

Norse Care (Services) Limited

Sydney House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Sydney House is a care home that offers care and support to up to 45 older people, some of whom are living with dementia. There were 38 people using the service at the time of our visit.

At our last inspection on 26 April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People's experience of using this service

- People were very happy living at Sydney House. They felt safe and liked the staff who supported them. Relatives were very satisfied with the service and they felt welcomed when they visited and said that staff contacted them when there were any changes. Staff were proud to be working at the home and enjoyed their job. Everyone said they would recommend the home.
- The provider had systems in place to keep people safe from avoidable harm. Staff supported people to raise any concerns they may have. Risk was assessed and managed while also respecting people's human rights and freedom.
- Staff gave people their prescribed medicines safely. They followed good practice infection control guidelines to help prevent the spread of infection. Equipment was available so that staff could support people in a safe way and staff knew how to operate it in a safe way.
- The provider employed enough staff so that they could meet people's needs in a timely way. Staff went through a thorough recruitment process so that the provider only employed suitable staff with the right skills and character.
- People had a choice of food and drinks which they enjoyed. Staff supported people to access healthcare professionals when they needed them and quickly recognised any changes to people's health and wellbeing.
- Staff undertook training in a wide range of topics so they had the knowledge and skills to do their job well and effectively meet people's needs.
- Staff were kind and compassionate. They knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them. They ensured that people were as involved as they could be in making decisions about their care and support. People's privacy, dignity and independence was protected and promoted.

- People could follow their interests and hobbies and maintain relationships with people who were important to them.
- Complaints were taken seriously and the staff team listened to people and took action to resolve complaints. Complaints were used as an opportunity to learn and improve.
- Everyone praised the registered manager who was approachable, helpful and provided strong leadership. The staff team enjoyed working together and supported each other and the registered manager.
- Staff knew they were responsible for giving people a high-quality service based on the provider's ethos and values. Staff did everything to make people's lives as comfortable and fulfilling as possible. The quality of the service provided was carefully monitored to check that people were safe and happy.

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

Rating at last inspection

At the last inspection we rated this service Good (report published on 3 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sydney House

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. We planned this inspection 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

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for a family member.

Service and service type

Sydney House 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 we looked at both during this inspection.

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

Notice of inspection

We carried out the inspection visit on 13 January 2019. It was unannounced.

What we did

Before the 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 reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Sydney House. We spoke with four people who lived there and three people's relatives/friends. We spoke with the registered manager, a team leader, two care staff and the cook.

We looked at three people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Sydney House. Staff understood their responsibilities to take action if they suspected abuse. They knew how to recognise the signs of abuse and how to report it. Staff gave us an example of when they had reported a concern and the registered manager had taken swift action to make sure people were protected.

Assessing risk, safety monitoring and management

- Risks were assessed and staff knew what action to take to manage the risk. Staff explained how one person had varying mobility and at times had to use a 'stand-aid' to help them to stand. The staff member explained how the person would be unhappy if they had to use the 'stand-aid' every day. They said, "Assessment of the risk at the time is the main thing." This showed that people's freedom and autonomy was upheld.
- Care plans were in place for all identified risk such as risk of malnutrition or risk of pressure sores.
- Equipment was used to support people to stay safe. For example, pressure relieving mattresses, hoists and walking frames. Routine checks and maintenance was carried out to make sure the equipment was safe and in good working order. Staff had received training and knew how to use equipment in a safe way.
- Staff knew about fire safety and how to evacuate people in the event of a fire.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One person told us, "The staff seem to work hard at making sure people don't have to wait very long if they need help. I can't think when I've had to wait a long time." On the day we visited there were enough staff who attended to people's needs and requests quickly.
- Required staffing numbers were calculated based on the needs of people who used the service. These were frequently reviewed and staff were flexible and responsive to these changes. For example, the registered manager had stayed on for a night shift to support staff when a person's needs had increased suddenly.
- The registered manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. One member of staff confirmed the registered manager carried out checks, such as a Disclosure and Barring Service check and references.

Using medicines safely

- People could look after their own medicines if they wanted to. However, most people preferred the staff to look after their medicines and were happy with the way staff gave them their medicines. One person said, "They always bring me my pills; they've never missed or forgotten." We saw staff following safe procedures and supporting people appropriately with taking their prescribed medicines.
- Staff made sure medicines were reviewed by the prescribing doctor. They had identified that one person's

prescribed medicine was putting them at an increased risk of falling. The doctor reviewed and discontinued this medicine.

- Staff managed medicines well and systems and processes were very well organised. They had undertaken training and competency checks so that they could give people their prescribed medicines safely. There was a secure area for the safe storage of medicines. Records were maintained of all medicines received into the service, administered or returned to pharmacy. This meant staff could check that people had their medicines at the right time and in the right way.

Preventing and controlling infection

- The service was clean, fresh and tidy.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons appropriately.

Learning lessons when things go wrong

- Action was taken in response to accidents and incidents to reduce the risk of reoccurrence. Risk assessments were reviewed at least once a month to ensure they were reflective of current needs and the risk was managed safely.
- Staff reviewed risk assessments and care plans following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.
- Action was taken in response to staff failing to book transport for a person's hospital appointment. The diary was changed to make it clearer for staff to identify tasks they were required to do.

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

Good: 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

- People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People's physical, mental health and social needs were assessed. People's protected characteristics under the Equality Act 2010 were taken into account to ensure that there was no discrimination when making care and support decisions.
- Managers kept up to date with best practice and evidence based guidance through support networks within the organisation. Best practice meetings were held and staff had lead roles and areas of responsibility. This information was shared with the wider team during staff meetings and handovers.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. People told us that staff were trained and knew how to meet their needs.
- Staff told us they received the training and support they required. A care staff member said, "The training is very thorough." They told us they had received induction training when they first began working at the service and there was an ongoing training programme. Recent training about fire safety and evacuation procedures had increased this staff member's confidence in fire safety and evacuation. Another staff member explained how their training about Parkinson's disease had helped them understand people's symptoms and how to support them.
- New staff underwent a thorough induction, which included shadowing more experienced staff until they were confident and competent.
- Staff were supported by team leaders and managers. They had opportunities to discuss learning and development needs during supervision sessions.
- Work based observations were carried out to check that staff were working in the right way.

Supporting people to eat and drink enough with choice in a balanced diet

- A choice of meals was always available. People said they enjoyed their meals and had enough to eat and drink. One person said, "There is always a choice at lunch time, a meat or fish dish or a vegetarian dish. I had roast pork followed by peach flan; it was really good, delicious." People said they had enough to drink. One person said about the provision of drinks, "There's plenty. They come round and offer you a drink all the time or I just ask one of the girls and they'll get me what I want."
- An area of the main kitchen had been separated to create a kitchenette that people and their relatives could use independently to get a drink or snack. One person said, "I'm quite independent really so I can get my own drink if I want one but they always bring me a cup of tea in the morning."
- Risk of malnutrition was assessed and managed. Some people had their food fortified with butter and milk to increase their calorie input.

- Staff had consulted with doctors and dieticians when risk of malnutrition had been identified. Food and fluid intake and weight was monitored.
- Care and catering staff had a good knowledge of people's nutritional needs, likes and dislikes.
- Meals were well presented, appetising and nutritious. Mealtimes were relaxed, social occasions. People made choices about everything they ate or drank and people who needed support got this from the staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the community nursing team to make sure that they met people's needs, for example if a person had to have a wound dressed or required specialist equipment.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare they required. Staff knew people well and recognised when someone's health was changing.
- The staff referred people to other professionals such as the dietician or a community nurse. They followed professional guidance and took action when people's needs changed.
- Staff had consulted with mental health teams where this was required.

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

- There had been recent refurbishment of the home which was almost complete at the time of our visit. People had been consulted and had asked for a garden room and this had been provided. There was a choice of communal lounges and a dining room.
- People's rooms were personalised to suit their tastes and needs.
- People said they liked their rooms. One person said about their room, "It's light and comfortable. I have some of my things here but it's a good size and the toilet is just opposite my door which is very useful."

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 Mental Capacity Act (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. We found that they were.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. A member of staff described the ways they supported people to make choices.

Is the service caring?

Our findings

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

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

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

- People and their relatives all made very positive comments about the staff. One person said about the staff, "The girls are lovely, they are kind and caring and I think we get on well." Another person said, "We have a bit of a laugh, I think I'm fortunate to be here."
- A relative told us how supportive staff had been to their relation following a family bereavement.
- We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. People were relaxed with staff and had formed positive relationships.
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support. They made people feel cared about by spending time with them and talking about the things that were important to them.
- The staff team were also supportive of each other and gave us examples of how they had been supported by their colleagues and managers.
- Staff were proud and motivated about providing compassionate care and support and gained great satisfaction from improving people's quality of life. A care staff member said about their job, "I love it, it's like a big family."

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

- People told us they could express their views and were involved in decisions about their care and support.
- People had care plans which were based on their individual needs and wishes.
- People's friends and family were made welcome and where appropriate, they were involved in making decisions about their relatives care and support.
- Resident and relative meetings were held every three to four months. These were held more frequently during the refurbishment of the building so that changes could be communicated and people consulted.
- Staff knew how to communicate with people and support them to express their views. A staff member explained how some people preferred visual cues and could make a choice if they were shown what choices were available.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. We saw staff protecting people's dignity when moving people in a hoist. Staff knocked on people's doors and spoke to people with the utmost respect. Staff had been trained about respecting people's privacy and dignity as part of their induction and ongoing training.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person

could do for themselves and guided staff to help the person keep their skills. People told us they could remain as independent as possible. One person regularly went out shopping on their own. One person said, "There are quite a few things I'm still able to do for myself and the carers are happy with that."

Is the service responsive?

Our findings

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

Good: 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

- People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. This included people's physical, mental, emotional and social needs.
- Information about people's life history and the things that were important to them were recorded so that staff could know and understand people better.
- Staff were knowledgeable about people's likes, dislikes and preferences and told us how they met people's individual needs.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. All surveys used were pictorial. Information was available in large print. One person used a writing board and another person used some sign language which staff had become familiar with.
- People were supported to follow their interests and take part in activities that were socially and culturally relevant. There was a range of activities available. One person accessed the library (based at the service) and enjoyed reading. Another person liked to spend time out in the garden during warmer weather.
- As part of the refurbishment a room was set aside specifically for community based activities. We were told the service had links to the local community including schools.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the staff or registered manager if they had a complaint.
- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that complaints had been investigated and action taken to resolve the complaints.
- Complaints were used as an opportunity to learn and improve. For example, staff made sure they communicated more frequently with a family member to make sure they were fully aware of their relative's needs and how they were being met.

End of life care and support

- People were asked about their end of life wishes and these were recorded in an advance decision care plan. A member of staff described how they had ensured a person's end of life care plan had been followed. They also described how they had supported people and their families at the end of their life.
- Staff had attended training on end-of-life care and felt confident that they provided this care well, supported by GPs and community nurses.
- People and their relatives were supported through bereavement.
- The service had achieved a 'Norfolk Care Award' for 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.

Good: 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; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff all made very positive comments about their managers. They told us the registered manager, the deputy manager and the staff were approachable and available to them.
- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon.
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- Everyone said they would recommend the service and one person told us that they had recommended the service to a friend.
- A relative said, "This has always been one of the best homes I visited. Now, with the refurbishment which has been going on, it's even better and I think the manager and her team provide excellent care."
- Staff were happy and proud to be working at the service and said they were supported both personally and professionally.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with people if anything went wrong

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

- The registered manager provided very strong leadership and everyone we spoke with said they felt supported. Staff were given opportunities to develop their roles. There was an 'emerging talent programme' to support staff to develop into the next role. A team leader told us they were completing a management qualification. They described how care staff were supported to run a shift and had grown in confidence.
- There was a clear structure and staff and managers understood their responsibilities. There was additional support in the wider organisation management teams, such as the health and safety team, the learning and development team, a dementia lead and a medicines lead who were available to people and staff.
- The provider had a quality monitoring system in place. This meant they carried out checks to make sure that high quality safe care was provided. There was a separate quality assurance team who visited the service once a month to look at different aspects of the service.
- Where shortfalls were identified then changes were made to drive improvement. For example, changes had been made to the infection control processes so that staff responsibilities were clearer. Communication with catering staff had been improved to ensure they were aware of people's nutritional needs.

- The service had achieved an external quality assurance certificate.

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

- The registered manager and staff team encouraged and supported people and their relatives to express their views about the way the service was run.
- Meetings were held so that suggestions, issues or concerns could be raised.
- Action had been taken in response to suggestions made by people and their relatives. These included the provision of additional seating throughout the home, the provision of a new dining area and separate resident's kitchen.
- Quality assurance surveys were sent out annually. These were analysed and an action plan with timescales was put in place to address any shortfalls or make improvements.
- Staff also felt involved in the running of the home and were able to add items to their meeting agenda. Staff told us that their managers listened to them.
- Complaint and compliment forms were available to people along with details of a review website to encourage feedback.

Continuous learning and improving care

- The registered manager had a development action plan under continual review for all aspects of the service. For example, there were staff development plans and plans to develop new communication methods to support communication with families and friends.
- The provider had a staff award system across all its services to promote innovation and improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other healthcare professionals and the local authority to ensure that people received joined-up care.