

Norse Care (Services) Limited

Laburnum Grove Housing with Care Scheme

Inspection report

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Date of inspection visit: 9 January 2015

Date of publication: 25/02/2015

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 

Overall summary

Laburnum Grove Housing with Care Scheme is a domiciliary care agency that operates within an extra care housing scheme. It provides domiciliary care and support for people living in their own accommodation within the housing scheme.

The inspection took place on 9 January 2015 and was unannounced.

The service had a registered manager in place at the time of our inspection. 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.

We received many positive comments about this service from people living there, their relatives and health care professionals. People told us they were happy at the service and that staff treated them with kindness, dignity

Summary of findings

and respect. Staff knew people well and met their needs in a patient and caring way. People were supported to take their medicines as prescribed and were protected by the service's safeguarding systems.

People were cared for by staff who had received a good level of training, supervision and support and had been recruited safely. Staff morale was good and they expressed high levels of satisfaction with their job.

People's needs were met and they were supported to take part in a wide range of meaningful activities and development opportunities, both at the service and in the local community. Risks to people's welfare were identified and managed well.

There was effective management in place which ensured the delivery of person-centred care; supported staff learning and development and promoted an open culture. People were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the manager. A system of audits, surveys and reviews was also used to good effect in monitoring the service's performance.

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?

The service was safe.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report and deal with concerns.

There were sufficient staff available to meet people's individual needs and effective recruitment practices were followed to ensure only suitable staff were employed.

People's medicines were managed safely by staff who had been trained.

Good



Is the service effective?

The service was effective.

People using the service were positive about their care and treatment, and staff had received suitable training and support for their role.

People's health was regularly monitored and they were supported to see a range of health care professionals to maintain their well-being. People's mental capacity was assessed and appropriate safeguards were put in place to protect people who could not make decision for themselves.

Good



Is the service caring?

The service was caring

Staff showed concern for people's well-being in a caring and respectful way and actively involved them in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were regularly assessed, recorded and reviewed and their concerns and complaints were dealt with properly and effectively.

Good



Is the service well-led?

The service was well-led.

There was effective management in place which ensured people received good quality care and that staff were well trained and supported in their role.

People's views about the service they received were actively sought, and the manager had a number of ways to ensure the service was regularly monitored to ensure its quality for people.

Good



Laburnum Grove Housing with Care Scheme

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 was 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 9 January 2015 and was unannounced.

Before our inspection we looked at all the information we had available about the service. This included information from notifications received by us. A notification is

information about important events, which the service is required to send to us by law. We used this information to plan what areas we were going to focus on during the inspection.

During our inspection we observed staff interacting with people who used the service and how people were supported during their lunch. We spoke with five people, the registered manager, a team leader and two support staff. We looked at three people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and further records relating to the management of the service including quality audits.

Following our inspection we contacted a number of health and social care professionals who knew the service well including a GP and district nurse to obtain their views about the service provided. We also conducted telephone interviews with a further three relatives.

Is the service safe?

Our findings

Protecting people was given a high profile within the service. There was a safeguarding lead in the home who had undertaken advanced training and who delivered training to staff and advised them on all safeguarding matters. Safeguarding matters were also regularly discussed both at staff meetings and also at meetings attended by people living at the service, to keep everyone's awareness up to date. We noted posters on display around the service giving people, visitors and staff information about how to recognise and report abuse.

Staff we spoke with had a good understanding of the different types of abuse a person could face and how to report it to ensure that people were protected. The manager reported safeguarding concerns appropriately and told us of a recent incident which had been fully reported and investigated, resulting in a change of practice at the home.

Staff took steps to manage risks to people and keep them safe. We noted a comprehensive assessment in relation to one person's complex moving and handling requirements. This contained detailed guidance for staff on the exact equipment to be used, on the verbal instructions they needed to give to the person and also details on how the person's mood might affect how they should be moved. One member of staff told us she had recently completed a risk assessment for someone who loved to knit but who laid out all their knitting patterns and wool on the floor, thereby causing a significant trip hazard for them. The staff member had recognised this risk and completed a full assessment to ensure that any hazards to the person were minimised. Staff told us that any new risk assessments completed for people were shared at staff handover so they had the information they needed to keep people safe.

There were a minimum of two care staff, a team leader and at least one manager on duty to meet the needs of 30

people living at the service during the day, and two staff on duty during the night. People we spoke with told us that there were staff around to help them when they needed and they rarely waited a long time for help. During our inspection we saw that people's requests for assistance were met quickly and staff were able to offer additional calls to one person who was feeling unwell. Staff told us there were enough of them, "To get things done", and support people in their daily activities.

Staff we spoke with told us their recruitment had been rigorous and they had received good induction training to their new role. We checked the personnel files for two recently employed staff and found that all of the required checks had been obtained prior to them commencing employment to ensure that they were suitable to work with people. Staff's literacy and numeracy were also tested to ensure they were of a good enough level for their role. People who used the service took part in the selection process, asking their own questions, so they had a say in the staff that would be supporting them.

People we spoke with told us they received their medicines regularly and that staff had never forgotten to give them it. One person told us that staff were very rigorous in ensuring she got her diabetic tablets after she had eaten food, and not before. Staff received regular training in medicines administration and had their competency to administer it assessed to ensure people received their medication safely and correctly. We checked medicines administration records (MAR) in two people's flats we visited. There were no staff signature omissions on the MAR charts, indicating that people had received their medicines as prescribed. Reasons why people had not taken their medication were clearly recorded and the number of tablets recorded as being in stock, were actually in stock. We observed one staff member give a person their medication; this was done with great care and attention.

Is the service effective?

Our findings

We received many positive comments about the quality of the service's staff. One relative told us, "I have every confidence in the staff". Another stated, "Staff are brilliant, dad's got dementia, mobility problems and gets UTIs, they cope with it all really well".

Staff told us they received good training for their role and more than 50% of them had a NVQ/diploma level 2 or above in care (nationally recognised qualifications in the care sector). Training records we viewed showed that staff had received a range of training to ensure they had the knowledge and skills to support people. Two staff reported they were looking forward to some forthcoming dementia training as more and more of the people they supported were living with this. The service had appointed a dementia lead who had received advanced training in dementia care and whose job it was to promote good practice amongst colleagues.

Staff told us they felt supported in their work and received regular supervision which they valued. One staff member reported, "We're not all perfect and it's nice to get told when you've gone wrong". In addition to this, staff's everyday working practices were formally observed by managers to ensure they provided effective care to people. Staff performance logs were used to acknowledge good practice, but also to address any poor performance by staff. When needed, staff completed reflective logs to help them review the way they worked.

Staff and the manager had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

training to ensure they had the knowledge to protect people who could not make decisions for themselves. They demonstrated a good understanding of this legislation and were able to explain how the requirements worked in practice. We found good information about MCA and DoLS in staff offices, and the five main principals of the MCA were on display throughout the service to remind staff of their importance. There was clear evidence in the care records that decisions affecting people which had been made contrary to their stated preferences, had been done so in consultation with health care professionals and family, and had been made in their best interests.

People's risk of malnutrition was regularly assessed by staff and their weight was monitored closely to identify any unusual weight gain or loss. One relative told us, "Staff were really quick to pick up on dad's weight loss. They now sit with him whilst he has his breakfast to ensure he eats all of it". However, we found that people's food and fluid charts had not always been completed in enough detail to determine what people had eaten and drunk each day. The manager told us of a recent initiative to have a small snack trolley available in the service so that people could easily purchase sandwiches or other food items. One person told us she welcomed this, as she found it hard to get out to the shops due to her decreasing mobility.

Records we viewed showed that people had been supported to maintain good health and had access to appropriate healthcare professionals. Health and social care professionals were positive about the service and the care provided to people. They told us they received appropriate referrals from staff and worked well with them to maintain people's well-being.

Is the service caring?

Our findings

People told us that staff treated them in a way that they liked. One person told us, “Staff are all lovely, so caring and helpful and very patient when they help me with my walking”. Another told us, “I give staff respect and they give it me back”.

Many relatives spoke of staff’s patience and willingness to provide additional care if their family member needed it. One relative told us, “They always notice when mum is getting down and will spend extra time chatting to her”. Another relative told us that the manager had come in over the week-end specifically to sort out a problem for her father, which both she and her father had greatly appreciated.

We attended a morning handover and were impressed by the care and empathy shown by staff when discussing people’s needs. Additional checks were arranged for one person who had had a bad night, and a discussion took place in how to address another person’s loneliness. The quality of interaction we observed between people and staff throughout our visit was of a consistently high standard, with staff showing warmth, respect and understanding of people. One person told a staff member they had not been feeling well; in response to this the staff member reassured her, explored reasons for why she might

be feeling ill and offered her extra checks until she felt better. Staff sat and ate their lunch with people, using the time to socialise with them and also encourage them to eat.

How staff treated people was assessed as part of the formal work place observations to ensure that they maintained people’s dignity and privacy. People told us they really liked the set-up of the service, which allowed them to live independently in their own flats but also have staff available on site if needed. One person told us, “I really like it here. I got very nervous at night in my old bungalow but feel so reassured here, knowing there’s help if I need”. Staff worked hard to promote people’s independence. For example, one staff member told us that she was working closely with a person to help them lose weight so they could still use their electric wheel chair and therefore remain mobile. Another staff member told us she always encouraged one person to set the table for the communal lunch to help them retain their skills.

Care plans we reviewed showed that people had been actively involved in planning their care. Care plans were kept in their flats, so that people could check they were receiving their care as agreed. One person told us she always read what the staff had written about her to see if it was accurate.

People were supported to access local groups. We noted good information on noticeboards providing people with information about advocacy services and local community groups they could attend.

Is the service responsive?

Our findings

People's needs had been fully assessed prior to them moving into the service so they were assured that they could be met there. People told us they had been given the opportunity to visit the service first, so they could assess its facilities and suitability.

Care plans were individualised to the person and contained sections about people's health needs, personal care, mobility, and communication amongst others. We found that care plans contained sufficient guidance for staff to ensure that care was delivered to people in a way that met their needs, and daily records demonstrated that care had been delivered in accordance with people's care plans. The plans contained good information about people's personal and social histories and of significant events in their life. Staff told us they found that the plans were useful and helped them better understand people.

We sat with one person and read through their care plan with them. They told us the information it contained was accurate and was a good reflection of their needs. They told us that staff delivered the care that was stated in their plan.

We found that appropriate action was taken in response to people's specific needs. One relative was very pleased that staff had organised a sensor cushion for her father, so that they were alerted when he started moving around his flat. A staff member told us she had referred someone to a befriending scheme so that they could be supported with their mental health.

There was an effective handover system in place to ensure staff had information about any changes in people's needs, which were also documented in people's care records. We attended a morning handover between staff and found that people's needs were discussed in depth and appropriate action taken when problems were identified.

Although people lived independently in their own flats, activities were available to people to participate in if they

wanted. Staff provided a range of activities including a knit and natter group, church services, arts and crafts, games and meals out. During the afternoon of our inspection we saw that eight people were enjoying a game of bingo. People were regularly consulted about the types of activity they would like at the regular 'tenants meetings' and their specific request for movement to music had been arranged by the manager.

People felt confident about raising their concerns and suggestions for improvement to the service were taken seriously by staff. One person stated, "I go straight to the top and speak to Bev (the manager), I've done so a few times now and it's always been sorted". One family member complained that her father had not been checked by staff when he should have been. She stated, "When I complained the manager apologised immediately. The member of staff held her hands up and told me she had completely forgotten. It's never happened since and they now do hourly checks on dad".

A record of complaints was kept by the manager and we viewed details of three recent complaints that had been received. We noted that each complaint had been recorded in detail and dealt with promptly and effectively.

We read minutes of recent team leaders meeting where staff were reminded of the service's complaints procedure and to ensure that people's concerns were treated as complaints if needed. This gave staff a clear message that people's complaints should be taken very seriously. Minutes of a recent tenants meeting showed that the manager had reminded people about the service's complaints' procedure.

Staff were clear about the service's complaints procedure and one told us that although a person had complained about her, she had advised them to complain formally and then assisted them in completing the form. This showed us that there was an open culture within the home and that people's complaints were taken seriously and acted upon.

Is the service well-led?

Our findings

People who lived at the service, relatives, staff and care professionals who had visited were all positive about the manager and the way the service was run. We found good evidence of an open and inclusive culture. One relative reported, “Bev and [the deputy] are always saying, if there’s any problems just let us know. I find that really reassuring”. One staff member told us, “The manager’s door is always open, and I’m able to talk to her about things I’m not happy with”. Another reported, “I love my work and it feels like a family here”. Staff told us the manager regularly spent time with people using the service and often took her break or had lunch with them. The manager understood the importance of involving all staff in supporting people. For example, domestic staff attended handovers with the team leader so that they were kept up to date with daily life in the service.

The manager told us she used a dependency tool to determine the number of staff needed to meet people’s needs. Although no additional staff had ever been needed, she was confident that any request for additional staff would be met by the provider.

Staff told us they felt valued and described their morale as good, citing good team work, experienced team leaders, and managers helping out ‘on the floor’ when needed as the reason. Five of the service’s staff had been nominated for Norse’s Carer of the Year award which recognised and rewarded good practice by staff.

The service had developed good links with the community. Staff from local shops visited the service to sell goods to people; clergy from nearby churches conducted regular services and the manager was working with Thetford Academy and a scout group to arrange visits to the service from young people.

There were scheduled meetings throughout the year for people using the service and staff. Information about these forthcoming meetings was advertised well around the service, ensuring that people were aware of them. Staff told

us the meetings were useful and one reported, “People are able to come out in the open about stuff, instead of moaning about it”. Minutes of staff meetings we viewed were comprehensive and showed that many aspects of the service were discussed in depth including complaints, safeguarding, medication and staffing. We saw that a recent medication error had been discussed with staff so that lessons could be learnt from the event to prevent its reoccurrence.

Minutes of a recent tenants’ meeting showed that people had been asked for their views on a range of issues including the quality of the meals and how best to spend the amenities fund. At this meeting, people had requested to meet with the housing provider to air their concerns and this had been arranged for them by the manager. Minutes of all tenants meetings were sent to the provider’s regional manager and also the housing association so that they were kept up to date with people’s concerns.

There was a management structure in the service that provided staff with clear lines of responsibility and accountability. Each team leader had responsibility for supervising a number of staff and for specific areas of audit. We found this had a positive effect with staff being organised and directed in their duty.

We saw that a comprehensive system of audits, surveys and reviews was used to good effect in obtaining feedback, monitoring performance, managing risks and keeping people safe. Feedback from audits was shared with staff in an open and honest way.

The manager conducted regular unannounced night visits to monitor the performance of night staff. Day and night team leaders were rostered to swap shifts every six weeks so that they could get a better understanding of the issues each faced at different times of the day in the service.

Record keeping was of a good standard and all records required by regulation for the protection of people and for the efficient and effective running of the service were maintained, accurate and up to date.