

CareTech Community Services Limited

Normandy House

Inspection report

2 Laser Close
Shenley Lodge
Milton Keynes
MK5 7AZ
Tel: 01908 673974

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Normandy House is a care home that provides personal care and accommodation for up to six people who have learning disabilities. The home is located in a residential area of Milton Keynes.

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.

During our inspection in March 2015, we found that risks to people's safety had been not been adequately assessed. As a result, staff had no formal guidance to protect and promote people's safety. This was a breach of

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that people were not always involved in maintaining and updating their care plans. This meant that records were not always accurate or reflective of people's current needs. Although there were internal systems in place to monitor the quality and safety of the service, it was evident that these were not always used as effectively as they could have been. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

Following the inspection the provider sent us an action plan detailing the improvements they were going to make, and stating that improvements would be achieved by 10 July 2015.

This report only covers our findings in relation to the outstanding breaches of regulation. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Normandy House' on our website at www.cqc.org.uk.

This inspection was unannounced and took place on 14 July 2015.

During this inspection, we found that risk assessments were now in place for the people living at the service. These were based upon their current needs and aimed to support people to take risks whilst ensuring their safety.

We also found that improvements had been made to the systems in place within the service, to ensure that appropriate standards of record keeping and quality assurance checks took place.

While improvements had been made we have not revised the rating for these key questions; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe and well-led at the next comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Risk assessments had now been completed for people so as to guide staff in the provision of safe care.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve the safety of the service.

There were improved systems in place to ensure that audit checks were completed to monitor both record keeping and the quality of service delivery. The registered manager had worked to ensure that people's records were now better maintained so as to give an accurate reflection of their needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



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 14 July 2015 and was unannounced.

The inspection was undertaken by one inspector.

Prior to this inspection we checked the information we held about the service. We had received information about events that the provider was required to inform us about by

law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We contacted the local authority that commissioned the service to obtain their views.

We spoke with one person and observed others, in order to gain their views about the quality of the service provided. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech.

We also spoke with the registered manager, to determine whether the service had effective quality systems in place. We reviewed the care records of all six people who used the service, to determine if they had appropriate care planning documents and risk assessments in place.

Is the service safe?

Our findings

During our last inspection on 19 March 2015, we found there were no risk assessments for people who used the service. This meant that people had not been assessed as to ways in which possible risks, both within and outside of the service, could be reduced. This was a breach of Regulation 9(1) (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(1) (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that improvements had been made to the systems and processes in place to ensure that people were protected from harm. The registered manager told us that risks to people were now assessed on a more regular basis to ensure their safety and protect them from harm. The registered manager told us that it was important to ensure that risk management was done in a way that did not restrict people's freedom, choice and control any more than was necessary. They confirmed they were aware that risk assessments had not previously been completed in a timely manner, which meant that people did not always receive appropriate care. We saw that risk

assessments were discussed with people where possible, and were in place to manage identifiable risks. For example, manual handling, nutrition and falls. The records we reviewed evidenced that changes were being made to improve people's risk assessments and to make them individual and relevant to people's needs.

The registered manager acknowledged that there was still room for improvement within assessing people's risk factors. To help drive these improvements forward, they told us of their plans that staff members would have more of a role to play in ensuring that risk assessments were well maintained as they undertook more of the hands on care.

The registered manager also discussed the changes they had made since our last inspection, to people's Personal Emergency Evacuation Plan's (PEEPs). We saw that these had been updated and were now a more accurate representation of people's specific requirements in the event of an emergency. In conjunction with this, we found that the business continuity plan for the service had been updated to take account of what action should be taken in the event of an emergency situation. Risks around people's needs were now better recognised and assessed and as a result of this, the care and support provided by staff to people was more appropriate to meet their needs.

Is the service well-led?

Our findings

During our last inspection on 19 March 2015, we found that the registered person had not protected people against the risk of unsafe care, through the maintenance of an accurate and complete record of care and treatment. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through our discussions with the registered manager, we found that the service had not previously been consistent in monitoring people's needs or assessing whether audit checks were undertaken. It was however evident that both they and staff now understood the key challenges that they faced in keeping records in relation to both people and service delivery updated. Staff told us that it was important that they considered how the service needed to be developed in order to meet people's care needs and to

continue improving. The registered manager told us that they wanted to provide good quality care and through our discussions, it was evident that staff were working to improve the service provided.

The records we reviewed, including medication audits, equipment checks, health and safety reviews and supervision schedules, showed that all aspects of the service had been reviewed. The registered manager told us they were working hard to ensure that areas were kept up to date and intended to delegate responsibility for some areas to staff, to give them more responsibility and to enable them to develop personally. We found that people's individual records had all been updated since our last inspection and were now a more reflective guide to their individual needs. The registered manager told us that people's records were a work in progress, as there were still areas that they wished to make adjustments to. We found that improvements had been made since our last inspection and that records were now up to date.