

Norse Care (Services) Limited

Green Lane View

Inspection report

St Michaels Avenue
Aylsham
Norfolk
NR11 6GA

Tel: 01263733171

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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

This inspection took place on 23 and 24 November 2016 and was announced.

Green Lane View is a Housing With Care scheme with 30 flats. Care and support is provided to the tenants who live in their own flats. At the time of our inspection there were 27 people using the service.

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.

People felt safe using the service and they were supported by staff who had undergone the appropriate checks to ensure that they were suitable to work for the service. Staff understood what constitutes abuse and knew the procedure they would follow to report any suspicions of abuse. Risks to people's physical and emotional wellbeing had been identified and steps had been taken to mitigate these risks.

People were supported by appropriately trained staff and there was consistently enough staff to meet people's care and support needs as defined in their care package.

Staff who supported people with their medicines had received the appropriate training and there was clear guidance for staff to follow regarding the safe handling and administration of people's medicines. Staff were also regularly assessed to ensure that they were competent in this area.

CQC is required to monitor the Mental Capacity Act (2005) and report on what we find. The service operated within the guidelines of the MCA and where necessary made decisions for people in their best interests. Staff demonstrated a good understanding of the MCA and were able to explain how they gained consent and promoted choice wherever possible.

Where risks had been identified relating to people's nutritional intake, people worked in accordance with people's care packages to support people to maintain a healthy nutritional intake.

People's care and support needs were assessed on a daily basis and where there were concerns regarding a person's health, people were supported to access relevant healthcare professionals.

People and other relevant people to them were involved in planning and reviewing their care. Staff were caring and had a good understanding of people's care and support needs.

There was an appropriate complaints procedure in place and people were comfortable in raising a complaint if they needed to.

There were regular meetings for people who used the service where people could put forward any suggestions about how the service could improve.

There were systems in place to monitor and assess the quality of care being delivered and people were also asked to complete an annual survey regarding their care. Steps were taken to address any concerns raised in a timely manner and people were involved in any ongoing development of the service.

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 knew what constituted abuse and how to report any concerns.

Risks to people's health and wellbeing had been identified and steps had been taken to mitigate these risks.

There were enough staff to safely support people and safe recruitment practices were in place.

Medicines were administered and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training relevant to their role and were supported through regular supervisions.

The service operated in accordance with the Mental Capacity Act (2005) and staff had a good understanding of capacity and consent.

Staff worked in accordance with people's care package and supported people to maintain a healthy nutritional intake.

People were supported to access other healthcare professionals where appropriate.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff knew people's individual support needs.

People were involved in the planning of their care and were supported to be as independent as possible.

People were treated with dignity and respect and their right to privacy was upheld.

Is the service responsive?

The service was responsive.

People's health and emotional wellbeing was regularly assessed and their care records were updated to reflect their most current support needs.

There was an appropriate complaints procedure in place and people knew how to make a complaint if needed.

Good ●

Is the service well-led?

The service was well led.

There was frequent and effective communication from the management team.

Staff were encouraged to take part in reviewing the service provided.

There were systems in place to monitor and assess the quality of service being delivered and appropriate action was taken to address any improvements.

Good ●

Green Lane View

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 one inspector took on 23 and 24 November 2016 and was announced. We gave 48 hours' notice, as the service is registered as a domiciliary care agency and we wanted to be sure that people would be available to speak with us.

During the inspection we spoke with six people who used the service, the manager, deputy manager and three members of staff.

Before our inspection, the provider completed a Provider Information Return (PIR). This 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 looked at other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We looked in detail at three people's care records and Medicine Administration Record (MAR) charts. We also looked at the records for three members of staff in respect of recruitment, training and supervision.

Records relating to the day to day running and management of the service were also reviewed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service. One person we spoke with told us, "I feel safe here." Another person told us, "Yes, I feel safe." We observed staff knocking on people's doors and saying who they were so people knew who was at their door.

Staff knew what constituted abuse and were able to tell us the procedure they would follow to report any suspicions of abuse. Staff told us that they had received training in safeguarding and training records confirmed this.

Risks to people's health and welfare had been identified. We saw that steps to manage and mitigate risks to people were clearly documented in people's care records. For example, we saw that one person was at risk of falls. A recent falls risk assessment had been completed. This gave guidance to staff about how to reduce the likelihood of the person falling. We saw that the person had suffered falls and that these incidents had been recorded in a falls diary. We also saw that the person had been referred to the falls team. This meant that specialist advice could be given on how to most appropriately and safely support the person in their own home.

Accidents and incidents were recorded and analysed to look for any patterns. We saw that incident forms were completed and that details of any subsequent investigations and recommendations were clearly documented.

We saw that people had personalised Personal Emergency Evacuation Plans (PEEPS) in place. PEEPS detail what support people may need from staff in an emergency such as a fire.

We looked at the staff rotas and these records showed that there were consistently enough staff on duty to meet people's needs. People we spoke with told us that they thought there were enough staff to support them, "Yes, there's enough staff. Staff come when I press my buzzer." Staff we spoke with also said that they thought that there were enough staff on duty, "There's always enough staff, we're fine." The manager told us that people's needs are constantly assessed and they showed us how they assessed people's dependency. Staff levels were adjusted according to people's needs. The manager added that where there was staff sickness to cover, then they tried to cover this using their own staff. They told us that they had had to use agency staff recently to ensure that people's needs were met at night. To provide continuity and familiarity with people's care needs, the registered manager told us that they requested the same agency staff member.

We saw that there were safe recruitment practices in place. We looked at the recruitment records for three members of staff and saw that appropriate references had been sought and a suitable police check was in place before they started working in the service.

Some people required support with taking their medicines. Where people needed support, the level of support they needed to take their medicines safely was documented in their care records. For example,

some people were able take their medicines themselves but needed support with taking them out of their container. We saw from people's Medicine Administration Record (MAR) charts that people were given their medicines as prescribed as there were no gaps on the MAR charts where staff sign to say that people have taken their medicine.

Regular audits were carried out on people's medicines to ensure that staff were administering them safely and in line with the prescriber's instructions.

Staff told us that they had received training in the safe management and administration of medicines. One member of staff told us, "The training is very in depth, very good." We saw from staff training records that their competency in the administration of medicines was regularly checked.

Is the service effective?

Our findings

We looked at staff training records and these showed that staff received regular training. All new staff completed a comprehensive induction. Staff were also expected to complete the care certificate. The care certificate covers the minimum standards for all new care workers. We spoke with staff about the training provision, "We have to complete a workbook and shadow staff, we are then shadowed." Staff could access specific training relevant to their role so they could better understand the condition people were living with, for example staff attended training in dementia awareness. One member of staff told us about how they thought their training impacted on their work, "It helps you to do your job better. The dementia training helps us spot people who are maybe starting to show signs of dementia. You can then report it in the notes and look for changes in people's behaviour."

Staff were further supported through regular supervisions and appraisals. Staff told us that they felt able to raise any concerns in their supervisions. One member of staff we spoke with told us, "Supervision is a way of raising any issues, for example any training needs."

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 living in Housing with Care schemes are tenants in their own homes. This means that any restrictions to their liberty would need to be authorised by the Court of Protection. At the time of our inspection, most people using the service were deemed to have capacity and nobody was subject to any applications to the Court of Protection.

Some people using the service did not have the capacity to make certain decisions for themselves. We saw from people's care records that MCA assessments had been carried out so it was clear what capacity people had and what decisions they could make. Where people couldn't make a decision for themselves, it was clearly documented why a best interests decision would need to be made on their behalf. The person themselves, and other people relevant to them such as family, friends and healthcare professionals were involved in the decision making process.

Staff gave us examples of how they would support people to make day to day decisions, such as what to wear. Staff we spoke with were also aware that people's capacity to make decisions fluctuated throughout the day. One member of staff explained, "If someone is struggling to make a decision, then they may be able to make that decision later on in the day."

People we spoke with told us that they were asked for their consent before staff did anything for them. One person we spoke with told us, "[The staff] come in and ask me what I'd like, nothing is too much trouble."

People had care packages in place and these detailed what support people needed. Some people's care package included support with making meals.

Where risks had been identified regarding people's nutritional intake, we saw that prompt referrals had been made to the relevant healthcare professionals. We saw that any subsequent advice given was reflected in people's care records and staff we spoke with were aware of people's individual support needs in relation to maintaining a healthy nutritional intake.

We saw from people's care records that people were referred to other relevant healthcare professionals where concerns were raised regarding their healthcare needs. Some people told us that staff would support them with appointments. One person who used the service said, "I am supported to go to the doctors."

Is the service caring?

Our findings

People we spoke with were positive about the care that they received from the service. One person we spoke with told us, "[The staff] give me cuddles, I do like cuddles, [the staff] are not silly with it. There's not one you could say is not nice." Another person commented, "[The staff] are very good indeed, kind and helpful. You can't get a better bunch of girls, dedicated to their job."

The manager, deputy manager and staff all spoke with passion about their jobs. One member of staff told us, "I love it, I enjoy my job. I just like caring for people, knowing they are clean, fed, safe, I just love it." We saw that people were spoken to in a kind manner and were given time to express their views. Staff knew people's individual care needs and how to support people according to what they had specified in their care package.

We also looked at a number of compliments that people's relatives had made about the care provided by the service in letters and cards they had sent to the manager. We saw that relatives had commented on the caring nature of the staff.

People told us that they were involved in planning their care and that they were involved in making decisions about their care. One person we spoke with told us, "We go through the care plan, we sit down and talk about everything." We saw that people's care plans were individualised and detailed people's preferences. Some people told us that they liked their families to be involved in their care planning. One person told us, "My son is in charge of everything, he's got Power of Attorney. [The staff] see him coming and going, they always talk to him." Staff we spoke with had a good understanding of person centred care.

Staff had a good understanding of how to promote people's independence. One staff member explained that they would support people with everyday tasks such as making a cup of tea and encouraging people to remain as independent as possible in their own home. One person we spoke with told us that they were able to take their own medicines but they wanted the staff to order their medicines for them. We saw that the deputy manager was discussing the arrangements for this with the person.

We saw that people's privacy and dignity was respected and their right to privacy was upheld. Staff explained to us how they would maintain a person's dignity when supporting them with personal care, for example asking people what they would like support with and ensuring that people's curtains were closed. Staff we spoke with told us that sometimes people would say that they didn't want support with their care needs and that they would respect people's wishes and arrange another time to visit them.

Is the service responsive?

Our findings

People had care packages in place which detailed the support that they needed. For example, some people required support with attending to their personal care such as assistance with bathing. One person we spoke with told us how staff would support them with having a bath. They told us that staff would always arrive on time. We saw that people's care packages were based on people's individual needs and preferences. We saw from one person's care record that they used prompt cards to help them with making simple choices. Staff we spoke with told us how they would use the prompt cards to ask what the person would like to wear or they would use a prompt card to communicate that they were visiting to support the person with getting ready for bed.

We saw that assessments were completed with regards to people's care needs prior to them using the service. People told us that they were able to express their preferences and wishes, one person we spoke with commented, "We spoke about what times I like to get up." This ensured that they could receive their care when it was convenient for them. We saw that other people relevant to the person such as their relatives and friends were involved in the assessment.

People's care records were located in their own home. We saw that the records were well organised so staff could access information about people with ease. We saw that these records contained a detailed personal history about the person as well as their pre-admission assessment, risk assessments and care plans. We also saw that staff made a note of the care provided to people after they had visited them. Any changes to people's health and wellbeing were noted and people's care plans and risk assessment were updated to reflect people's changing care and support needs.

We saw that there was a complaints procedure in place and this detailed the steps that would be taken to address a complaint. The service had not received any complaints in the last year. People we spoke with told us that they would be comfortable in raising a complaint if needed, "Yes, I know how to raise a complaint, but so far I've got no complaints." Staff we spoke with were able to tell us how they would support someone if they wished to make a complaint.

Is the service well-led?

Our findings

People spoke positively about the service. One person we spoke with who used the service told us, "I wouldn't like to be anywhere else, best you can have." People told us that there were regular meetings for people who used the service that they could attend if they wished. We looked at the minutes of the meetings and saw that changes to the service were discussed as well as any changes to the staff team.

Staff told us that they enjoyed working at the service and that there was effective teamwork, "We're all here to support each other." We were told that communication between the management and the team was effective and clear. Staff told us that they felt able to speak with the manager or deputy manager, "I'm never too scared to knock on the office door." Both the manager and the deputy manager would cover shifts and work alongside the care staff. The deputy manager explained, "When we work alongside the staff we know what pressures they're under." Both the manager and the deputy manager told us that by working some shifts this meant that they had a good understanding of the day to day culture of the service.

Staff told us that regular team meetings took place and that they were a useful forum to discuss all aspects of the service. One staff member told us, "Staff meetings are good to get feedback from the audits and discuss new people and their needs." Records we looked at confirmed that staff meetings took place regularly and that they were held at different times so night staff could also be included.

The manager told us that they felt supported by the regional manager and that they could always ask them for support and advice. The provider also held regular manager's meetings. Both the manager and the deputy manager explained that they were consistently learning from other people's expertise and shared good practice. The manager went on to say that the provider listened and was responsive, "They learn from things, support us, there are clear policies and procedures and any updates are communicated to us."

The manager was keen to continue to forge links with other services within the local community. The manager told us that they were in contact with the local community service and they exchanged ideas which would benefit the people using the service.

There were systems in place to monitor and assess the quality of service being delivered. The manager and regional manager carried out regular audits of all aspects of the service. This included health and safety, people's care records and medicines management. We saw from records that appropriate action was taken to remedy any issues that had been identified.

People we spoke with told us that they were consulted about the service and had the opportunity to complete a survey. We looked at the responses of the 2015 survey and saw that people were positive with their responses. We saw that action had been taken to address suggested improvements.

This confirmed to us that the service was well led and involved people in improving and developing the service.