Normanshire Care Services Ltd

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Inspection report

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Date of inspection visit:
07 January 2016

Date of publication:
22 January 2016

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

We inspected Normanshire Care Services Ltd on 7 January 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The service provides accommodation and support with personal care for up to five adults with learning disabilities. At the time of our inspection four people were using the service. This was the first inspection of the service since it was registered with the Care Quality Commission.

There was a registered manager at the service 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.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with people. The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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 were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people. There were enough staff to keep people safe.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Normanshire Care Services Ltd

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 checked 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors. During our inspection we observed how the staff interacted with people who used the service and also looked at two people's bedrooms and bathrooms with their permission. We spoke with two people who lived at the service and two relatives during the inspection. We spoke with the registered manager, the director of the service, one senior support worker, and one support worker. We looked at four care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us, "They [staff] make me safe." Another person said, "I feel safe." A relative said, "[Relative] is completely safe."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to tell us about the signs of abuse, and how they would report their concerns and including those agencies outside of the organisation, such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. Staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed. One staff member told us, "I would report to the line manager. If nothing done I would report to the CQC and the safeguarding team." Another staff member said, "I would go the manager. I would go and inform CQC if they did nothing. That is whistleblowing."

The registered manager told us there had been no safeguarding incidents since the service had been registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked regularly and we saw records of this. The registered manager told us and we saw records that a audit of finances was completed monthly. A relative told us, "[Registered manager] provides me a record every month with what was spent." This minimised the chances of financial abuse occurring.

People using the service had clear and individualised risk assessments in place. For example, one person using the service was identified as having behaviours that challenged. The behavioural traits were described in detail, as well as any known triggers and warning signs, including an action plan of how to mitigate against this risk and what to do if any of the behaviours became apparent. Risk assessments in relation to behaviours stated that using PRN medication was a "last resort", and that diversionary techniques were preferred in order to prevent regular use of this type of medication for people using the service.

One person using the service had epilepsy. We saw that their risk assessment in relation to this was robust and detailed. The type of seizures were described in detail, any known triggers, behaviours leading up to a seizure and a clear action plan in how to deal with one was set out. This person was most likely to have seizures at night and two foam mats were placed in their room as well as a monitoring alarm system. We saw that there was an "epilepsy management plan" in place that was last reviewed in August 2015. All seizures were documented and recorded in a folder.

Any accidents or incidents were recorded within people's care plans. Actions taken were recorded and families, social workers and health professionals were documented as being informed when necessary.

We found the systems in place to ensure the safe management and administration of medicines were effective. Medicines were stored in a secure cupboard with a lock and each shelf was dedicated to each person using the service. Blister packs were used and dispensed via the local pharmacy. The use of blister packs made it easier for staff to ensure they were giving people the correct medicines. The registered manager told us that they checked MAR sheets one week before the medicines were due to finish so that they could order more and records confirmed this. For people visiting their families at weekends, medicines given to them were signed for and quantities documented in a folder. In addition, information relating to the side effects of medications were evident in leaflet form and we also saw the PRN policy. The registered manager informed us and records confirmed that they carried out a medicines audit monthly whereby they cross checked the quantities against the records in the MAR sheets.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. One person told us, "Lots of staff around." Staff told us they were able to provide the support people needed. One staff member told us, "We have enough staff. We have bank staff whenever we need to take people out." The registered manager told us staffing levels were determined according to people's individual needs and risk assessments. Some people required or had allocated one to one time. Any appointments for people, vacancies, sickness and holiday leave were covered by bank staff.

The premises, décor and furnishings were maintained to a high standard. They provided people with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Internal checks and tests of fire safety systems and equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "The staff are nice." One relative told us, "What I like is that the staff are consistent." Another relative said, "The staff are happy and they stay which creates continuity."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "I've learnt a lot of things. The training is good." Another staff member said, "The training is quite effective. It's been very helpful." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such medicines, first aid, fire safety, food hygiene, health and safety, infection control, equality and diversity, challenging behaviour, safeguarding, dignity and respect, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were trained to meet people's specialist needs for people with learning disabilities such as autism awareness and epilepsy.

Staff including the registered manager received regular formal supervision and we saw records to confirm this. One staff member said, "We get supervision every two months. He [registered manager] will ask me if I can improve anything and will ask my ideas." Another staff member said, "Every two months we have supervision meeting. It helps recall what I should be doing and they ask for feedback on clients." The registered manager told us annual appraisals had not been completed for staff because the service has been active less than a year.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager told us and records confirmed they had applied for DoLS authorisations for all the people living at the home. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process followed in ensuring best interest meetings were held involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

People's dietary needs and preferences were discussed with them or with people who knew them before admission to the service. Menus were developed weekly and displayed in the kitchen. The menu was divided to take account of peoples individual likes and dislikes. Staff encouraged people to eat a healthy balanced

diet, and recorded peoples food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. Some people had very specific dietary requirements. For example, one person had a health condition which prevented them from eating certain types of food. Records showed this was clearly documented in the person's care plan and staff when asked knew this person's needs. We also saw this person had cupboard clearly marked in the kitchen with their specialised food stored. The person with the specific dietary requirement told us, "I have different meals to the other people." Discussions had taken place with relatives and health professionals to ensure the appropriate level of support was given and staff were vigilant about how much people ate and drank. People's weights were regularly recorded and any significant changes reported to the registered manager. People told us they enjoyed the food provided by the home. One person said, "The food is nice." A relative told us, "[Relative] diet fluctuates. They [staff] have stuck to the care plan what food he likes. He eats quite well." Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply food that reflected people's culture.

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals. For example, people had been referred to the speech and language therapy team. Individual guidance was provided to staff in respect of health needs around specific conditions, such as epilepsy with monitoring of seizures and protocols in place for administration of rescue medicines when major seizures occurred. A record was kept of all health appointments and contacts. Each person had a health passport and health action plan in place to ensure all aspects of their healthcare needs were kept under review. Relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member. One relative told us, "Quite a few health professionals in his life. He has a GP and a dentist. He gets a regular visit from a nutritionist." Another relative said, "They text me in during the week saying [relative] having an eye test. Very proactive on health checks."

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One relative told us, "They [staff] do respect his dignity." The same relative said, "I think they [staff] are caring." Another relative said, "They are providing an environment where [relative] is thriving, more relaxed and happy."

We observed that people were comfortable with staff and were happy to be around them and being involved in activities with them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we observed a person approach a staff member and say, "I need some help please." We saw the person take the staff member's hand and walk to their bedroom. We also observed a person hug a staff member while playing a puzzle with them. One staff member said about a person in the service, "We have a brotherly friend relationship. I look at him as my own brother."

People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "They knock on the door." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "When providing care I shut the door." Another staff member said, "We knock on a door before entering. We will give them space. Respect their decisions." Throughout the inspection we saw staff members knocking on people's doors before entering their bedroom.

People told us that they were listened to and their views were acted upon. Each person using the service had an assigned key worker. One person told us, "They [staff] listen to me." Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Staff used various communication tools and aids to enhance each person's ability to make active decisions about their care and support in their everyday routines, this included using pictorial information.

Care plans included information about people's likes and dislikes, for example in relation to food and social activities. Care plans included information about how to support people with communication. For example, for one person it was recorded they liked the staff to communicate in a clear manner and use small sentences. One staff member told us, "I look at the care plan and other support workers told me how to interact with people."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Staff supported people to phone and visit relatives as appropriate. A relative told us, "The staff communicate well with me with what happening to [relative]."

People's confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of dignity and respect.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care planning. One person said, "I have a support plan." A relative told us, "I am involved in the care plan. I have gone over the care plan and I'm quite happy with it."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was undertaken at a pace to suit the person, with opportunities for visits and trial stays. One person told us, "I visited the home before coming here. It was nice." A relative confirmed that they had looked around a number of services before this became a suitable option. The same relative said, "We showed him [relative] a couple of places and together we choose it [Normanshire Care Services Ltd]. They [registered manager] meet him [relative]. We meet a lot. We talked about a plan and had a six week review." They also said they had been actively involved in the early gathering of information and the development of a plan of care.

Following initial assessment people's care and support plans were designed around their specific individual assessed needs. This included an understanding of their background history, health and wellbeing, personal care, mobility, financial support, eating and drinking, mental health and emotional wellbeing, daily living skills, hobbies and interests, and communication. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and achievable goals were set to help them to develop and enhance their skills, at a pace in keeping with their abilities. For example, one person was assessed of needing to learn how to wash clothes and make their bed. Records showed this person was supported to gain these skills. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed every six months or more often if required. One person said, "They [staff] work with me here."

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people living in the home were offered a range of social activities. On the day of our inspection we saw people going out swimming, attending college and attending a day centre. People were supported to engage in activities outside the home to ensure they were part of the local community. One person said, "I do drama at college. I don't get bored." A relative told us, "They are very good at sending me photos of the activities."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One person said, "The staff will ask what I want." A staff member told us, "They have a choice to eat whatever they like, what time they want to sleep, and when they go out."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics culturally specific holidays, daily living skills, complaints, activities, food and medical appointments. One person told us, "They do have meetings. We talk about food."

There was a complaints process available to people. People were given a 'service user handbook' which explained how they could make a complaint in an easy read pictorial format. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. One person told us, "I would complain to the staff. They would do something." There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. The registered manager told us there had been no formal complaints since the service had been registered.

Good

Is the service well-led?

Our findings

People and their relatives told us that they liked the home and they thought that it was well led. One person said about the registered manager, "He is a really nice man." A relative said, "He [registered manager] is available and always in communication with us no matter what." The same relative told us, "Staff seem quite happy and the manager knows what he is doing." Another relative said, "He [registered manager] is very conscientious and creates a very caring and happy environment." We observed the atmosphere between people living in the home and staff was very relaxed and their interactions were calm.

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "He is doing a good job. He is easy to approach. You can call him and he is always there." Another staff member said, "He is a good manager. I am confident with him. Anytime I have a problem I can discuss with him and it will be solved."

The registered manager told us that they felt that communication was open at the service and that they had an "open door policy." They told us about their vision and values for the service and spoke about aspirations to carry out resident's surveys in the near future. The registered manager told us about the support that they received from the director of the service and that they had supervision every two months and that they felt supported in their role.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on policies and procedures, safeguarding, Deprivation of Liberty Safeguards, medicines, the Care Act, activities, food hygiene, training, finances and diet review of a person using the service. One staff member told us, "We have a staff meeting every two months. We discuss safeguarding and medication policies. We put our suggestions forward." Another staff member said, "We talk about problems in the house and refresh ourselves about policies."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of a weekly quality check. The quality check included checking staff files, care files, inspecting the premises and follow up any concerns from the weekend staff. The registered manager also did a monthly audit on medicines and finances. Records showed the director of the service carried out their own monthly unannounced checks of the service which included looking at punctuality of staff and their knowledge and skill.

The provider had a system in place to obtain the views of family members of the people who used the service. Feedback surveys were completed by family members. The feedback we saw was positive. For example, one person's relative stated, "X's room is fine. Happy that all meals provided are [culturally specific]." Another feedback form from stated, "I feel happy that X is happy at Normanshire Care Services. Thank you for organising for X to have a full and varied schedule of activities by organising tickets and support to an Arsenal game."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.