



Inspection Report on

Norcot

**17 Palace Avenue
Rhyl
LL18 1HS**

Date Inspection Completed

19 December 2022

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About Norcot

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Alliance Care and Support Limited
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	01 July 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Norcot, from a staff team who encourage and promote independence. Care staff are respectful and caring towards people living at the service, staff would benefit from specialist training to better understand the needs of the people living at the service.

The allocation of a key worker, ensures people are kept involved with the development and reviewing of their care and support.

People receive care and support in a homely environment with good hygienic practices. However, improvements are required to ensure the relevant health and safety checks are completed.

The Responsible Individual (RI) is keen to improve the service and has a plan in place to increase their regulatory visits to meet regulatory requirements.

Well-being

People have control over their day to day lives, they can choose how to spend their day, both in and away from the service. People told us they feel supported to live as independently as possible and are involved in the ongoing development of their care and support plans.

People are supported to manage their health, including physical, mental and emotional wellbeing. People told us they are supported to access health services and staff accompany to appointments when required.

The service provider has policies and procedures in place to protect people from abuse and neglect. People told us they feel safe at the service and find staff approachable. Staff benefit from regular training, specialist training is required to enable staff to better understand the care and support needs of the people they support.

People are provided with opportunities to contribute to society if they wish, including obtaining employment and attending recreational activities.

The service helps people to maintain relationships with family and friends, visiting is encouraged and accommodated at the service. People told us they are able to see their family and friends regularly.

The accommodation provided is suitable for people living at the service. The Statement of Purpose (SOP) accurately describes the building and facilities provided. People have access to the facilities available, which promote independence and positive risk taking. Improvements are required to ensure the appropriate checks are carried out, in order to maintain the safety of the people living at the service.

Care and Support

People receive good quality care and support, from a service provider who works in consultation with the person. People's wishes and goals are considered in the development of the care and support. People told us they are involved in the development of their personal plans. One person we spoke with, spoke positively about the support from their key worker. People are supported to maintain their independence, they are encouraged to complete activities of daily living, including their own laundry, managing their own personal care and cooking for themselves. People can access the community freely and staff offer assistance when required.

Care staff work from personal plans which are detailed, person centred and are reviewed regularly. Care staff we spoke with told us the personal plans support them in their roles to provide the right care for the person. One page profiles detail what is important to the person and how is best to support the person. People's preferences are clearly documented in their personal plans. Staff complete daily notes which are written in a person-centred manner and reflect what is documented in the personal plans. Risk assessments are specific to the individual needs of the people living at the service. Risk assessments inform staff on how the risks can be mitigated and they are reviewed at least every three months.

People are protected from abuse and neglect, there are policies and procedures in place to inform staff on what to do if they identify abuse or neglect. People living at the service told us they feel safe at the service and feel staff treat them with dignity and respect. People told us they feel comfortable approaching management with any issues. Staff we spoke with told us the policies and procedures are accessible. Care staff receive annual safeguarding training, but not all staff are familiar with the whistleblowing procedures.

The service promotes good hygiene practices and manages the risk of infection, there are systems in place to monitor the cleanliness and housekeeping tasks are nearly always recorded. Cleaning equipment is securely stored and only assigned staff have access to these. There are designated handwashing facilities available. Staff we spoke with told us there is a sufficient supply of Personal Protective Equipment (PPE).

Environment

The service provider ensures care and support is provided in an environment with facilities and equipment, which promote the achievement of their personal outcomes. The communal areas are clean and free from hazards. Call bells are installed in people's bedrooms, ensuring they are able to request support if required during the night. We saw people have access to specialist equipment to promote their independence.

People we spoke with told us they are happy with their bedrooms and can personalise their rooms with their own belongings if they wish. Bathrooms provide privacy and dignity; we saw the service provides access to specialist equipment to promote people's independence. People told us they decide where to spend their time, this can be in the communal areas or in the privacy of their own room. The home is decorated with a homely feel, at the time of the inspection there were Christmas decorations on display.

The service provider has systems in place to identify works required around the premises, this is documented once the tasks have been completed. A plan is in place to recruit a part-time maintenance person to help maintain the building and for other works to be outsourced as and when needed.

Grounds are clean and tidy and accessible to people living at the service and there is sufficient outdoor storage available. There is an outdoor seating area for people to use when the weather permits.

The service provider has not ensured that all risks to health and safety for people living at the service have been identified and reduced so far as reasonably practicable. Not all relevant safety checks are up to date. This is not in line with the service's own policies and procedures. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Leadership and Management

The service provider has insufficient governance arrangements in place to support the smooth running of the service. We found the RI has not completed their visits in line with the regulations. The RI visits have not taken place at least every three months and does not consistently evidence speaking with a selection of staff and people living at the service. Due to the lack of oversight, several issues were delayed in being identified and addressed. The RI assures us they have a schedule in place to ensure they visit at least every three months. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow this up at the next inspection.

People receive support from a service which provides appropriate numbers of staff, who are suitably vetted prior to commencing their employment at the service. Training records demonstrate care staff receive regular mandatory training. People benefit from being supported by staff who understand their needs. Not all staff have received specific training regarding people's individual needs, including specific mental health conditions and positive behavioural support, this is not in line with the service providers own policies. The service provider assures us specific training will be put in place. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staffing levels are in line with the service's SOP, people we spoke with told us they feel there is enough staff on duty to meet their needs. Staff we spoke with told us they feel supported in their role and find the regular supervisions helpful. Staff we spoke with said the RI is accessible and approachable. Feedback from staff we spoke with included *"We are all a great team, all the clients are lovely and the management is ace. I feel I couldn't ask for a better job."* Supervision records we saw demonstrate regular, one to one, formal supervisions take place and these are increased when required to provide support to staff.

Staff benefit from regular team meetings, we reviewed records of staff meetings which showed these have not taken place in line with the regulations. Staff we spoke with told us they feel staff meetings are useful, but are also able to approach management at any time should they have any concerns. The manager assures us there is a plan in place for team meetings to take place more frequently. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider has oversight of financial arrangements and investment in the service. The service has sufficient supplies available to people, including fresh food and cleaning supplies. The service provider has the appropriate insurance in place.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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36	Staff have not received specialist training to meet the specific needs of people living at the service.	New
73	The responsible individual has not visited the service in person, at least every three months. The responsible individual has not consistently evidenced speaking with staff, service users and/or their representatives.	New
38	The provider is not holding regular staff meetings to provide opportunities for staff and management to raise and discuss relevant issues.	New
57	The service provider must have measures in place to identify risks and take appropriate steps to mitigate the risks.	New

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