Norse Care (Services) Limited

High Haven

Inspection report

Howdale Road
Downham Market
Norfolk
PE38 9AG

Tel: 01366382205
Website: www.norsecare.co.uk

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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 conducted an unannounced inspection of High Haven on 22 August 2016.

High Haven is a service that provides residential care and accommodation for a maximum of 40 older people, some of whom may be living with dementia. On the day of the inspection, there were 34 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 consented to their support and were involved in the planning and review of their care. The registered manager ensured that people were able to contribute to the running of the service and encouraged people to be involved.

Staff supported people safely and knew what to do to protect people from the risk of abuse. Recruitment procedures ensured staff had the appropriate values when they were employed and were supported to gain skills and qualifications shortly after they started work. There were enough staff on duty to attend to people's needs in a timely way and keep them safe. People were treated with dignity and respect.

People received their medicines in a safe manner and when they needed them.

People had access to healthcare services and received on-going healthcare support for example through their GP, hospital doctors and specialists. Referrals were made to other professionals such as community nurses and dieticians if the need arose.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions about their care themselves.

Risk assessments and care plans for people using the service were effective, individual, and detailed. People's individual care needs were recorded daily and this information was shared with staff so that the care delivered was responsive to people's needs. There was a strong focus on supporting people in returning to independence following an admission to hospital following illness or injury.

Quality assurance systems were in place to assess and monitor the service people received. Families were consulted so that their views could be gained. These views were acted upon with actions taken and improvements made. Complaints were appropriately responded to, in line with the providers' policy.

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.

There were enough staff to meet people's needs in a timely way.

Systems were in place to protect people from the risk of abuse.

Medicines were managed safely and people received them when they needed them.

Is the service effective?

Good

The service was effective.

Staff had received the right training and supervision so that they could provide people with the care they needed.

People had enough to eat and drink and their individual dietary needs were catered for.

People were supported by staff to maintain their health.

Is the service caring?

Good

The service was caring.

Staff responded to people in a polite and friendly way. Relatives told us that staff were kind and caring.

People were involved in planning and making decisions about their own care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and planned for. Staff had a good understanding and knowledge of people's individual care needs.

People were able to access a range of activities if they wished to participate.

The provider had a system in place to investigate and deal with complaints. People were comfortable in raising any concerns.

Is the service well-led?

Good

The service was well-led.

People and their relatives valued the open culture of the home and approachability of the registered manager.

Regular meetings took place so that people, their relatives and staff were able to engage in dialogue with the homes managers.

There were effective systems in place to monitor the quality and safety of the service provided.

High Haven

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 took place on 22 August 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spoke with six people living at the home, three relatives of people, three care staff, the cook and the registered manager. We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

The records we looked at included six people's care records, medicines records and other records relating to people's care, three staff recruitment records and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at High Haven. One person told us, "I feel safe because there are always people around to help." One relative we spoke to said, "It's brilliant here, I couldn't be happier, I have peace of mind and it's made such a difference for [relative]."

Policies were in place to guide staff on how to deal with any safeguarding concerns that arose and on how to whistle blow if they were worried about anything. Staff demonstrated that they knew how to access these policies and who they could talk to if needed. One member of staff told us, "I know who to report concerns to, we have the phone numbers for social services, if I was being ignored then I would go to the Care Quality Commission." Staff were confident that concerns would be taken seriously.

Training records showed that all members of the staff team had attended training about safeguarding. Refresher sessions had been arranged for staff who had not undertaken this training for more than three years. When we spoke to staff about their training in safeguarding, they were able to tell us what they had learnt, and what types of abuse the people they supported were vulnerable to. We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

Staff we spoke with understood what actions they needed to take to keep people safe and risks to people's safety had been assessed. For example, risks associated with poor eating and drinking, from falls and from developing pressure ulcers. There was guidance within people's care records for staff about how these risks should be managed and minimised. We saw that actions had been taken to reduce these risks. We saw for one person who was at risk of falling, additional information and training had been provided to staff to manage this. Assessments of risks to people were detailed and reviewed regularly, changes were made when required. Staff we spoke with told us that they did not feel that the management of risks impinged on people's lives. One staff member said, "Freedom for people here is brilliant, people do what they want to do."

The premises of the home were managed so that risks to people's safety were reduced. We saw that fire doors were kept closed to minimise the risk of spread of fire should one occur. Emergency exits were well signposted and free from any obstacles so as not to obstruct people from leaving the premises in an emergency. Fire safety equipment had been regularly checked and serviced. Staff we spoke to were able to tell us what they would do in the event of a fire, and felt confident about what to do in an emergency. Staff said they received regular training about this, one newly recruited member of staff told us that they completed this in their first week of working for the provider.

Records we reviewed showed that the registered manager ensured that safety checks were completed for gas safety, legionella's disease and electrical equipment.

People we spoke to told us they felt that there was enough staff to support them when they required this. People felt that their call bells were responded to in a timely way, and we observed this to be the case. The home was divided in to three living areas where different levels of support were required. One area

supported people living with dementia, and staffing ratios were higher to reflect their needs. Another area supported people who were staying for a shorter period of time with a view to returning to their home in the community following an admission to hospital. The staffing levels of this area changed depending on the levels of occupancy and what support was needed. In addition to care workers, the home also employed housekeeping and kitchen staff, and an activities co-ordinator. Staff we spoke to told us that they felt there was enough on duty to support people safely. We were therefore satisfied that there were enough staff to meet people's needs in a timely way, and that individual levels of support were assessed.

We looked at the recruitment records for four staff. We found that the appropriate recruitment processes had been followed before they were employed at the home and that the required records were in place. This included a completed application form, identity documents, interview notes and two verified references. The registered manager maintained a list of Disclosure and barring Service application dates and numbers for all staff working in the home. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role.

We looked at the arrangements for the safe storage, administration and disposal of medicines. People's medicines were stored securely in a dedicated room. They were administered from a secure trolley that could be taken around the home so people could receive them in an area of their choice. People living in the home told us that they received their medicines on time. We checked some people's medicines records to make sure they had received them as intended by the prescriber. The records we looked at confirmed this.

We also observed staff administering medicines to people, and saw that this was done in a safe and dignified way. Where people were able to consent to taking their medicines, this was sought beforehand. There was clear information in place to guide staff on how to give people their medicines and risks, such as allergies were identified. Some people required PRN medicines and there were protocols in place that detailed why and when these should be taken. PRN medicines are taken 'as and when required' for example to manage pain or periods of anxiety.

The registered manager ensured that daily audits of medicines administration records were carried out so that any errors could be identified and acted on quickly. A full audit of each person's medicines and the stocks of these was completed every 12 weeks. We were satisfied that people's medicines were managed safely and that they received them when they needed them.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills required to enable them to carry out their roles., All of the people and their relatives we spoke with felt that staff were well trained. One relative told us, "The staff know how to do the job, they encourage [relative] to join in and be independent."

A programme of training for staff was in place. The home used a combination of classroom based and on line training. Staff that we spoke with found that their training was useful and enjoyable and helped them to perform their role effectively. One staff member told us, "The training is really good here." The programme included first aid, food hygiene and infection control, dementia awareness, safeguarding, the Mental Capacity Act and moving and handling. All of these subject areas were deemed essential by the provider in order to support the needs of people living at the home. At the time of our inspection, the registered manager explained that they were unable to provide us with the latest records of when staff had completed training. This was because the provider had recently commissioned a new training planning system with which they were experiencing some difficulties. The registered manager was however able to monitor what training was required by manually checking individual records.

Newly recruited staff told us that they had received a thorough induction when they started working at the home. They told us that they shadowed more experienced members of the staff team before supporting people directly. One staff member told us that when they started they did not feel confident to work alone after their planned amount of shadow shifts. Due to this, they spoke to the registered manager who arranged for them to continue to shadow colleagues until they felt ready and confident to work on their own. We could see from records that staff completed the Care Certificate during their induction period. The Care Certificate is a nationally recognised qualification for staff new to working in social care.

Staff told us they received regular supervisions and an annual appraisal where they could discuss their performance needs, training and personal development. Records we reviewed confirmed this. We also saw that direct observations of staff's performance were made so that their competency could be assessed. Staff we spoke with felt that the registered manager and team leaders were approachable and supportive. We concluded that staff had received enough training and supervision to enable them to provide people with effective care.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principals of the MCA.

Throughout the inspection, we saw staff asking people for their consent before providing support to them. For example, when giving people support to help them eat their meal. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. We saw in people's records that when it had been considered necessary MCA assessments had been completed and best interests decisions made. These had involved the appropriate individuals such as a person's relative or their GP. We saw that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these applications had been made on an individual basis depending on the person's needs.

People received support with eating and drinking and to maintain a balanced diet. All of the people we spoke with were positive about the quality of availability of the food provided. One person told us, "The food is excellent, we never have the same thing twice in a week." Another told us, "The food is good, we have some lovely meals, if I was hungry between meals I would ask if there was something I could have as a snack." We saw that there was a choice of two main meals at lunch time, and that people were provided with menus to help them make a choice. For those that had difficulty understanding the written menu, photographs had been made available of the meal at their table to help them choose. People were able to eat in their room, or in the dining hall where they could sit on their own or as part of a group. A choice of drinks and snacks were taken around the home throughout the day, and people were able to help themselves from snack stations that were topped up regularly. People were also provided with jugs of cold drinks in their rooms, which were refreshed regularly. We saw that the cook asked people how their meal was so they could make any changes in the future if necessary.

When we spoke with the cook they told us how important it was for them to get feedback from people about what they like and disliked. The cook knew about people's allergies and intolerances, and provided additional options for them at each mealtime. There was a planned menu in place that changed every four weeks and reflected seasonal variations. There was also a themed cuisine on one day each month which people told us they enjoyed. On the day of our inspection, we saw that the dining hall had been decorated in the theme of the 'Great British Seaside' and people had homemade fish and chips followed by ice cream to eat.

We saw that where people were at risk of not eating or drinking enough, that this had been identified. Some people's food and fluid intake was monitored and recorded, with actions detailed for staff to take in the event that people had not eaten or drank enough. Where needed, people had been referred to a dietician or a speech and language therapist for specialist advice. Food for people at risk of not eating enough was fortified with extra calories and their weight was recorded and monitored regularly. Staff we spoke to were aware of the importance of people eating and drinking enough to stay healthy.

During our observations at lunchtime, we saw that people were supported to eat by a staff member if needed. Staff referred to that person's eating and drinking support plans so that the right help was provided. We saw that staff did not rush people and conversed with them to make the mealtime an enjoyable experience. One person who did not require support asked a staff member to sit with them for conversation whilst they ate their meal, which the staff member did. We were satisfied that people's nutrition and hydration needs were met, and was done so in a pleasant and enjoyable way for people living at the home.

People's care records showed relevant health and social care professionals were involved in their care. Care plans were in place to meet people's health needs and were regularly reviewed. People and their relatives told us that they had access to their GP or dentist, and that this was arranged on their behalf whenever they needed it to be. A relative we spoke to told us that they were always kept up to date following an appointment, and that this gave them peace of mind. We saw in people's records that they were referred

promptly to their GP if they became unwell.

Good

Is the service caring?

Our findings

Caring and positive relationships had been developed with the people living in the home. Staff we spoke to were able to tell us about people's backgrounds and histories. Most people and their relatives were very positive about the staff working at the home. One person said, "They're marvellous really. They're good and very caring." Another said, "Wonderful, nothing is too much for them." A further person told us, "The staff are all good, pleasant and always prepared to help and for me, that's the main thing." A relative told us, "The staff are brilliant, since [relative] has lived here, they have got all their confidence back."

We saw that staff took the time to sit and speak with people. Staff were always polite, courteous, and knew about people's preferences. One person told us, "They asked me how I like to be called, either Mrs, or by my first name." People told us that they felt that staff knew them well and treated them with respect. One person said, "I get on well with the staff and they treat me with respect." The staff we spoke with demonstrated they knew the people they supported well. They understood their likes, dislikes and how they wanted to be cared for. Staff knew about people's histories and what they liked to talk about, for example we saw a member of staff talking to someone about the local town that they used to live in and how much it had changed.

We saw in peoples care plans that they were involved in the design of their care. People told us that they had been involved in making decisions about their care when they first moved into the home. We saw that people could make their own decisions and saw that staff offered people choices.

People told us that they were happy with the decoration of their rooms, and that they were encouraged to bring personal items, such as photographs of family when they moved in. We saw in the minutes of residents meetings that people had a say in how they wanted the home to be organised and managed. We saw that people had requested an information board that would tell them which staff were on duty each day, with photographs so that they could remember their name. We could see that this request had been actioned and that the information board was on display in the communal lounge.

Relatives told us that they felt they were fully involved in their family members care where appropriate. They told us that they felt consulted and able to contribute, especially when best interest decisions for people needed to be made.

The registered manager and staff were very clear that this was the home of the people living there, and that people should feel relaxed and comfortable. The registered manager told us that one person who lived at the home was an avid gardener of rare plants. Staff arranged for some of their rare plants to be transported from their previous home and an area of the conservatory and garden was made available for these to be grown in.

The registered manager told us that it was a priority for them that the home ensured they maintained people's dignity, particularly when delivering personal care. The home was providing training to staff on dignity in care, using nationally accredited training materials. People's care plans detailed how they could

be supported by staff to maintain their dignity, particularly those people living with dementia who could become confused. We observed that staff were confidential and discreet when providing support. For example, when asking a person if they required any pain relief, they did so by bending down to talk to them and speaking quietly.

People were encouraged to maintain their independence. Relatives told us that they felt this was a strength of the home. A small kitchenette had been designed so that people who were staying at the home following an admission to hospital, could be supported to complete tasks like making a drink or a snack. This helped people regain their confidence to support themselves, or to practice supporting themselves in a safe environment whilst using a new piece of equipment such as a walking frame.

Good

Is the service responsive?

Our findings

People received care that took into account their individual needs and preferences. For example we saw that people were able to choose when they preferred to get up in the morning, if they would like their door left open when in their bedroom or how often they would like to be checked upon when sleeping. The staff we spoke with knew about these preferences and told us how important it was that this was respected. Care plans we reviewed recorded this information in detail. We looked at the information in people's care plans about how they wanted to be supported and saw their preferences were clear for staff to be aware of.

Care plans had been developed to guide staff on how to meet people's needs and were focused upon the preferences of the individual. For example management plans and strategies to help support a person when they became distressed or upset. We saw that care plans were reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example changes in a person's weight management had been discussed with the GP and changes in a person's skin integrity had been identified and the district nurse contacted.

Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with did know about the individuals they cared for and what mattered to them. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people anxiety.

People living in the home told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers. Visits to the home by a local minister were arranged for one person.

The home held coffee mornings where friends, relatives and the local community were welcome to attend. The home was about to host a community fete which had been well advertised. It was hoped that many members of the community would attend, and people who we spoke with were looking forward to receiving visitors.

The home employed an activity co-ordinator who was responsible to providing activities to complement people's interests. There was an activities programme displayed in the home so people knew what was happening. People told us that they were happy with the activities on offer and said that they were encouraged to join in. The registered manager explained that a review of the use of communal space in the home meant that they had recently started work on a keep fit and exercise area for people to use. We saw that there was a wide range of activities on offer to people, which took place during the day, the evening and at weekends. People told us that they felt under no obligation to join in, and could remain in their own room if they wished. People were able to partake in activities outside in the homes large garden and grounds. The registered manager had arranged for a volunteer to come in for gardening activities, and had installed raised flowerbeds so that people could access them easily.

The service had a complaints procedure that was on display in the home for people living there and visitors to refer to. There was a system in place for logging any complaints received. We saw that all complaints had been addressed, with outcomes and any learning points documented. People we spoke with told us that they knew how to complain. One person said, "I've never had to make a complaint, but I wouldn't feel uncomfortable if I needed to."

Good

Is the service well-led?

Our findings

People told us they knew the registered manager of the service and felt comfortable talking to them and the rest of the staff team. They felt that they could tell staff how they wanted to be supported. Everyone we spoke with said that they felt the home was being well run. They added that they were asked how they wanted things done in their home. We looked at the minutes of the last 'resident's meetings' and saw that people had discussed a range of issues about what they wanted in their home, such as activities, menus and staff. The registered manager updated people on future events, such as upcoming theme nights, and asked people for suggestions regarding activities and future refurbishment.

We saw during our inspection that the team leader and the registered manager were accessible at all times and that they displayed good leadership and direction to the staff. One person told us, "Yes I know who the manager is, she's a really nice lady." They spent time with the people who lived in the home and engaged in a positive and informal way with them.

The registered manager had systems in place to assess the quality and safety of the service provided in the home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Care plans and medication audits were done regularly. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use.

The registered provider carried out their own annual internal quality audits and health and safety audits against their own policies and procedures. There were also regular visits from representatives for the provider to do their own checks on aspects of the service and monitor the standards in the home. We were told that during the monitoring visits the operation's manager spoke with people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns to a senior person within the organisation.

We found there was a clear management and organisational structure within the home. Staff we spoke with told us they felt the registered manager and team leaders listened to them and that they had regular staff meetings to promote communication and discussion.

Staff we spoke with told us that the home had "a lovely team sprit" and that the registered manager was "really approachable". One staff member told us, "It's a really nice place to work, I really enjoy coming to work." We were told by staff that they had confidence in the registered manager to listen to them and take action if they had any concerns. All people we spoke with told us that they would recommend the home to a friend or relative.