

Norse Care (Services) Limited

St Edmunds

Inspection report

Surrogate Street
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Tel: 01953452011

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: St Edmunds is a residential care home that provides accommodation and personal care for up to 40 people. At the time of the inspection, a total of 34 people were living in the home.

People's experience of using this service:

Staff were kind and caring and respected people as individuals. They ensured people had maximum choice and control of their lives and people received care that met their individual needs and preferences.

The provider had instilled a person-centred and open culture within the home where people and staff were listened to and able to give their opinions about the quality of care provided. Their suggestions for improvement were listened to and implemented.

Staff promoted people's health and wellbeing. When people became unwell, staff acted quickly to help them maintain their health. People had access to various healthcare professionals such as the local GP or district nurse when they required this.

People told us they felt safe living at St Edmunds. Risks to people's individual safety had been assessed and managed well. Staff had received training about what to do in an emergency and were knowledgeable in this area.

People were encouraged to be independent. They told us they received adequate stimulation through regular activities to support their interests. Good links with the local community had been established for the benefit of the people living in the home.

The home and equipment people used was clean and staff understood how to reduce the risk of any infections spreading. People received their medicines when they needed them.

The staff were well trained, and their care practice was kept under regular review to ensure it was safe. The staff felt valued and supported and there were enough of them working on each shift to meet people's needs and to keep them safe.

There was good leadership in place and the home was managed well. The quality of care people received was regularly reviewed. Any shortfalls found were quickly acted upon and lessons learnt to improve the quality of care provided.

Rating at last inspection: At the last inspection the service was rated as Good (Published December 2016).

Why we inspected: This was a planned inspection to confirm the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service improved to Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

St Edmunds

Detailed findings

Background to this inspection

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

Inspection team: 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.

Service and service type: St Edmunds is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Care is provided over two floors. There are several communal areas that people can reside in and a main dining room which is located on the ground floor.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection visit to St Edmunds we reviewed the information we held about the service and the provider. This included any notifications the provider had sent us which is required by law, any information we had received from members of the public and the information the provider had sent to us in their Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make.

During the inspection visit, we spoke with eight people who received care and two visiting relatives. We also spoke with the registered manager, the deputy manager, the cook, three care staff and two visiting healthcare professionals.

We looked at various records relating to the care that people received which included four people's care

records and five medicine records. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

After the inspection visit to St Edmunds the registered manager sent us further information regarding the inspection of the home which we reviewed and have included within this report.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe living in St Edmunds. One person said, "I feel safe enough. They look after me when I need it."
- Staff knew how to recognise abuse and protect people from the risk of abuse. They had received training in this area and knew how to report concerns both internally and outside of the home if necessary.
- The provider had reported abuse to the local authority safeguarding team when it had been identified.

Assessing risk, safety monitoring and management

- Most risks in relation to the premises and equipment had been identified, assessed and managed well, however we did find an accessible area within the home that contained exposed pipework that was very hot to the touch. This posed a risk of burns to people. The registered manager immediately acted in response to our feedback to make this area safe.
- Risks to people's individual safety had been managed well. For example, one person who had been assessed as being at risk of developing a pressure ulcer had the relevant equipment in place to reduce this risk.

Staffing and recruitment

- Most people told us they felt there were enough staff to meet their needs. One person said, "If I need help, I just press this button and they'll come and help me." However, two people said they sometimes had to wait for assistance which had a negative impact on them. One person said, "I don't think there are enough staff. Sometimes I must wait for around 10 minutes and it can get quite uncomfortable."
- All the staff we spoke with told us they felt there were enough of them to meet people's care needs and to keep them safe.
- The registered manager told us staffing levels were based on people's individual needs and were regular reviewed. We shared the feedback we had received from people and they agreed to monitor staffing levels closely.
- Staff told us the provider had performed several checks regarding their past work history and character before they started working in the home. The registered manager confirmed these checks had taken place. This demonstrated robust recruitment procedures.

Using medicines safely

- People told us they received their medicines when they needed them.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff worked with people to involve them in the management of their medicines where this was possible, to promote their independence.

- People received their medicines when they needed them. The records we looked at confirmed this.

Preventing and controlling infection

- People told us that staff supported them to keep their rooms clean. One person said, "It's good [cleanliness]. They keep it clean. They come in and clean round every day."
- Staff demonstrated a good understanding of how to prevent the spread of infection.
- Staff were observed to wear protective equipment such as gloves and aprons where appropriate and the home and equipment that people used was clean.

Learning lessons when things go wrong

- Staff understood how to report incidents and accidents if they occurred.
- The registered manager had thoroughly investigated any incidents or accidents and actions had been taken to reduce the risk of reoccurrence. For example, following a medication error, a new system had been put in place to monitor the administration of the medicine Warfarin more closely.

Is the service effective?

Our findings

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

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

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

- Care records showed that people's needs, and choices had been holistically assessed with them and/or a relative before they started using the service. This included physical, mental, and cultural needs and considered any protected characteristics people had.
- People's care needs had been regularly reviewed to ensure the service could continue to meet them.
- Technology was used to improve people's care and promote independence. For example, each person had a pendant alarm. This enabled them to leave their room and reside where they wished within the home and still have the means to call for staff support when they required it.

Staff support: induction, training, skills and experience

- People told us they thought staff were well trained. The relatives we spoke with agreed with this. One person said, "The carers are trained well. They tell me they get regular training and as far as I can tell they seem to know what they're doing."
- The staff we spoke with told us they had received enough training to enable them to provide people with effective care. One staff member told us how they had recently had training in the management of diabetes. Following this training, staff now checked people's feet regularly with their consent, to improve their health within this area.
- We observed staff using good practice during our inspection visit. For example, ensuring the footplates on a wheelchair were correctly in place before assisting someone to move.

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

- People told us they had a choice of meals and that snacks were readily available if required. One person said, "I like the food, I'm not a big eater but what I have is fine. There's always fruit, or crisps and I can have biscuits or sometimes cake with a hot drink."
- The staff demonstrated they understood people's individual dietary likes, dislikes and requirements. The cook told us staff clearly communicated people's dietary needs to them which helped ensure people received the correct diet.
- We saw that people who required assistance to eat and drink received this. People had drinks that were left within their reach and were regularly offered snacks including fresh fruit.
- Staff monitored people's eating and drinking where they were at risk of malnutrition or dehydration. Referrals has been made to healthcare professionals where relevant to support people to eat and drink enough to maintain their health.

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

- People told us they were supported with their health needs. One person said, "The doctor comes in regularly and if you need to see him urgently they'll arrange a visit for me. If there's anything else such as dentist they'll make an appointment, all I have to do is ask."
- Relatives told us that communication about their family members health was good. One relative told us, "They call me day or night. I've told them if anything happens or they think I should know, to call me and they do. I'm happy with that."
- The healthcare professionals we spoke with told us the staff worked well with them to ensure people received consistent and timely care. One professional told us staff had an excellent knowledge about people's medical needs. They also confirmed that staff reported any concerns about people's health to them quickly and followed any guidance they gave to improve people's health.

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

- People told us they were happy with the environment and their rooms. One person said, "It's fine for me [the room]. I've got everything I need and it's big enough."
- The provider had engaged people in discussions about the environment they lived in to reflect their individual needs and preferences. For example, several new areas had been introduced where people could reside within the home. This included a 'relatives' room' where people could have privacy with their relatives and help themselves to coffee and tea.
- Signage was in place to help people find their ways to communal areas or to their room. Colour had been used to assist people who had sensory needs. For example, people's door frames had been painted a contrasting colour to the door. Toilet seats were a different colour to the toilet bowl.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People told us staff always asked for their consent before performing a task and we saw this happen during our inspection visit. For example, staff always checked with the person if they had finished eating their lunch before taking the plate away.
- Staff had a good knowledge of the MCA and told us they always offered people choice and/or acted in their best interests. We observed this taking place during our inspection visit for example, where people were shown two different meals at lunchtime to help them make a choice.
- Records showed that where necessary, people's ability to consent to certain decisions had been assessed. Where they could not make the decision themselves, relevant people had been involved to ensure the decision made was in the person's best interests.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "How can I put it, without these good people I wouldn't be here, they've done a tremendous job of looking after me." A relative said, "It's so much more than caring, it's love. When they come in they smile and say hello and give [family member] a kiss and a hug. They are lovely, caring people."
- Through conversations with staff and the management team, it was evident they cared very much for the people living in the home and valued the relationship they had with them.
- Staff were observed to be kind and caring. They did not rush people when care was provided and took time to listen to them and respected their wishes.

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

- People and relatives told us they felt listened to and involved in making decisions about their or their family member's care. One person told us, "There's no doubt they listen to me and respect my wishes. I have some quite strong opinions and they take notice which is why I can go out on my own."
- During the inspection visit we consistently saw that people were involved in making decisions about their care. For example, at lunchtime people were asked where they wanted to sit and what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them with their independence. One person said, "It's my job to feed the fish, every two days. It's quite nice to have a job which they want me to do." Another person told us how they were encouraged to do as much personal care for themselves as they could.
- At lunchtime, we saw staff encouraging people's independence. Condiments were available which people could help themselves to as were jugs of gravy. This meant that people could decide independently how much of this they wanted on their meal.
- People told us they felt respected and that their privacy and dignity was upheld. The relatives we spoke with agreed with this. One relative said, "I think [family member] is treated with a great deal of respect."
- The staff we spoke with demonstrated they understood how to respect people's dignity and privacy. One staff member told us how they always closed the curtains or door when giving personal care.
- We observed staff being polite and respectful to people. For example, always knocking on the door of their rooms before entering.

Is the service responsive?

Our findings

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

At our last inspection in October 2016, we asked the provider to act to make improvements to the planning of people's care to ensure it met their individual hobbies and interests. This action has been completed.

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

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

- Since our last inspection, the number of hours the activities co-ordinator worked had been increased and people had access to more activities.
- People told us they received enough stimulation and could participate in activities if they wished to. One person said, "I don't do the activities. I'm sure they're good but I'd rather be in my room and watch television or listen to my radio. Oh, and I've got my puzzle books, I like doing a puzzle." A relative told us, "The staff do bingo here sometimes and they have entertainers come in, you know musicians."
- There was a schedule of activities that people could choose from. These included arts and crafts, baking, quizzes and chair exercises. Outside people also visited the home to provide entertainment.
- People told us they received care that was in line with their individual choices and preferences and that they had choice and control. One person said, "I like to do lots for myself and they let me, you know, do what I can."
- The service had assessed and identified people's information and communication needs. Staff demonstrated they had an awareness of these needs and that actions were taken to meet these. For example, picture boards had been used to communicate with one person who lived in the home who could not communicate verbally.
- People and where appropriate a relative, had been involved in the initial assessment of their/the person's care needs and preferences when they moved into the home. From this a care record had been developed. These provided staff with good guidance on how to provide people with care to meet their individual wishes.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any complaints but felt confident to raise concerns with staff if they needed to.
- The provider had systems in place to encourage people to voice any concerns they had. Any complaints raised had been fully acknowledged and investigated.

End of life care and support

- Where people had wished to give this information, their wishes regarding their end of life care had been discussed and recorded.
- A healthcare professional told us staff provided people with very good end of life care and worked well with them to ensure people had a comfortable and pain free death.
- The registered manager told us the home had applied to become accredited in the 'Six Steps Programme'

for end of life care. This is an accredited programme where a service demonstrates it provides good quality end of life care.

Is the service well-led?

Our findings

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

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

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

- People and relatives told us they knew who the registered manager was and that they felt the home was managed well. One person said, "The manager's lovely, when she sees me she comes and gives me a hug." A relative told us, "I think she is excellent. She's been working hard to improve the care people get."
- Everyone we spoke with enthusiastically told us they would recommend St Edmunds as a place to live. One person said, "I would absolutely recommend them. They are a brilliant bunch, the lot of them." A relative told us, "What they've done for [family member] since she's been here has been excellent and, when it's my time this is where I'll come."
- The healthcare professionals we spoke with told us they felt the home was very person-centred, inclusive and open, where both people and families were very well supported.
- People and staff said they felt listened to and were comfortable to voice any concerns or worries they had. The staff told us they felt valued and supported. This demonstrated an open culture in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a desire to continually improve the quality of care people received. For example, they had involved the home in a research study conducted by the local university. This had looked at how people's access to good hydration could be improved. This had resulted in the staff acting to improve this area for example, with the introduction of a 'hydration station' in the home.
- Links had been established with local healthcare professionals who provided the staff with training in various subjects to improve their knowledge.
- One healthcare professional told us they found the registered manager innovative and willing to assist on any projects they were running.
- Links with the local community had been established. For example, sixth formers from the local academy visited people regularly to spend time with them. Another organisation had been sought who voluntarily renovated an outside wall so that it looked more pleasant for the people whose rooms were opposite it.

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

- The registered manager demonstrated they understood their role and the responsibilities in line with the Health and Social Care Act 2008. Staff also understood their individual responsibilities.
- Systems were in place to regularly review and monitor the quality of care people received. This included audits and an analysis of incidents, accidents, complaints and safeguarding concerns.
- Any shortfalls identified had been used to improve the quality of care people received. For example,

following an incident in the home the registered manager had reviewed the information captured when someone had fallen. This was to help improve their understanding of why the fall occurred, so they could put robust preventative measures in place.

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

- People told us they were involved in developing the service and asked regularly for their opinion. The relatives agreed with this. A relative said, "Yes they ask for my opinion but to be honest, I find it hard to suggest improvements because they are doing a good job."
- People had recently been involved in designing some communal areas of the home which had been updated and redecorated. This included choosing the furnishings such as the chairs. They had also picked out images of their favourite music and movie stars which had been placed on the walls of the new reminiscence room.
- Relative and resident meetings were held regularly, and people were encouraged to attend to give their feedback. The registered manager had implemented meetings at different times of the day to accommodate relatives who worked.
- People's families were involved in the running of the home. In response to recent feedback, the registered manager had introduced a separate 'family room' which contained toys to help keep people's younger family member's amused when they visited them. Families and the local community were also included in training sessions to promote their understanding of certain conditions. For example, on how to reduce loneliness and anxiety.