We are like one big family." Staff spoke with affection about the people they supported and told us that they wanted to give high quality care and support.

We observed people were involved in making day to day decisions. For example, choosing items from the fridge to make their lunch with or where to spend time. This demonstrated that people had some control over their day to day lives and were supported to make decisions. People were supported to maintain their independence and staff told us they encouraged people to do things, rather than taking over from them. For example, on the kitchen wall we found various schedules for laundry, cleaning and cooking. There was pictorial information available to tell people when it was their turn. There was supporting information for staff on how to support the people within their care records.

People's privacy and dignity was respected. People had the ability to choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. We saw there was a room available if people wanted private conversations or time alone with visitors in an area other than their bedroom.

Is the service responsive?

Our findings

Staff told us that people underwent a pre admission assessment of needs prior to them being admitted to the service. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People told us they had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. Care plans contained detailed information about people's health and social care needs. The plans were individualised and appropriate to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was detailed guidance for staff on how people liked their care to be given and robust descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

People attended day centres during the week and had access to additional activities. These included social clubs and walks out in the local community. On the day of our inspection one person was going to a day centre. Another person was due to support staff with the weekly shopping.

Staff supported people to raise concerns if they had any. We found information displayed on notice boards, that explained how they could complain and who they could talk to. People were aware of the formal complaints procedure in the home. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about. The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action

was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was led by a registered manager who was supported by a small team of staff. Further support was given by management staff within the wider provider organisation. Staff told us that the registered manager was very approachable and had the right skills to fulfil the role. We observed staff asking numerous questions of the registered manager during the day, and being given constructive support. All conditions of registration were met and the registered manager kept us informed of events and incidents in accordance with their statutory obligations.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

Staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

People, relatives, staff and professionals were also consulted regularly about the delivery of service. The registered manager told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that action could be taken.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff confirmed that meetings were an opportunity to raise ideas. They believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff felt able to challenge ideas when they did not agree with these.

The service monitored the quality of people's care and health and safety aspects of the home. We found that audits had been completed in areas such as infection prevention and control, medicines administration and fire safety. Where action was required to be taken, records confirmed that it was, to improve the service for people. Maintenance records detailed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The provider worked hard to identify areas they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.