Manorcourt Care (Norfolk) Limited

Honey Tree Court

Inspection report

Fairmeads
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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

The inspection took place on 1st March 2016. Honey Tree Court is a domiciliary care agency that provides personal care and domestic support to people as part of extra care housing services and also supports people in their own homes. There are currently 118 people who use the service.

The service has a registered manager in post. 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.

Whilst systems were in place to ensure medicine errors were dealt with effectively, improvements were still required with regard to completing people's medicine administration records (MAR) as these did not always accurately reflect the medicines which people had received.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

There were sufficient numbers of staff who were recruited appropriately to meet peoples care and support needs and keep them safe.

The service understood how to manage risk in a way that kept people safe whilst respecting people's rights and freedom to exercise choice and control.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to carry out their role effectively. Supervision was in place and there was a regular programme of training with opportunities planned for specialist training relevant to meeting the needs of the people using the service.

People were supported to have enough to eat and drink and to access health care services to maintain their health and wellbeing. When people became unwell staff responded quickly and sought the appropriate support.

Care workers had very positive relationships with people who used the services and were valued and held in high regard by people and the families they supported. The care provided was personalised and met people's individual needs and preferences.

People, or their representatives, where appropriate, were involved in making decisions about their care and support and felt listened to and included. Care workers treated people with dignity and respect and promoted people's independence.

Staff told us that they were well supported by the registered manager and felt confident that any concerns they raised would be listened to and dealt with fairly.

The provider had a complaints procedure in place and people who used the service knew how to use it. People's concerns and complaints were listened to and addressed in a timely manner.

The provider had systems in place to monitor the quality of the service and this was used constructively to drive improvements.

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

Medicine errors were managed effectively. However improvements were required in respect of written records which did not always accurately reflect what medicines people had been given.

There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe.

People were safeguarded from abuse as staff and management were aware of the signs to look for and how to report suspected abuse.

Actions were taken to reduce people's risk whilst encouraging their independence.

Is the service effective?

Good

The service was effective.

The provider and staff worked within the principles of the Mental Capacity Act (2005) to ensure that people were supported to give consent and make decisions with the right level of support provided.

Staff were supported through supervision, appraisals and training to have the knowledge and skills to be effective in their role.

People's nutritional needs were met.

When people required support with their health care needs they received it in a timely manner.

Is the service caring?

Good

The service was caring.

Care staff were held in high regard by the people and families they supported.

People were treated with dignity and respect.

People were involved in their care, treatment and support & felt listened to.

People's privacy was respected.

People's independence was protected and promoted.

Is the service responsive?

Good

The service was responsive.

Care was personalised and delivered in accordance with people's preferences.

People were supported with opportunities to engage in community activities of their choice.

Complaints were dealt with appropriately and the complaints procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Staff and people felt supported and valued by the management team.

Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

Honey Tree Court

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.

The inspection took place on 1st March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager would be available.

The inspection team was made up of two inspectors. Prior to inspection we reviewed various sources of information including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of inspection we met with the registered manager at the site where care and support for people living in the extra care housing was provided. We observed two members of staff providing care and support on site. We spoke with three people who used the service, two family members and two members of staff. We reviewed six care records, four staff files, training records, audits and minutes of staff meetings. After the inspection we undertook phone calls and spoke with nine people who used the service and four members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe with them [staff], they know what they are doing."

Staff were trained in medicine administration and regular competency checks were completed to promote safe practice. Role-plays in completing Medication Administration Records (MAR) were organised through a specialist medication officer to provide additional support if it was identified that staff needed further training. However, in three of the care plans we reviewed, we observed that there were unexplained gaps in people's MAR sheets. Because of this it was not possible to be sure that people had always received their medicine. Nonetheless, all of the people and family members we spoke with told us that they or their relative were supported safely with their medicines.

We discussed our findings with the registered manager. They told us that MAR sheets were audited every month and if unexplained gaps were noted, staff received a letter highlighting any errors and were then invited to attend one to one training with the provider's medication officer to support their competency. The service was able to demonstrate that they had a system in place to handle medicine errors effectively. The service was aware of the importance of accurate records to ensure the safe administration of medicines. We saw they had been pro-active by arranging refresher training to provide additional support to staff with regard to completing MAR sheets more accurately.

The service had policies and procedures which covered how to safeguard people from abuse and how to 'whistle blow' if necessary. Staff told us they received training in safeguarding and we saw confirmation of this in the training records we looked at. Staff were able to describe the different types of abuse, the signs and symptoms when abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities. Staff told us they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation. We saw that the registered manager recorded and dealt with safeguarding issues appropriately, including notifying us of concerns in a timely way.

We saw assessments were completed to help staff support people who used the service to minimise risk whilst ensuring they made choices about their lives. Risk assessments included mobility, nutrition, risk of skin damage and medication. There was also a detailed environmental risk assessment completed of each person's home when the service commenced, this identified potential hazards and any steps required to minimise them.

Risk assessments were reviewed responsively i.e. as and when something changed for people. For example if a person was admitted to hospital this would trigger a risk assessment if there was a need for medicines once they were discharged. One member of staff told us, "Assessing risk is an ongoing process, we are always vigilant and will report back to management if we feel something needs addressing." This vigilance extended to equipment in people's homes. The manager told us that staff knew to flag up to people and/or their family members when and if equipment such as hoists required inspection and maintenance.

There were sufficient numbers of staff to keep people safe with an electronic rostering system in place to flag up any time critical medicine calls. However, staffing levels were identified by the registered manager and by staff as an ongoing challenge and a recruitment drive had been implemented to increase staff numbers so that the service could meet any additional needs of people using the service.

We found that the recruitment process for staff was thorough. Checks on the recruitment files for four members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references had been obtained. However we observed that on two of the application forms there were some gaps in employment history. The provider has a legal requirement under the Health & Social Care Act (2008) to obtain a full employment history from employees, together with a satisfactory written explanation of any gaps in employment. This was discussed with the manager who later confirmed that this had been addressed with staff members and the gaps explained to ensure safe recruitment practices were being followed. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the care and support they received and spoke very highly of the staff that supported them. Peoples comments included; "They [staff] always do the right thing." And, "I have nothing but praise for the care team." And, "I give them ten out of ten."

Staff told us they received sufficient training to feel competent in their role. The service provided an induction for new staff incorporating the Care Certificate standards which covered subjects such as infection control, equality and diversity, moving and positioning, dementia awareness and the Mental Capacity Act (2005). Staff were required to complete a learner workbook covering each module with marked assessments to assess their level of understanding. In addition, new staff spent time shadowing experienced team members and were observed in their practice to ensure they had acquired, not only the theoretical knowledge, but also the practical skills required to support people effectively.

Records showed that staff received ongoing support and assessment through the use of six monthly supervision sessions and regular unannounced spot checks which were used to monitor competency and identify any areas where further learning and development was required.

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.

Whilst training records showed that staff had received training in the MCA the staff we spoke with were not able to recall having completed this training and were unable to verbalise their understanding. However, staff were able to demonstrate how they applied the principles of the Act in their daily practice to support people who had difficulty in making decisions. Staff told us that they always asked for peoples consent before providing care and support. They also said that they offered people choices but not so many that it would be confusing. One staff member said, "We never make decisions for people, we will make suggestions so that people can still be as independent as they can."

We talked to people who used the service who confirmed that staff always asked permission before providing any care or support and we observed this in practice. The care and support plans and risk assessments we reviewed were signed by people or their representatives evidencing that consent had been sought. Permission had also been obtained before senior members of staff visited people's homes unannounced to carry out spot checks on staff.

We were informed that there were suitable arrangements in place to ensure people had sufficient food and drink to meet their needs. People said they were given the choice about what they would like to eat and the level of support they needed to help them to prepare meals and drinks. We observed that people had plenty to drink which was left within reach after staff had visited them. Where people were identified as being at

particular risk, their levels of nutrition and hydration was monitored and the information shared with the family and professionals as appropriate.

The service made appropriate referrals to support people to maintain good health. For example in the care records we reviewed we saw that a referral had been made to an occupational therapist to ensure that a person was provided with equipment to support them to maintain their physical health. Relatives we spoke with said that staff were very good at supporting their family members to access health care services. We were provided with several examples where staff had responded to people who were unwell and had called for medical assistance to ensure the person got the treatment they needed in a timely fashion.

Good

Is the service caring?

Our findings

We found the service was caring and people were respected by staff, treated with kindness and were listened to. Staff knew the people they cared for well and spoke about them in a kind and sensitive manner. We observed the staff speaking softly and being kind to people. Care was seen being delivered at a relaxed pace and was not rushed.

All of the feedback we received from people and relatives was extremely complimentary about the staff that provided the service and the way they delivered the care and support. Comments included; "We have a regular carer who is fabulous." "[Staff member] is absolutely brilliant." "They are an absolute dream, [staff member] is like a daughter to us." "She [staff member] is amazing, when she goes away [family member] misses her so much."

All of the people and relatives we spoke with said that they could not fault the care team and provided us with numerous examples of occasions where staff went above and beyond their duties. For example a relative told us of an incident where a person was unwell and this had ruined items of their clothing. The staff member went shopping in their own time to replace the items. Other examples included times when staff had sat with people who were unwell, sometimes for hours late at night, whilst waiting for healthcare professionals to attend to them.

People told us they were treated with dignity and respect at all times and felt comfortable and confident with the staff that supported them. Their privacy was respected and the staff promoted their independence as far as possible. A relative told us, "The carers will assist [family member] to cook meals, they do it together, they encourage them to be independent." Another relative said, "[Staff member] is so good to [family member], she knows how to talk to them and motivate them." Staff told us how they would involve people as much as possible and try to promote independence when providing care and support, 'doing with' rather than 'doing for'. One staff member told us that they, "support people to be independent by using positive communication and encouragement."

We looked at daily communication records which demonstrated a kind and sensitive approach from the care staff . Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people up to protect their modesty when providing personal care and providing any personal support in private. We observed staff allowing people time to complete their personal care themselves where possible. For example, by waiting outside the bathroom until the person asked for their support.

Peoples care plans contained information about their preferences for care support including the gender of support workers and how people wished to be cared for. People told us that they were asked if there were particular staff members they would like to have support them and the service tried to accommodate this as far as possible. This continuity of care meant that people were supported by staff members they felt comfortable with, who knew them well and were familiar with their routines and preferences.

This aspect of the service was particularly valued by the relatives and people we spoke with which was reflected in the feedback provided. For example one person told us, "The care my [relative] gets is absolutely superb, they have one regular carer, they cannot do without her, she is amazing, I can't praise her enough. The way she is with them, the way she talks to them, like they are a person, not a job. She listens to them, sits and talks to them, they watch TV together, I feel that she really cares about them."

Good

Is the service responsive?

Our findings

When people began using the service they had an initial assessment. Information was sought from the person, their relatives and any other professionals involved in their care. The information obtained informed a more detailed care and support plan which was individualised and supported people to maintain their independence.

We looked at six care plans which clearly explained how people would like to receive their care, treatment and support. The plans were personalised and informative. People and their relatives told us that they were involved in the development of the care and & support plans. We saw that the plans were signed evidencing peoples involvement in the process. The care plans were written from the person's perspective and provided details of their preferred daily routines . The care plans were written in a person centred way which means they were all about the person and put them first. The records gave an insight into the individual's preferences and choices. They took account of people's needs and wishes, abilities and likes and dislikes.

The service reviewed people's care plans annually unless there was a change in their circumstances for example if a person's abilities improved or deteriorated. Staff were able to tell us that they understood the process to follow when someone's needs changed so that the care and support provided accurately reflected people's needs.

Speaking with staff they were able to talk about people's choices and likes and dislikes. . One staff member told us how they supported a person to access the community and engage in hobbies of their choice. Because the staff member was familiar with the person's life history, including their interests, they were able to organise activities which they could do together that were meaningful and person-centred.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been some complaints received since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses. Staff told us that they felt confident to report complaints from people to senior staff and that this would be dealt with effectively.

We saw a copy of the provider's complaints procedure which was included in the handbook which was given to people using the service and their representatives. The procedure detailed how people's concerns and complaints would be dealt with and included information explaining how to escalate concerns if people were dissatisfied with how their complaint was dealt with. We saw a process was in place for the manager to log and investigate any complaints received which included recording any actions taken in response to resolve them.

People told us they knew what to do if they were unhappy with the service and that they were satisfied with the service they had received. Comments included; "Staff listen to what you say here." "I don't have any complaints." And, " they are all lovely people."

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor the quality of the service being provided. The registered manager was active in the development of the service. They told us they had commenced higher level training in leadership and management in health and social care to broaden their knowledge and skills to support the provision of a quality and consistent service. The registered manager had also joined 'dementia friends' which is a scheme set up by the Alzheimer's Society aimed at supporting others to help make a positive difference to people living with dementia in their community. They had been awarded 'Champion' status by the organisation which allowed them to run workshops for care staff and family members to promote understanding and improve the quality of the service to people living with dementia.

The registered manager told us that staff were encouraged to be ambassadors for the service and were supported through clear leadership to ensure that the values and culture of the service was shared by all. The comments we received from people, relatives and staff evidenced that staff members shared the common values of kindness, compassion and respect, and worked in a way that promoted peoples dignity and independence.

The service promoted a positive culture that was open and transparent. The manager informed us that the service had an 'open door' policy and this was reflected in our discussions with staff and people who used the service who told us the care team were approachable, contactable and supportive. People and staff we spoke with were able to identify who they would contact if they had any concerns and were confident that they would be listened to and any issues dealt with appropriately and in a timely way. One person told us "They [office staff] are very helpful and will always ring you back if you call". Staff told us they were aware of the whistleblowing policy and felt confident that if they had to raise a concern they would be protected and it would be dealt with fairly by the registered manager.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found that people who used the service or their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service. Staff were aware that the quality of their work would be checked. A staff member told," Our work is checked to make sure we are updating the records and these reflect the care that has taken place."

Quality assurance systems were used to monitor and analyse missed calls which was a learning exercise to drive improvements. Compliance and quality meetings were held to share information about the latest care guidance and share learning from service shortfalls. Where areas for improvement had been identified, the registered manager was able to show us that action had been taken. For example additional supervision had been carried out with staff when it was identified that they had not been correctly recording their care practice. Additional training had also been offered to improve the quality of service.