

Norse Care (Services) Limited

Harker House

Inspection report

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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

About the service: Harker House provides care for up to 38 people. This includes a separate wing which supports people living with dementia. The service was providing personal care to 29 people aged 65 and over at the time of the inspection.

People's experience of using this service:

There were enough, suitably recruited staff who worked well as a team to ensure people received the care and support they needed.

Staff received an induction and ongoing training and support to fulfil their role and extend their knowledge.

Staff had a good understanding of how to recognise and report potential harm or abuse and were confident the acting manager and provider would take action in line with local safeguarding procedures.

Staff were very kind and caring and had good relationships with people. They understood people's needs and preferences and provided personalised care. People had a choice of meals and enjoyed a varied and balanced diet.

People made their own choices about where they spent their time and had the opportunity to participate in a range of recreational and social activities.

People and their relatives were fully involved in developing and updating their planned care. People who lacked capacity were supported to have maximum choice and control of their lives.

There was a registered manager who was away from the service; it was being managed by an acting manager and deputy manager. People and their relatives were positive about the management of the service and knew how to raise any concerns and complaints should they have had any.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The rating at the last inspection was 'Good'. The last report for Harker House was published on 15 July 2016.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: We will continue to monitor the service through the information we receive.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Harker House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and an expert by experience. The expert by experience has experience of caring for people who use this type of service.

Service and service type:

Harker House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was away long term on planned leave. An 'acting manager' was in post who was managing the service along with the support of a deputy manager.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with seven people who used the service and six people's relatives. We spoke

with eight care staff as well as the deputy manager and acting manager. We also spoke with a visiting healthcare professional. We reviewed a number of records including two people's care records, medicines records and records related to the management of the service. Details are in the key questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. From our observations we saw that people were comfortable and appeared relaxed and happy in the company of the staff.
- One person told us, "I ring my buzzer, they answer it straight away and I say who am I speaking to and they say their name, I am not neglected here."
- Staff understood how to recognise and report any suspected abuse should it have occurred and had completed training in safeguarding. The provider had safeguarding policies and guidance in place which the acting manager and staff understood and knew how to follow.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing these had been identified and risk assessments were in place to minimise hazards.
- Care and support plans were in place and included guidelines about how to minimise risks.
- The provider had taken steps to protect people in the event of a fire. Fire maintenance checks were undertaken and people had Personal Emergency Evacuation Plans (PEEPS) in place to provide information to aide their evacuation in the event of a fire or emergency.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and their relatives told us there were enough staff available to meet their needs. We saw people received support from staff in a relaxed manner, care was not rushed and staff had time to spend with people. One person told us, "[Staff] are pretty good, I've got no moans. They are all busy, but they do make time, I am alright." A visiting relative said, "It's absolutely brilliant. The staff go the extra mile and they are always there and around, plenty of staff."
- There continued to be safe staff recruitment systems in place. Prior to commencing work, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS help to prevent unsuitable people from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.

Using medicines safely

- Medicines management continued to be safe. People received their medicines from staff who had received training and had an observation of their practice to ensure they were competent. One person told us, "I have [medicine] twice a day, none missed, they stay until you have taken them" ● Another person commented, "I take tablets three times a day, around the same time of day each time, I've not missed any and they watch me take them."

Preventing and controlling infection

- We saw that all areas of the service were clean, tidy and odour-free. A team of house keepers were employed to carry out domestic tasks. A refurbishment plan was underway across the service to make improvements to the décor and furniture.
- Staff followed the provider's infection control training they had received to reduce the likelihood of the spread of infections and the possibility of people experiencing poor health. This included using equipment such as disposable gloves and aprons when assisting people with personal care and when carrying out domestic tasks within the service.

Learning lessons when things go wrong

- The provider communicated information about incidents and accidents or opportunities for learning across their services. The acting manager told us of improvements they were making in recording and actions they were taking to ensure large items of furniture were secured to the walls due to learning from another of the provider's services. The registered manager and provider monitored and investigated these events to help promote people's safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be assessed regularly. A visiting health professional, we spoke with was very complimentary about the way staff cared for people saying, "It's very good, [staff] are really accommodating, very helpful, take me to the room, explain about the [person], people always seem happy and cheerful and well looked after, this would be one of the places I would recommend."

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people living at the service and had the skills necessary to meet their needs. A person's relative told us, "Staff are well trained, they know what they are doing." People were supported by staff who received guidance through one to one supervision and an annual appraisal of their performance.
- Staff used the skills gained through induction and on-going training to carry out their roles effectively. One staff member told us, "We [staff] get lots of training. We're going to be doing a dementia excellence course soon. It will give me more understanding and am looking forward to it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food at Harker House. One person said, "The food is very good, you can have alternatives to what is on the menu." Another person told us, "I eat very well, I enjoy my food, the quality of the food is good, I am very impressed."
- At lunchtime, there was a relaxed and friendly atmosphere in the dining room. People were supported to eat together and enjoyed a sociable and pleasant experience. Staff were aware of people's dietary requirements and these were catered for. People living with dementia who chose not to eat meals at the times other people ate were catered for with a large variety of 'finger foods'.
- Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST (malnutrition universal screening tool) were used to determine if people were at risk nutritionally. For those people who required it, regular checks were undertaken of any weight loss. During our visit we saw people were offered hot and cold drinks between meals as well as fresh fruit and snacks being freely available. Staff took time and showed patience to people who needed assistance to eat and drink.

Adapting service, design, decoration to meet people's needs

- The provider was in the process of making improvements to the service, which included upgrading some bedrooms, redecoration of several communal areas and replacement of furniture.
- Staff had implemented many items of interest and themed decor to the walls and communal areas within the suite for people living with dementia to make this appealing to people.
- There were displays and items for people to pick up across the service including to make the

service 'dementia friendly'. In one area a display including an antique kitchen, this created many opportunities for reminiscence and for discussion.

Supporting people to live healthier lives, access healthcare services and support and working with other agencies to provide consistent, effective, timely care

- Where necessary, the staff team worked with other services to deliver effective care and support.
- People continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's healthcare needs were monitored by staff to ensure any changes in their needs were responded to promptly and the appropriate advice and treatment was accessed.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and understood what they should do to make sure decisions were taken in people's best interests.
- Discussions with staff demonstrated they recognised when people were potentially being deprived of their liberty and appropriate applications had been made for legal authorisation.
- Staff involved people in making day to day decisions about their care, for example when supporting people to decide whether they wished to take part in an activity or where they wanted to sit. We saw staff explain to people what they needed to do and sought people's consent before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had clearly developed positive, caring relationships with people using the service. One person told us, "Fabulous first class care, I have told them they are marvellous, caring is taken very seriously here." Another person's relative said, "Staff are very good, we have a little talk, about my family and grandchildren, they are kind."
- People's relatives continued to be complimentary about the care their family members received at Harker House. One relative told us, "They go the extra mile. They don't have to do that to the extent they do. They try and keep people involved as much as they can. That's where the high level of care comes into it. Staff go over and above."

Supporting people to express their views and be involved in making decisions about their care

- People continued to be encouraged to make their own day to day decisions about their care such as deciding what they wanted to do or what time they wanted to get up or go to bed.

Respecting and promoting people's privacy, dignity and independence

- Staff had a person-centred approach to supporting people to maintain their independence wherever possible. We saw how one person took great pride in clearing and cleaning the dining tables after each meal following which they reset and laid them for the next. They told us, "I am a helping hand for them, I sweep the TV room and the corridor, it is good for me and I don't want to be sitting and they allow me to do it, I love them [staff]."
- People's privacy and dignity were respected. Staff did not enter people's bedrooms without first knocking to seek permission to enter. People's care plans were stored in their bedrooms except where people had requested this not to happen. For those people their care plans were held in a lockable room which supported their information to remain confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were very detailed and person-centred. Information in them described how people wished to be supported in all aspects of daily living and their personal preferences. One of the care plans we reviewed described the very precise and individual way one person wished to have their care delivered and their personal boundaries. From talking with staff and our observations, staff were very aware of people's care needs.

- The views of people, staff and other health and social care professionals were considered when people's plans were initially put in place and reviewed, so people's needs would continue to be met.

- People were positive about the range of activities on offer. One person said, "The activities today is cooking and baking. We also do bingo, skittles, ball games, the music man comes as well as the lady who does the exercises. We also had summer outings and went to Wroxham, Southwold and the seal sanctuary." Another person told us, "I enjoy partaking in boccia and darts. I have got an art of throwing underarm, that is very good. We also do balloon exercises, I always join in if I can, keeps my arms exercised which is all the good. There is enough to do."

Improving care quality in response to complaints or concerns

- A complaints policy continued to be in place to ensure any concerns could be reported, listened to and addressed. We found no complaints had been raised in the past 12 months People and their relatives told us they were confident any raised would be addressed if required. One person's relative said, "We've never had to make a complaint about anything." A complaints guidance leaflet was freely available in communal area and detailed that large print and accessible versions were available on request.

End of life care and support

- There was no one receiving end of life care at the time of our inspection however the acting manager and staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences. Staff had received training in supporting people at the end of their lives. The acting manager said, "We only get one chance to do end of live care right for people."

- The acting manager told us the service was due to commence work to secure an accreditation with the 'Six Steps to Success in End of Life Care Programme'. This programme aims to 'enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives were very complimentary about the standards of care at the service as well as the management and oversight held by the acting manager and provider. One person said, "These are not just my carers they are my friends and family, all I need is Harker House. It is my home and I am proud of it and the staff... we are just a big family." Another person commented, "I am in a hotel standard caring home, I am looked after, cared for and waited on 24 hours a day."
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. A staff member commented, "Morale is really good. We are a good team, a close team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found a friendly, welcoming and calm atmosphere at the service. There was a lot of laughter and well received banter between people and staff. The acting manager and deputy manager had created a culture that effectively supported the staff to deliver high-quality, person-centred care. Staff were very positive about working at Harker House and clearly understood their role in ensuring people received quality care.
- Staff felt listened to and told us that the acting manager and deputy manager were approachable and very supportive to them through one to one supervisions as well as on a day to day basis.
- The registered manager told us they were supported by the provider through site visits and all the opportunity to attend provider management meetings where peer support was available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Opportunities continued to be available for people to comment on their experience of the care delivered through regular surveys the most recent of which was completed in 2018. The outcome of the survey was very positive with feedback for further development around catering. As a result of feedback the service had worked with the catering team to improve menu choices and increased variety of 'finger' type foods specifically for to entice people living with dementia to eat more. We observed this action was in place, during our visit.

Continuous learning and improving care

- The quality assurance systems included checks carried out by staff, the acting manager and the provider

to support the continued improvement of care.

- Systems were in place to ensure the service was monitored and the quality of care people received was maintained.

Working in partnership with others

- The acting manager and staff worked with other professionals to ensure people received joined up care. This ensured that people received support in a timely way.
- Links with the local community were maintained to promote independence and wellbeing for people.