

Truecare Haven Support Ltd

# Norbury Crescent

## 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

We carried out a comprehensive inspection of Norbury Crescent on 4 October 2018. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available. At our last inspection in September 2017 we rated the service requires improvement. This was because improvements were required to some aspects of medicines management, assessing risks, water safety, involving people in planning their care and quality assurance. At this inspection we found the service had improved and we rated it good overall.

This service is a care home and a domiciliary care agency. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Norbury Crescent does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Through the domiciliary care agency Norbury Crescent provides personal care to people living in their own houses and flats and specialist housing. The service provides a service to adults with learning disabilities.

There was one person living in the care home and three people using the domiciliary care agency at the time of our inspection.

There was 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.

The provider had improved medicines management and people received their medicines safely. The provider checked staff were competent to administer medicines and audited medicines management to ensure staff followed best practice.

The provider had also improved their risk assessment and care planning processes. Risks to people's care were reduced as the provider assessed risks and put guidance in place for staff to follow. People were involved in their care plans and care plans set out how people wanted to receive their care.

The leadership of the service improved. The provider had improved their quality assurance processes to check the service was meeting the fundamental standards. Leadership was visible and the registered manager and staff understood their roles and responsibilities.

People and relatives were positive about the staff who provided support. People received consistency of care and staff knew the people they supported. People were supported to do activities they were interested in. The provider gathered feedback from people, staff and professionals and communicated open with them. The provider responded appropriately to concerns and complaints. The care home premises were suitably maintained with a range of health and safety checks so the environment remained safe for people.

Staff followed suitable infection control procedures and the care home was clean and free of malodours.

Staff understood the signs people may be being abused and how to respond to keep people safe. Staff received training in safeguarding adults at risk. Staffing levels were suitable to care for people safely. The provider carried out the necessary checks on staff to ensure they were suitable to work at the service. Staff were supported to understand people's needs with training and supervision and staff felt well supported. People received food and drink of their choice. Staff supported people with their day to day health needs. People received care in line with the Mental Capacity Act 2005 and received choice in relation to their care.

## 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 reduced risks to people's care including infection control risks.

People received their medicines as prescribed.

Staff understood how to protect people from abuse and neglect.

There were enough staff deployed to support people. Staff recruitment was robust.

The care home premises were suitably maintained with health and safety checks.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service was responsive. People were involved in developing their care plans.

People were supported to do activities they were interested when this was an agreed part of their care.

The provider responded appropriately to concerns.

### Is the service well-led?

Good ●

The service was well-led. The registered manager and staff understood their roles and responsibilities.

The provider had oversight of the service with audits to check the quality of care.

The provider gathered feedback from people and relatives and communicated openly with them.

The service worked with other healthcare professionals involved in people's care.

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# Norbury Crescent

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by a single inspector who visited Norbury Crescent on 4 October 2018.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with a person using the service, the registered manager, quality assurance manager and a support worker. We looked at three people's care files and two staff files which included their recruitment records and training certificates.

After the inspection we spoke with the relatives of two people using the service and one care workers to gather their views and experiences of the services. We emailed three health and social care professionals and received feedback from two.

# Is the service safe?

## Our findings

At our last inspection in September 2017 although we did not find any medicines errors improvements to stock control were required. The provider did not know the quantities of medicine people should have in stock as they lacked a tracking system. This meant the provider could not cross-check stocks against medicines records to check people received their medicines as prescribed. At this inspection we found the medicines management had improved. The provider had a robust system in place to track medicines stocks. In addition, the provider carried out frequent checks of stocks and medicines administration records (MAR) to check people received their medicines as prescribed. Our own checks of medicines stocks and medicines records showed people received their medicines appropriately and staff recorded administration in the right way. Medicines were stored safely in the care home. Staff received training in medicines management and the provider assessed staff were competent to administer medicines safely.

At our inspection in September 2017 we found the provider had not assessed risks relating to a person receiving care in their own home. This meant the provider could not confirm they were managing risks safely. At this inspection we found the provider had improved. People and relatives told us risks were well managed. One relative said, "They know how to put her in her standing frame and she is always strapped in safely. She is completely safe as they know 100% how to care for her." The provider had assessed risks relating to people's care and put reliable plans in place for staff to follow in managing the risks. The risks included those relating to behaviour which challenged the service, medicines and medical conditions such as diabetes.

Risks relating to infection control were reduced. The care home was clean and free of malodours. Staff cleaned the care home each day and a cleaning schedule was in place for them to follow. Infection control practices in the kitchen were suitable to reduce the risk of food borne infections. Staff followed suitable procedures including using personal protective equipment (PPE) when providing personal care. Staff also received training in infection control to help them understand their responsibilities. The provider carried out infection control audits of the care home to check staff followed best practice.

The care home premises and equipment were managed safely. The provider had checks in place relating to the environment, fire safety, gas safety, electrics and electrical appliances and hot water. The provider was contracting a company to reduce risks relating to water hygiene. Staff told us any repairs were carried out promptly.

People continued to be safeguarded from abuse and neglect. A person told us, "I am very, very safe." Relatives told us, "[My relative] is safe" and, "I believe [my family member] is safe. I've no reason to doubt their safety." Staff received training in safeguarding and understood the signs people may be being abused and how to respond to protect people. The registered manager understood their role in working closely with local authority safeguarding teams if any allegation of abuse was made.

People were supported by the right number of staff. A relative told us, "There are enough staff and there's a low turnover. It's good because [my family member] needs the same people all time." Relatives also

confirmed staff arrived on time and stayed for the agreed time. The registered manager and staff also said there were enough staff with few difficulties covering shifts. We observed the person living in the care home received care from one staff member through the day in line with their needs.

People were supported by staff who the provider checked were suitable to work with them. The provider checked candidates' employment history, training and experience, criminal records, health conditions which may require reasonable adjustments to the role, identification, proof of address and their right to work in the UK. The provider also obtained references from former employees and character references.



## Is the service effective?

### Our findings

People received care from staff who had the right training and support. People and relatives told us they found staff were suitably trained. New staff completed an induction including training in key topics and shadowed more experienced staff. Staff received training in topics including learning disability awareness, autism, positive behaviour support, epilepsy and diabetes awareness. Staff supporting a person with breathing difficulties received training from hospital staff on using specialist equipment. Staff received training on managing behaviours which challenged the service. However, a professional told us staff required more support from the provider to develop their skills and confidence in managing these behaviours for one person. When we raised these concerns with the registered manager they told us they would implement competency assessments to support staff to develop their skills in working with the person effectively. Staff were also supported to obtain diplomas in health and social care. Staff received supervision with the registered manager to discuss their role, any concern and their training needs.

People received food and drink of their choice and any cultural preferences were met. Nurses trained staff to administer food and fluids via a PEG. A PEG is tube used to deliver food and fluid directly into their digestive system. A relative told us, "They are brilliant with [the PEG feeds], they do it well." The provider monitored people's weight when it was part of their agreed care plan. The provider was concerned about a person losing weight so sought advice from a dietitian. Records showed the person had reached a healthy weight as staff followed the dietitian's advice. People's care plans set out the support they required from staff in relation to food and drink, including guidance from specialists such as dietitians.

People were supported to maintain their health. A relative told us, "They do [my family member's] floor exercises with them, given by the Physio." The registered manager assessed the support people required with their healthcare needs before they started using the service and kept this under review. People had 'health action plans' in place setting out their healthcare needs and how these were met. Records showed people were supported to access the healthcare services they needed such as their GP and hospital specialists. Staff understood people's healthcare needs including their mental health needs such as anxiety. People had hospital passports in place. A hospital passport is a document which sets out the needs of a person with a learning disability to inform and guide hospital staff on how to support for them effectively.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People received care in line with the MCA. The registered manager and staff told us no one was suspected of lacking capacity in relation to their care. This meant the provider was not required to carry out MCA assessments. However, staff received training in the MCA and understood the importance of the Act in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had not applied for authorisations to deprive people of their liberty as they were not required, although they were aware of the process if they were required in the future.

# Is the service caring?

## Our findings

People were positive about the staff who supported them. A person told us, "Staff are really kind and are working fantastically. They're absolutely brilliant." One relative told us, "They're lovely! They're polite, friendly and respectful. They don't speak on phones at work and are very professional at their job." The relative told us one staff member went the extra mile in preparing meals from their own country to treat the person and their family. A second relative said, "Staff are very caring and friendly and I've met all of them. People received consistency of care as staff they knew well supported them each day. The registered manager told us the staff turnover was low and most staff had been with the service since they were established. This consistency helped people and staff get to know each other and develop relationships.

Staff understood the people they supported and how they communicated. A relative told us, "Staff know when [my family member] is agitated and hits their self to go straight to bathroom as they probably needs personal care." A second relative told us, "I think they understand [family member] and they do listen to their concerns. [My family member] can be difficult to understand at times but they make a very good effort." Care plan set out how people preferred to communicate for staff to refer to.

People were supported to maintain relationships with family members which helped reduce social isolate. One person told us, "I can visit people, visitors can come here." The person in the care home had their own mobile and could call their relatives freely. A relative told us, "We speak on the phone. If [my family member] feels down they sometimes calls me and they let me know if something is bothering them."

People's privacy and dignity was maintained by staff. A relative told us, "They give you all the privacy you need and never interfere. I can't fault them." A second relative said, "[My family member] is a private person. Staff realise when [my family member] wants to be left alone they should leave them alone. They don't get too involved in what [my family member] is doing in their private room." The provider trained staff to understand how to provide care while maintaining people's privacy and dignity and understood their responsibilities in relation to this.

People were supported to maintain their independence and learn new skills. One person told us staff supported them to do household chores. A relative told us, "[My family member] has started to do small things small which are big for them, like making a cup of tea. Staff try to get them to be more self-sufficient." People's care plans set out what they could do for themselves and how staff should support them to increase their independence. Staff told us they encouraged people to be as independent as possible.

People received choice in their care. One relative told us, "Staff do give [my family member] choices. They don't want to tell [my family member] they can't have something they want, like comfort food. They try to do it in a way which respects their wishes and give them choices. Staff try to dissuade them away from the bad foods." Staff were clear they respected people's choices when providing care.

People and relatives received information about the service. This information included the standards of care they should expect to receive.

## Is the service responsive?

### Our findings

At our inspection in September 2017 we found care plans did not always reflect people's preferences as they were not always involved in their development as far as possible. This meant staff did not always have guidance to follow in providing care to a person according to their wishes. At this inspection we found the provider had improved. A relative told us, "They have a lot of information on [my family member] and know what they like and don't like. They love looking after [my family member]." A second relative told us their family member's care plan reflected their needs well. The registered manager gathered information about people through speaking with them and their relatives and reading professional reports. The registered manager then developed care plans based on this information. Care plans were sufficiently detailed and informed staff of their preferences, backgrounds, family and religious beliefs. Care plans also guided staff on the how to support people in relation to autism and anxiety and behaviours which challenged the service. Staff read people's care plans and our discussions with staff showed they understood the guidance in place for each person.

People's care plans were regularly reviewed so they remained accurate and reliable in guiding staff. A relative told us, "The manager asks me to attend any meetings with social services and other professionals." For one person the provider met monthly with other healthcare professionals involved in their care and their relatives to check their care continued to meet their needs. For other people the provider met with their social worker once or twice a year to check their care remained suitable.

People were supported to do activities they were interested in. A person told us, "We go to different places in London or anywhere. I like to go different places and museums. Every day I have something to do." The provider developed activity programmes with people based on their interests when this was an agreed part of their care. One relative told us, "[My family member] does art at the centre, they do it with [my family member]. They made me a birthday card." A second relative told us, "They do a lot of activities." A person who wished to practice their religion was supported to attend church by staff.

The provider's complaints process remained suitable. A relative told us, "I believe [the registered manager] would take any concerns seriously. She's very on ball and likes to do things by the book." A second relative told us, "If [the registered manager] has made a mistake she will apologise and correct it straight away." The provider told they received no complaints in the past year. People and relatives were given information about how to complain when the service began providing care.

## Is the service well-led?

### Our findings

At our last inspection in September 2017 we found the service was not always well-led. This was because audits relating to medicines management and health and safety were insufficient and had not identified the issues we found. At this inspection we found the provider had improved. The registered manager put in place comprehensive and frequent audits of medicines management and health and safety in the care home. In addition, the provider had audits in place to check people's care plans and risk assessments, staff recruitment, training and supervision. The provider also had checks in place to monitor the quality of care people received. For example, the provider carried out observations of staff providing care to people to check they delivered care in line with people's preferences. A quality assurance manager recently started working for the service and they played a role in ensuring the service met the fundamental standards.

People and relatives found the service to be well-led and our findings were in agreement. The registered manager was also the director of the service. People, relatives and staff told us the registered manager was a visible leader who was approachable and contactable. A health and social care professional told us feedback they received from parents and staff was positive and no concerns had been expressed. The professional told us they would be happy to use the service for other service users in the future. The registered manager completed a level 5 diploma in leadership and management in healthcare since our inspection. Our inspection findings and discussions with the registered manager showed their understanding of their role and responsibilities had improved since our last inspection. Our discussions with staff showed they also understood what was required of them. Staff enjoyed supporting people and were motivated to meet people's needs.

The provider continued to encourage open communication with people, relatives, professionals and staff. A relative told us, "If I leave a message the manager gets straight back to me." A second relative told us, "They keep me updated and every time [my family member] has a GP appointment. They're informative." The registered manager often visited people receiving domiciliary care to check they were satisfied with their care. In addition, the registered manager met with other involved in people's care and these meetings were monthly for one person to ensure they received the right care. The registered manager held regular staff meetings during which staff could feedback on the service. Staff told us they could share their feedback with the registered manager at any time and they always felt supported.