Birmingham City Council

Norman Power Centre

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?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection. At our last inspection on 22 July 2013 we found the provider was meeting all the standards we assessed.

Norman Power is registered to provide accommodation and personal care to a maximum of 32 people. On the day of our inspection 24 people lived at the home. People living there had a range of conditions related to old age that may include dementia. Accommodation is purpose built and arranged over one floor.

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.

Systems were in place to monitor the quality of the service. These needed to be more robust to ensure that records relating to people's care were well maintained.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse. Staff were trained to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

Risks to people were minimised because there were arrangements in place to manage identified risks with people's care.

Staff were recruited in a safe way. We found that there were enough staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them. Arrangements were in place to ensure the management of people's medicines was safe.

Staff were aware of how to support people's rights and seek their consent before providing care and ensured people were supported to make day to day choices.

People were cared for by staff who were trained and supported so that they could carry out their role effectively.

People were supported by staff that were kind, caring and respectful and knew them well.
People had been involved in the planning of their care and received care and support in line with their plan of care.

People and visitors to the home told us that the management of the home was friendly and approachable. Staff told us that they felt supported in their role.

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.

People felt safe with the staff that supported them and staff had the skills and knowledge to keep people safe from the risk of abuse and harm.

Risks to people were assessed and managed.

There were sufficient staff to meet people's needs.

Staff had been recruited safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People benefitted from safe and effective care because the staff team were well trained and supported to enable them meet people's needs.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People received support from staff who had received training and support to carry out their role.

Is the service caring?

Good

The service was caring.

Privacy, dignity and independence were promoted.

People were supported by staff that were caring and kind.

People were able to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care and were able to raise their concerns if needed.

Staff were kept informed about people's needs.

Is the service well-led?

Requires Improvement

The service was well led.

Systems were in place to assess and monitor the quality of the service provided to people but these needed to be more robust.

The home was well led by a manager that was visible in the home and knew people well.

People benefitted from an open and inclusive atmosphere in the home.

People were satisfied with the service they received.

Norman Power Centre

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.'

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This inspection took place on 09 February 2016 and was unannounced. The inspection team consisted of two inspectors.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities and commissioners that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

During our inspection we spoke with 14 people, the registered manager, eight staff including care workers, senior care workers and team leaders. We also spoke with three healthcare professionals. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We looked at records in relation to four people's care and medication records to see how care and treatment was planned and delivered. Other records looked at included staff training records. We also looked at records relating to the management of the service and a selection of policies and procedure

Good

Is the service safe?

Our findings

People told us that they felt safe and staff kept them safe. They told us that they had no worries or concerns about the way that they were treated. One person said, "I do feel safe living here". Another person said, "No one is rough or anything like that. I would say something if they were".

The risk of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto a team leader or the manager. Some recent anonymous concerns were being investigated when we visited. The registered manager told us what action they had taken which showed the issues were being fully investigated in line with safeguarding procedures. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

People told us that they were confident in the staff's ability to support and manage any risks to their care. One person told us, "The staff are there when you need help, they are very good". Another person told us, "I have a pendant around my neck and I can just press this if I need staff to help me, and they do come when I need them". Staff were aware of what was required in terms of managing risks and keeping people safe. They told and we saw that risk assessments were in place to guide and inform them. We saw that staff tried to minimise risks to people on a daily basis. For example, we saw that people received the support they needed to eat safely so risks in relation to eating were managed. We saw that people received the support they needed to move safely around the home and staff made sure walking aids were within people's reach at all times.

Staff knew how to report incidents, which they monitored so that action could be taken to minimise the risk of a reoccurrence of the incident and avoidable harm to people. Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on duty who was available to support and advice in the event of an emergency.

All of the people we spoke with told us that they were satisfied with the staffing levels. We saw that staff were always available in the dining and lounge areas to support people with their needs. When people needed assistance we saw that staff provided the support quickly. Staff that we spoke with told us that they thought the staffing levels were sufficient to meet people's needs. The registered manager told us that staffing levels had decreased when occupancy levels dropped. However, the registered manager told us that people's dependency levels were taken into account when planning staffing levels.

Staff confirmed that the required employment checks were completed before they started working. There had been no recent staff recruited and no new staff since we last inspected the service. The provider had a robust recruitment procedure in place. This included ensuring that Disclosure and Barring Service Checks (DBS) were completed when staff were first employed. It was the provider's policy to renew DBS every three

years and we saw records confirming that these checks took place. This meant that systems were in place to help reduce the risk of unsuitable staff been employed.

People told us that staff supported them with their medicines. One person told us, "They make no mistakes with my tablets". Another person told us that they always got their tablets on time. We saw staff explain to a person that they were giving them their tablets and they waited until the person had taken them. All the staff we spoke with who administered medicines told us that they had received the training they needed to be able to administer medicines safely. Records had been signed to confirm that people had received their medicines. We saw that medicines were stored safely and records were kept of medicines received. We saw that the balance for one person's medicines that we looked at did not balance. The team leader responsible for medicine management took action immediately to explore the reason for this.

Good

Is the service effective?

Our findings

People spoke positively about the support from staff and told us that staff knew how to meet their needs. One person told us, "The staff couldn't be nicer. They will do anything for you". Another person told us, "They look after us very well".

There had been no new staff since our last inspection. However, staff confirmed that they received an induction when they were first employed. Staff we spoke with were positive about their training opportunities and told us that they had regular supervision to discuss their performance and learning and development needs. A staff member told us, "The manager is very supportive. If we see training that would be helpful and relevant to our role she will support us to apply and do the training". Another staff member told us how helpful and informative recent falls training had been and how they were now more aware about the impact of a fall on an older person and the risks associated with delayed injury. The registered manager told us that she was aware of the Care Certificate. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Although the Care Certificate was aimed at new staff to care the registered manager had supported all staff to enrol for this training and some staff had already successfully completed it.

We spoke with the staff about how they delivered effective care to people with differing needs. Staff showed that they knew people's needs and preferences well and that they had the skills to support people in a way that met their needs. We observed and heard staff ask for people's consent before they assisted people with their care. We saw that staff took time to explain to people what they were going to do and waited for people to agree. For example, a staff member offered to help a person cut their food. They offered the help and waited until the person agreed to the help.

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. We saw that the service was working in line with the requirements of the MCA. We saw that assessments had been made about people's capacity to make decisions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manger told us that they had made DoLs application for the people where applicable to authorise the restrictions placed upon them. This showed that the provider had acted in accordance with the legislation and people's rights were protected.

People we spoke with were mainly complimentary about the choice and quality of meals. One person told us, "The food is lovely. I enjoyed my meal today". We saw that people received support and help from staff in a unhurried way. Staff made meal times a pleasant and sociable occasion. Some staff members sat at the table with people to eat and chatted to people which they seemed to enjoy. We saw that drinks were offered

to people throughout the day and jugs of juice and water were available in lounge areas.

Staff explained that they had recently changed the way meal choices were offered to people. Previously people made a choice the day before. However, staff had identified that this was causing some difficulty for people because sometimes people changed their mind or people were unsure what they had requested. We saw that people were supported to make their choice at the actual meal time and menus were available to support people's choice. We saw this worked well and people could make a choice from four different options and could also choose what was served with the main item for example chicken with rice or chicken with potatoes. One person told us, "It lovely I just have what I want. I only wanted one potato with my meat today and that is exactly what I had." We saw one person eat a small amount of their meal and they pushed the plate away and staff were able to offer them an alternative meal which they eat. People told us that the choice of food available reflected their cultural preferences. Staff we spoke with were aware of people's dietary needs and we saw that needs had been assessed and any concerns had been referred to the GP or dietician services for guidance.

People told us and records confirmed that they received support from external healthcare professionals. One person told us, "I can see the doctor when I need to. I just let the staff know and they will give them a call". We saw that people had access to a range of healthcare professionals to support their health care needs. Staff told us and we saw records confirming that they assessed risks to people's health such as weight loss so if needed a referral would be made to external healthcare professionals. The health care professionals we spoke with said that staff knew people's needs well and staff sought their advice and input appropriately.

Good

Is the service caring?

Our findings

We observed that staff were caring to people. We saw that people were relaxed around staff. There was a happy, calm and relaxed atmosphere throughout our visit. One person told us, "They [The staff] treat me well." Another person told us, "The staff take really good care of us".

People were supported to make choices and decisions about their care and how it was delivered. This included how they spent their day and what time they went to bed. We saw that staff respected people's choices. We saw that people were free to move around the home and some people liked to visit the different units. We saw that people chose where they wanted to sit and if they wanted to retire to their own bedroom.

People received care from staff who knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. We saw that staff were patient and kind with people and encouraged people when they were supporting them. We saw staff sit and spend time talking with one person who was a little unsettled. Different staff sat with the person throughout the day. They spoke gently, they chatted and encouraged the person to eat and drink and ensured that the person was safe, comfortable and cared for.

Staff demonstrated that they respected people's rights by affording them privacy when they wanted this. We saw that when people needed help with personal care staff ensured that they closed bedroom and bathroom doors. People's privacy and confidentiality was maintained. Care records were stored in specified secure areas on the units. Staff were aware of the need for confidentiality. We saw that staff were discrete when passing on information and a handover between staff took place in a quite area away from the communal areas of the home. We saw in staff meeting records that staff were reminded of their responsibility to ensure that they always adhered to the confidentiality agreement they signed as part of their employment.

We saw staff had a positive approach with people and encouraged people to do tasks for themselves. For example, we saw a staff member encourage a person to put their own milk and sugar in their cup of tea. The staff member was patient and encouraged the person with each step of the task. One person told us, "They [Staff] are good and they get you to do things for yourself, if you can". Staff spoke very positively and proudly about a person who they had recently supported to return back home as it was their wish to do so.

We saw that people looked well cared for. People were dressed in their own individual styles of clothing that reflected their age, gender, personality and culture. We saw staff offered a face wipe to a person after they had eaten and helped a person to rearrange their clothing. This showed that staff respected people's dignity by recognising the importance of looking clean and well groomed.

We saw that staff took account of people's diversity. For example there were pictures displayed around the home which reflected the different culture needs of the people that lived in the home. Different church services were held in the home and people told us that they were supported to attend.

Healthcare professionals that we spoke with told us that they was a good rapport between people and staff when they visited the home. They told us that staff were caring and kind to people. We saw that the home had received a number of compliments from people's family, friends and also visiting professionals.

Good

Is the service responsive?

Our findings

People that we spoke with told us that staff knew their needs and cared for them well. People told us that staff had consulted with them about how they wanted to be supported. One person told us, "I can get up when I want and I can have a shower when I want". We saw that staff were available to respond to people's needs. For example, if a person wanted a drink or help with personal care. We saw that although the home was divided into different units people were supported in their choice to move around the home freely. We saw that one person chose to eat their lunch on a different unit to the one they lived on and staff supported the person in this decision.

Staff that we spoke with were able to give a good account of people's needs. Staff told us that when a new person came to live at the home they were given the information they needed about their needs. Staff told us that a handover of information took place at the changeover of each shift so they had the information they needed to be able to respond to people's changing needs. Staff were allocated people that they would be supporting for that day to ensure continuity with their care.

We saw a staff member sitting and discussing a person's care plan with them. People and their relatives had contributed to the information in people's care records because there was information recorded about them including their life history, preferences and social interests. We saw that staff had consulted with health care professionals and their advice was incorporated into people's care records and followed. Healthcare professionals that we spoke with told us that staff knew people's needs well and had sought their advice and input appropriately.

People told us that there were some social activities available to them. One person told us that they liked to spend some time in their own bedroom. One person went for a walk in the local area with a staff member and they told us they had enjoyed the walk. Staff recognised the importance of social contact. We saw staff frequently sit and talk with people on a one to one and laugh and chat with people. Staff supported a person who wanted to listen to some music and they sang along, smiling and laughing. We saw some people took part in table top games. People and staff told us that social events and parties take place. A valentine party had been arranged and invites had been sent out to people's family members. The registered manager told us that they were working with the care home liaison team to look at how the home could improve their interactions and care practice with people and recommendations had been made about providing more meaningful individual activities and they would be acting on these.

People were able to raise issues or concerns that they had. The complaints procedure was displayed in the entrance of the home. Information was available in people's bedrooms about who and how they contact the manager if they had any concerns. One person told us, "I would go to the office. They do listen". Another person told us that if they were worried or concerned about anything they would speak to staff. Some people would not be able to raise their concerns however we saw that staff recognised when people were unhappy and were able to respond to them appropriately. We saw there was a structured approach to investigating complaints in the event of one being raised.

Requires Improvement

Is the service well-led?

Our findings

There was a system in place for monitoring care and standards and quality audits were undertaken. Where audits had taken place usually an action plan had been developed so that the provider could monitor that actions had been taken. However, some audits had not been fully effective with identifying shortfalls. We saw some care records relating to people's care and treatment were not always robustly maintained to ensure that changes in people's needs and risks were updated when there had been a change. For example, a change in a person's medicine had not been reflected in their care records. Repositioning records and records confirming that creams had been applied as prescribed had not always been maintained to show that staff had completed this. We saw that care plans were not detailed on how to support people who may become upset or how to support people whose behaviour may present a challenge. Although staff that we spoke with knew how to support people and understood people's current needs. The registered manager and told us that plans were in place to further improve the care record system. They told us that they had welcomed the involvement of the mental health liaison team regarding staff training around person centred care planning, improving care and activities for people living with dementia and supporting people whose behaviour present a challenge.

Representatives from other parts of the organisation also visited the home to monitor, check and review the service. We saw that action plans were in place and issues raised had been actioned. For example, the frequency of staff supervision had been highlighted as an area requiring improvement and the registered manager had taken action to ensure these improvements were made.

The provider understood their legal responsibilities and ensured that that there was a registered manager in post. The registered manager had notified us appropriately of incidents and was aware of the legal requirements upon them. The registered manager had notified us that DoLS application had been completed for people living at the service. However, we had not been notified of a recent DoLS authorisation. This was actioned by the registered manager at the time of our inspection.

All the people we spoke with told us that they were satisfied with the care they received. A person told us, "Things go smooth here. No fuss, no rush. It is like a smooth sailing ship". Another person told us. "They look after us well. The manager is a really nice person".

We saw that learning from incidents, accidents and safeguarding took place. A learning log was kept so that actions to minimise risks and prevent reoccurrence were captured and acted upon. A range of staff meetings took place including, general staff meetings and senior and night staff meetings. Records of meetings showed that discussions took place regarding quality issues, best practice, people safety and wellbeing and information from the provider was cascaded. Staff told us that they attended these meetings and they were able to share their views and make suggestions about improving the service.

The management team consisted of the registered manager and three team leaders and senior care staff. The registered manager and team leaders were visible in the home and spent time talking to people. They demonstrated that they knew people's specific needs well. Staff told us that they felt supported in their role.

People and staff were complimentary about the management team at the home and understood the leadership structure. A staff member told us, "I think things have really improved at the home. There is a much nicer atmosphere and we work well as a team". Another staff member told us, "The home has improved; it is well run I would be happy for my relative to live here".

There were systems in place to promote open communication. This included meetings and surveys to capture people's views and the views of their relatives. In response to some feedback received about relatives not knowing who the person's keyworker was information boards were placed in people's bedrooms with this and other useful information displayed. Records of residents meetings showed that people were kept informed and involved about the running of the home. For example, we saw that Information was shared about consultations meetings taking place with the provider about budgets and the changes to how people would be supported to make meal choices was discussed.

Staff were familiar with the providers whistle blowing procedures and safeguarding procedures and how to raise any concerns to external organisations if people's care or safety was compromised. A staff member told us, "The whistle blowing procedures were explained to us. I know I can go to the manager. However, if I couldn't for any reason then I would go to Care Quality Commission (CQC)".

We asked the provider to complete a provider information return (PIR) to tell us how the service was providing care that was safe, effective , caring, responsive and well led and improvements they plan to make. The PIR was completed and returned as requested and reflected our findings.