

Norse Care (Services) Limited

Rebecca Court

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 

Overall summary

Rebecca Court is registered to provide accommodation and personal care for up to 38 older people, some who are living with dementia. There were 37 people living at the home at the time of our inspection.

This unannounced inspection took place on 30 July 2015. At our previous inspection on 14 November 2012 we found the provider was meeting all the regulations that

we looked at. We carried out a follow up inspection on 25 June 2013 following concerns we received in relation to the care and dignity people received. We found that these concerns were unsubstantiated.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure people's rights were protected.

People's needs were clearly recorded in their plans of care so that staff had all of the information they needed to provide care in a consistent way.

People were offered a variety of hobbies and interests to take part in.

Effective quality assurance systems were in place to monitor the service and ensure that people receive a good quality service. People's views were sought and acted on.

Staff treated people in a way that they liked and there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives we spoke with were very happy with the care provided to their family member.

Medicines were stored correctly and records showed that people had received their medicines as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity.

Summary of findings

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.

Staff were aware of the actions to take to ensure that people living in the home were kept safe from harm.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood the principles of assessing people's capacity.

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Good



Is the service responsive?

The service was responsive.

People and, or their relatives were involved with their care plans.

People were supported to take part in their choice of activities, hobbies and interests.

People's complaints were thoroughly investigated and responded to in a timely manner.

Good



Is the service well-led?

The service was well led

There were opportunities for people and staff to express their views about the service via regular meetings.

A number of effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Good



Rebecca Court

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 was 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.

The inspection took place on 30 July 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with local authority contract monitoring officer.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with ten people who used the service and four visiting family members. We also spoke with the registered manager, team leader, ten care staff and housekeeping staff.

We also looked at three people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: “The staff are great always and look after me very well. I feel very safe”. Another person said: “I am well looked after and couldn’t ask for better”. One relative said: “Staff look after [family member] very well. They are in safe hands”.

Staff told us, and records confirmed that staff had received training in protecting people from harm. We spoke with eight members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They knew how to report incidents both within the home and to external agencies involved in protecting people from harm. One staff member said: “I have received training in safeguarding and I would have no issue in reporting any concerns to the manager”. We saw that safeguarding information was on display on various notice boards around the home. This provided staff and visitors with information of the procedure to follow if they witnessed or were told of an alleged incident of people being placed at risk of harm.

Staff showed that they understood people’s risks and we saw that people’s health and wellbeing risks were assessed, monitored and reviewed. We saw that people who were at risk of skin damage used special equipment such as cushions and mattresses to reduce the risk of damage to their skin.

There were sufficient numbers of staff available to keep people safe and to ensure they received the care they needed. Call bells were answered in a timely manner and we observed that staff delivered care to people when they required it and they did not have to wait. One person said: “When I pulled my call bell, at least four staff responded

and they arrived quickly.” A relative told us: “Whenever I come and visit, staff are always around. I never hear bells ringing for a long time. If people need help, the staff are there for them”.

The registered manager told us that they regularly review the staffing levels and in February this year they had increased the numbers of care staff on the morning and afternoon shifts. This ensured people’s safety and wellbeing needs were being met.

Staff told us that, although they were very busy, they still had time to care. One staff member said: “What I really like about working here are the relationships we develop with our residents, they are so positive”. Another staff member said: “I like working here and it’s fulfilling to help people with their care”.

One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

Staff confirmed and the records showed us that they had received training in the administration of medicines. People we spoke with told us they received their medicine regularly. One person told us: “The staff also ask if I require any pain relief”.

We found that medicine was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medicines. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. A medicine administration error had recently occurred and prompt action had been taken. This resulted in a thorough investigation being undertaken and staff being provided with the outcome to ensure that lessons were learnt. This ensured that people remained as safe as possible.

Is the service effective?

Our findings

People we spoke with reported that staff understood their needs well, and helped them to meet their care and support needs. Staff we spoke with told us about the care they provided. One member of staff said: “Our residents come first. We always try to offer choice in everything we do. This can be really little decisions about what to wear or what to eat but it really does matter”. One staff member told us: “I have worked here for two and a half years and get to know people well so I know how to meet their needs”.

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Staff told us they felt supported and had received supervision as and when necessary. Staff told us and the training records we viewed showed that staff had received training in a variety of topics including fire awareness, infection control and food safety.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. At the time of our inspection a number of people were being restricted under DoLS. The correct procedure had been followed to ensure this restriction was lawful and in people’s best interests. We spoke with staff and they had an understanding of the principles of MCA and DoLS and their responsibilities. An ongoing training programme was in place to ensure all staff received training to give them ongoing support and to ensure they continued to comply with the legislation.

Most people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, eat and drink. Staff we spoke with were confident in discussing the importance of people’s consent to care. They told us they always asked people about what support they needed before supporting them and gave them choices in what they would like. Where necessary best interest decisions had been taken and a record made about the discussion.

We observed lunch being served to people. Everyone we spoke with commented on the food provided. One person told us: “I love the food, I have no complaints.” We saw that

where people chose not to eat in the dining rooms, they were provided with their meals and refreshments in their rooms. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians and speech and language therapists had been consulted. This was to help ensure people ate and drank sufficient quantities.

Comments made about the food included that it was, “They always give me what I like even if it’s not on the menu.” People using the service were provided with the menu to be able to make a choice of food on offer each day. We spoke with the cook who had told us about the different types of cooking required to ensure people’s cultural needs were met. They had recently researched some Caribbean recipes and were able to meet the person’s dietary needs.

People’s health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: “The staff arrange for me to see the doctor when needed and they come to the home to see me”. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people’s needs. We noted all of this advice and information had been incorporated into people’s care plans. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

The registered manager told us that they were the piloting a ‘green envelope scheme’ which is a sealed envelope that contains information from their GP and would accompany a person if they were to go into hospital. The home also provided essential information which included their medicine recording sheet, and other emergency information. The registered manager told us that the information in the green envelope would be updated by the GP every three months or sooner if required. This was to provide the hospital with important information about the person’s health and help them in managing their care.

Is the service caring?

Our findings

People were happy with the care provided in the home and told us that they received a good standard of care. One person said: “The staff are so lovely; I can’t fault the level of care I receive”. Another person said: “They [staff] look after me so well”.

Relatives were confident in the care people received. One said: “It’s a lovely home; the staff are kind and caring. They know what people’s needs are and manage them very well”.

There was a homely and welcoming atmosphere within the home which was reflected in the comments we received from people, their families, and staff. One relative said: “I always get a warm welcome. I can pop in whenever I want to”. A member of staff said: “I like working here; we are like one big family. Everyone gets on well together”.

Staff treated people with respect and in a kind and caring way. Staff referred to people by their preferred names. Relationships between people who lived in the home and staff were positive. One person said: “You can have a laugh with the staff and I like that.” We saw staff supporting people in a patient and encouraging manner when they were moving around the home. We observed a member of staff encouraging someone to walk down to the dining room for lunch using their walking frame, giving them time and assisted them to walk at their own pace.

People said staff listened to them when they wanted to discuss things and took action to support people when they made choices or decisions. For example, a staff member told us how it was very important for one person to maintain their dignity and like to choose their clothes. We spoke with the person who told us, “The staff are very caring. They always let me choose what to wear and we always have a chat when they help me get dressed.”

Staff sat with people and chatted whilst they ate their food. The staff member working in the kitchen came out to check

everyone was enjoying their meal and if they needed anything else. We saw good examples of staff taking time to speak to people as they supported them. When a person found it difficult to hear the staff member went closer to the person to repeat the question and check they had understood them. We saw where one person was sleeping a member of staff went to gently try to wake them by stroking their hand and quietly explaining that it was lunch time and they needed to have something to eat.

There was an open and person centred culture in the home and staff understood that people were at the heart of the home. One member of staff said: “We work around people; they don’t have to fit in with us”. Staff were aware of the likes, dislikes and care needs of the people living in the home. One staff member told us: “Some people like to hold hands when we talk to them. It reassures them that we are there and that we care”. We saw in another person’s care records that their life history and experiences were documented. This showed us that staff had taken the time to listen to people and their relatives.

All of the people had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors and waited for a response before entering. They ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to and we saw that people had their wishes respected.

The registered manager was aware that local advocacy services were available to support people if they required assistance; however, there was no one in the service which required this support at the moment. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Prior to people moving into the home a pre-admission assessment was carried out to ensure that the home was able to meet people's needs. Staff told us that there was sufficient detail in the care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified. Records showed that when people's needs had changed, staff had made appropriate referrals for example to the dietician, dentist and or opticians and had updated the care plans accordingly.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. We saw people's history was recorded in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. This allowed staff to initiate conversations with people about their lives and interests.

A member of staff had been appointed to co-ordinate a range of activities, hobbies, interests and events for people to participate in. A member of staff we spoke with showed us photographs from a range of events they had organised for people, including parties and craft activities. We noted that forthcoming activities were well advertised around the home. These included arts and crafts, cooking, bingo and sing-a-longs, which people told us they enjoyed. We saw that books and craft materials were available so that people could have easy access to them. One person said: "There is always something going on if you want to join in. We went to Sandringham and had a really good time. We have also been to Wells and had an ice-cream".

The registered manager told us about one person who had been becoming anxious and upset. The staff had provided them with a soft toy cat and they had become settled and showed signs of happiness and contentment. We saw them walking round during our inspection holding the cat. When they sat with the cat on their knee and were stroking it, they had a big smile on their face.

We looked at the minutes of the most recent residents' meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about outings and several actions had been implemented. The home had its own shop which had been introduced following a residents meeting. People were asked what they would like the shop to provide. People chose sweets, toiletries and small items of clothing. There was a quarterly newsletter which provided information of past and future events throughout the providers other homes. This included information on the recent Care Home Open Day and how it was celebrated.

A copy of the complaints procedure was available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the registered manager. We looked at the last two formal written complaints made to the registered manager and found that these had been investigated and responded to in line with the provider's policy.

People using the service were positive about their views being acted on by staff and the registered manager. One person said: "The staff will deal with anything although I have no major concerns". Another person said: "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it".

Is the service well-led?

Our findings

The home had a registered manager in post. There were clear management arrangements in the home so that staff knew who to escalate any concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They worked alongside staff to check on working practice and provide support as appropriate.

People said that they knew who the registered manager was and that they were helpful. One person said: “Oh yes, I know [the registered manager]. Always here, always smiling and always coming to check we are okay”. Another person said: “They always like to check we are feeling well”. Relatives were very complimentary about the registered manager. One relative said: “The home is organised and well run. They are interested in the people who live here”. Another told us: “She [registered manager] is very proactive and gets things done”.

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

The registered manager talked with people who used the service, staff and visitors throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provided leadership for staff.

We received many positive comments about the registered manager from staff who told us that they were approachable, fair and communicated well with them. One staff member commented: “I love my job the manager listens to our ideas”. Another commented: “They [registered manager] listen and ensure we are told things that are important”. Another staff member said: “All the staff get on really well and we work as a team. Couldn’t ask for a better place to work”. A local MP had visited the home on Care

Home Open Day and had written a letter to the home thanking staff for their passion, commitment and professionalism to improve the lives of the people living at Rebecca Court.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person’s care and any changes which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were very much at the heart of the home. People were given the opportunity to influence the service they received and residents’ meetings were held by the registered manager to gather people’s views and concerns. One person told us that they had been given the opportunity to be involved in the recruitment of new staff to the home. This made them feel part of the home and allowed them to have a say in who would be employed into the home. This showed that people were kept informed of important information about the home and had a chance to express their views.

The registered manager had established some community links which included setting up a dementia care group in the local community for people living with dementia and their carers. People attending the group were provided with information, support and companionship. Members of the local churches were regular visitors to the home.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the provider which reviewed quality indicators. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. For example hand washing facilities had been identified as being required in the sluice rooms, we saw this had been provided. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.