

## Norse Care (Services) Limited

# Springdale

### 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

This was an unannounced inspection that took place on 22 June 2015.

Springdale provides accommodation for up to 35 older people, some of whom are living with dementia. There were 35 people living at Springdale at the time of our inspection.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were living at Springdale felt safe and were happy living there. Relatives were also happy with the standard of care that was being provided and everyone we spoke with recommended it as a place to live. Systems were in place to protect people from the risks of harm and to keep them safe.

# Summary of findings

Medicines were given to people when they needed them and there were enough staff to help them when they needed assistance. The premises that people lived in and the equipment they used were both well maintained to make sure that they were safe.

People had a choice about the care that was provided to them. They were asked for their opinions about how they wanted to be cared for and these were listened to and acted on. People felt they were treated as individuals and that they mattered. Their independence was encouraged and they were able to participate in activities or experiences that they found interesting. This included activities within the local community.

People's care needs and preferences about how they wished to live their life had been fully assessed and were being met.

People had access to plenty of food and drink and were monitored if there were any concerns about their food or fluid intake. Advice from other healthcare professionals was sought and acted upon when any concerns about people's health had been identified.

Staff were well-trained. They knew what to do in an emergency situation and acted quickly when people became unwell. Staff asked for people's consent and where the person was unable to provide this consent, they worked within the law to ensure these people's rights were respected.

The staff were kind and compassionate and treated people with respect and dignity. They were happy in their job and felt valued. They found the registered and deputy managers at Springdale approachable and worked well as a team.

The registered manager had promoted a culture where the person was seen as an individual. People and staff felt able to raise concerns without any fear of recrimination. The registered manager demonstrated good leadership.

Systems were in place to make sure that the care being provided was of good quality. The registered manager was pro-active in trying to improve the quality of care that was being provided to the people who lived at Springdale.

# 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.

There were systems in place to protect people from the risk of abuse and harm.

There were enough staff to provide people with assistance when it was required and to keep them safe.

People received their medicines when they needed them and the premises where people lived and the equipment they used was well maintained.

Good



### Is the service effective?

The service was effective.

Staff had the required knowledge and skills to provide people with good quality safe care.

Staff asked for people's consent before providing them with care and understood their legal obligations when providing care to people who were unable to consent to it.

People had access to a choice of good quality food and were encouraged to drink plenty of fluids. They were also supported by the staff to maintain their health.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate.

People were listened to and their opinion mattered. They were asked how they wanted to be cared for and were treated with dignity and respect.

People's independence was encouraged and their diverse needs were respected.

Good



### Is the service responsive?

The service was responsive.

People's needs and preferences had been assessed and these were met.

People had access to a range of activities and were encouraged to maintain their interests and hobbies.

There was a system in place to investigate into concerns and complaints.

Good



### Is the service well-led?

The service was well led.

The registered manager had promoted an open culture where people and staff felt comfortable to raise concerns.

People and staff felt listened to and valued.

Good



# Summary of findings

The quality of the service provided was monitored and people were regularly asked for their opinions on this.

The registered manager was pro-active in trying to enhance the quality of life for people living at Springdale.

# Springdale

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 June 2015 and was unannounced. The inspection was carried out by 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.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur

including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

On the day we visited the service, we spoke with nine people living at Springdale, three visiting relatives, six care staff, the head chef, the deputy manager and the registered manager. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records and six people's medicine records. We also reviewed three staff files and records associated with the quality and safety of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at Springdale. This was echoed by the visiting relatives. One person said, "Everyone is very nice and kind to us here." A relative told us how good the home was regarding people's care and safety stating, "She [my relative] has good relationships with the other residents and the staff." People and their relatives also told us that if they had any worries or concerns, they would feel comfortable to tell the staff about these.

The provider had systems in place to protect people from the risk of abuse. All of the staff we spoke with understood the different types of abuse that people could experience and told us how they would report any concerns they had. The provider informed people and visiting relatives at meetings they regularly held with them about what to do if they suspected abuse. There were also leaflets available in the service to enable people to access further information on the subject or if they wanted to report a concern to an outside organisation. We saw that where someone had sustained an unexplained injury, for example bruising, that this was recorded and investigated by the registered manager to determine how they had happened.

Risks relating to people's safety had been assessed. Where a risk had been identified, action had been taken to reduce this risk. For example, one person had been found to be at risk of falling when being assisted from a wheelchair into a chair. Therefore actions were taken by the staff to reduce this risk. These included, ensuring that the brakes were on the wheelchair before assisting the person to move and that the environment was clear of any hazards. The staff we spoke with had a good understanding of how to minimise risks to people's safety to protect them from harm.

Staff understood how to deal with emergency situations. They gave us a good account of what they would do if the fire alarm rang and also if someone was unwell. One relative told us about a time when their family member became ill. They said, "They [the staff] acted very quickly which probably saved [family member's] life." Records indicated that each incident or accident was investigated by a team leader or manager and actions were identified and taken to reduce the risk of the incident from occurring again.

The premises and equipment that we saw were well maintained. There were no visible trip hazards within the premises and people were able to gain access to different areas of the premises safely either independently or with staff. Lifting equipment such as hoists and stand aids had been serviced regularly. The fire exits of the building were clear and well sign posted to assist people to leave the building if they needed to in the event of an emergency.

All of the people we spoke with and the visiting relatives told us that there were enough staff to provide them with care when they needed it. One person said, "The carers respond as quickly as they can, I have never seen any of the residents have to wait long." The staff we spoke with agreed with this. We observed that the staffing levels were sufficient on the day of our inspection to assist people quickly when they requested it.

The registered manager advised that they were allocated a number of hours for each person who lived at the service and that these had recently been increased following a review by the provider. They explained that if a staff member called in sick, they had a number of other staff who worked 'flexi' hours who could be called in at short notice to cover. This meant that they could maintain the required staffing levels. The provider had also made sure that all the required checks had been completed when recruiting new staff to the service to reduce the risk of people experiencing harm.

People told us they received their medicine when they needed it. Medicines were stored securely so that they could not be tampered with or removed. All of the medicine records that we checked indicated that people had received their medicines as requested by the person who had prescribed them. The staff had received training in how to give people their medicines and they told us that their competency to do this safely was regularly assessed.

The deputy manager and team leaders monitored the administration of medicines daily to make sure that people received them when they needed them. Any incidents were reported directly to the provider and staff were provided with re-training if necessary.

Some people had their medicines given to them 'covertly'. This meant that their medicines were disguised in food or drink. People's mental capacity had been assessed prior to this action being taken to assess whether they were able to understand the importance of receiving their medicine.

## Is the service safe?

Where they did not, we saw evidence that appropriate professionals and people important to the person had been consulted to make sure that giving the person their

medicine in this way was in their best interests. Therefore, the provider had acted in accordance with the legal requirements of the Mental Capacity Act, 2005 when giving people medicines covertly.

# Is the service effective?

## Our findings

People we spoke with and some visiting relatives told us they thought the staff were well trained and that they felt they did their job well.

The staff we spoke with said that they had received enough training to meet the needs of the people they cared for. They were knowledgeable about how to care for people safely and effectively. A new member of staff said they had worked in the care industry previously to joining the team at Springdale and had been very impressed with the level of support and training they had received at Springdale.

The registered manager monitored the completion of staff training to make sure that it was up to date. The staff told us they regularly had their competency assessed to make sure they had understood the training they had received. This included observation of areas such as helping people to move, reducing the risk of infection and treating people with dignity and respect. This demonstrated that the provider had processes in place to check that their staff were safe and competent to perform their roles following their training.

People told us that the staff were polite and asked for their consent before performing a task. Our observations during the inspection confirmed this.

The staff told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This law was passed to protect people's rights where they lack capacity to make their own decisions.

The registered manager and the staff we spoke with had a good understanding of the MCA and DoLS and were able to tell us how they supported people to make their own decisions. Where it was felt people lacked capacity to make a decision, an assessment had been made and care was provided in their best interests. The registered manager had assessed whether anyone living at the service required a DoLS. They had recently made some applications to the local authority for authorisation to deprive some people of their liberty in their best interests. Therefore, the provider had acted in accordance with relevant legal requirements.

People living at the service told us that their freedom was not restricted in anyway. One person said, "I can go where I please there are no restrictions." Another person said, "I like my independence," explaining that the staff were happy to help them around the service if they needed it. We did not see any unreasonable restrictions placed on people during our inspection.

People told us they enjoyed the food. One person said, "The meals are alright." Another person said, "The food is OK." Both of these comments were made in a positive manner. People also told us they had a choice of food and drink and that if they didn't like what was on the menu, they could ask for an alternative. One person said, "There is a good choice of food and they offer you alternatives if you don't like what's on the menu."

We observed that people were offered a choice of food and drink during the lunchtime meal and that people were actively encouraged to drink to help them stay hydrated. People who required assistance to eat and drink received this from the staff. There were water machines around the service and fresh fruit for people and visitors to help themselves to if they wished. People could also request snacks from the kitchen if they became hungry between meal times.

The cook told us they met people when they came to live at Springdale to discuss their food likes and dislikes. They demonstrated a good knowledge of people's individual dietary needs and we saw that these were catered for. The cook also explained that they regularly obtained feedback from people on the quality of the meals and also asked for their opinion when the menus were due to be changed.

Risks to people's health in respect of nutrition and hydration had been assessed and where there was concern, actions were taken to increase the person's nutritional or fluid intake. People at risk were monitored closely to make sure that the action the provider was taking was effective. Other healthcare professionals such as GPs, dieticians or speech and language therapists were involved when necessary.

People were supported by the staff to maintain good health and regularly saw health care professionals when they needed to. One person told us, "The nurse comes in to dress my feet twice a week."



## Is the service effective?

Records indicated that healthcare professionals were contacted in a timely manner to visit the service to ensure that people's healthcare needs were met. These included GPs, dentists, chiropodists, opticians and physiotherapists.

# Is the service caring?

## Our findings

People told us that the staff were kind, caring and compassionate. One person told us, "All the staff, the carers, cleaners, the cooks all give 100%." Another person said, "I can't speak highly enough of them." A further person told us, "It feels like my own home, not an institution." A relative told us, "My [family member] is always happy here, always got a smile on her face." A further relative said, "They [the staff] do care here, always bake a cake for [people's] birthdays."

The staff were compassionate. For example, we observed a staff member comfort one person who was distressed. They crouched down beside the person's chair, held their hand and enquired what they could do to help the person. They allowed the person time to express how they were feeling and listened intently to them. The person then looked happier and more content. Another person regularly called out for assistance and the staff acknowledged them each time. They sat with them and talked to them in a quiet and caring manner, showing interest in what the person wanted to talk about.

We saw that people were often smiling and looking happy. All staff, including the kitchen and domestic staff spoke to people in a kind and respectful manner. They engaged in conversations with people, even when they were very busy. One relative confirmed our observations when they told us, "The staff will always talk to people even when they are busy. They will do anything for the residents here."

Staff we spoke with demonstrated that they knew the people they cared for well. This included their likes and dislikes and preferences such as what time they liked to get out of bed in the morning, their interests and their life history. Staff told us that this helped them develop a good rapport with people and that knowing their history, enabled them to have conversations with people that were meaningful to them.

People we spoke with said that they were always treated with dignity and respect. When they received personal care, the staff made sure that the doors to their room was closed and we saw staff knocking on people's doors and waiting to be asked to go in before entering. People also told us that their independence was encouraged by the staff. One person said, "They are helping me to build my legs up." They added that they had improved their walking since they had been at Springdale.

The staff told us they encouraged people to be involved tasks that they enjoyed to help them maintain their independence. They said that some people liked to collect dirty cups to take to the kitchen and others liked to assist with the laying of the tables for mealtimes. We saw one person assisting the staff with folding towels and flannels. They told us they liked to help out when they could.

There were a number of different areas that people could spend their time in, some of which had a television in but others were quieter areas. One person told us they enjoyed having some 'quiet time' where they could enjoy reading their book.

People and their relatives told us they were listened to. One person explained how they had found it difficult to settle in at Springdale but how the staff were supporting them with their anxieties. People also told us they were involved in making decisions about their care through regular review meetings and by attending other meetings such as the 'resident's forum' where they could express their views about their care. One relative told us, "The care plans are always discussed with the family." People and relatives also had the opportunity to complete a survey each year to give feedback on how they felt their care could be improved.

People's spiritual, cultural and diverse needs were respected. On the afternoon of the inspection, the local priest attended to give Holy Communion. This was well attended and we heard people singing hymns and observed them enjoying themselves.

# Is the service responsive?

## Our findings

People told us they were able to follow their hobbies and interests. One person said they enjoyed gardening and therefore the provider had installed some raised garden beds to enable them to plant vegetables. Another person told us, "We have card games." A further person said, "They have entertainment, like bingo, I don't like bingo though, but the old fashion song nights are very good, I enjoyed that."

There were a number of different activities that were provided to people by the staff such as bingo, quizzes, baking and flower arranging. We also saw however, that people were provided with alternative activities for them to experience, including visiting entertainers. One person told us "We have had owls here which I could stroke, they were tame and well behaved." They went on to tell us how much they had enjoyed this. Another person said, "We sometimes have a dog here, it's very friendly which we could stroke." We saw that visitors were able to bring in well behaved dogs for people to make a fuss of if they wanted to. People also had the opportunity to go out on trips such as to the Norfolk Broads and to celebrate events such as the local football team being promoted to the Premier League.

People were encouraged to go outside in the fresh air and some people were also assisted to access the community. One person told us, "I have my own garden here as I like to go outside a lot in the garden." One staff member told us how they regularly went with one person to the local pub. Another person had recently been encouraged to take up swimming again which they very much enjoyed. They said it had taken them 'back 30 years'.

The registered manager told us that before people came to live at Springdale, they were offered a chance to have a look around the service and spend some time there to help them decide if that was where they wanted to live. We saw that people's care needs were then fully assessed. The information took into account the care that people wanted

to receive, their individual preferences such as times to get up in the morning and their life history. There was information documented within people's care records about what actions staff needed to take to meet people's needs and preferences. This information was clear and regularly reviewed. The staff told us that the care records provided them with sufficient information to help them get to know people and how they liked to be cared for. The people we spoke with told us that their preferences were met and were respected.

Staff were aware of people who lived at the service who did not have many visitors and therefore, did not have many opportunities to go outside into the community. They said they made sure that they spent time with these people and assisted them on visits outside the service when they could. Some people who spent time in their rooms were encouraged to sit in communal areas if they wanted to so that they could chat to other people. This demonstrated that staff were aware of people who were at risk of social isolation and took action to reduce this risk. Relatives that we spoke with told us that they were always made to feel welcome and that Springdale was 'very visitor friendly.'

People told us they did not have any complaints but that they felt confident to raise any issues with the staff if they were unhappy about anything and that their complaints were acted on. One person said, "I couldn't complain about anything." Another person told us, "I asked for something to be changed and they listened." One relative told us, "You can talk to them [the staff] and they will listen to you", adding that they had not found anything to complain about.

The registered manager had received one verbal complaint within the last 12 months. Records showed that this had been fully investigated and that feedback had been given to the person who raised the concern. We were therefore satisfied that people's complaints would be responded to appropriately if they were raised.

# Is the service well-led?

## Our findings

All of the people we spoke with on the day of the inspection were happy living at Springdale and said they would recommend it to other people. This was echoed by the visiting relatives also. People told us that it was a happy place to live and we observed this to be the case.

The people and relatives we spoke with told us they found the managers at the service approachable and knew who they were. One person told us, "The manager is so lovely and friendly." They added that they did not fear any recriminations if they raised issues that they were concerned about. We saw an example of this where people who had made negative comments about the food had signed their name near the comment. This was so that the cook could talk to them about their concerns. The registered and deputy manager were observed to regularly walk around the service, speaking to staff, the people who lived at the service and their relatives in a professional and friendly manner. Both demonstrated that they knew the people who lived in the home well.

The registered manager had an 'open door' policy where people could go and speak to her when they wanted to. We saw that people who lived at the service and relatives went to the office on various occasions to speak to the registered manager. One relative told us, "The care home acts upon what you are saying." This demonstrated that the service had an open culture in which it welcomed feedback from people and staff to help them improve the quality of the service that was being provided.

We found that the registered manager and staff were pro-active in looking for ways to improve the quality of life of the people who lived at Springdale and to involve them in meaningful activities.

On the day of our inspection, the registered manager was meeting the local priest to discuss the opening of a new Dementia Café in the local area to see how the service could be involved with this. The registered manager told us that people who lived at Springdale had expressed interest in attending this café and that was why she had arranged to meet the priest. Her idea was for people who lived in the community who attended the café to come into the service and participate in the activities, therefore enabling them to

interact with the people who lived at Springdale. 'Dementia day' had also been celebrated recently at Springdale in an attempt to raise awareness within the local community about dementia.

The registered manager had other ideas regarding improving the service people received. This included re-designing one area into a coffee shop where people and relatives could help themselves to drinks and snacks. Staff also told us how the people who lived at the service had recently been involved in raising money for the Nepal Earthquake appeal. They did this by wearing different coloured scarves and we saw photographs of this day which showed people enjoying themselves.

The staff told us that they felt the morale at the service was good, that they were listened to by the managers and were happy working at Springdale. They said they had regular team meetings to discuss the care that was provided and where they could raise any concerns. They added that action was always taken by the managers when concerns were raised. For example, staff advised that they felt they needed clarification on how they could assist someone safely to move. They reported this to the registered manager who then requested specialist advice to make sure that their practice was safe. Staff also told us that they felt supported to gain further qualifications within the social care sector.

Some staff had been promoted within the service. They told us that this had made them feel valued. All of the staff including the managers were clear about their roles and what care they needed to provide to each individual person who lived at the service. We noted that although some of the staff at the service were newly employed, others had been working at Springdale for a number of years because they were happy working at the service and with the provider.

The quality of the care that was provided was regularly monitored. This was completed in a number of different ways including audits of areas such as cleanliness, medication, care records and the premises and from requesting feedback from the people who used the service and their relatives. We found that where shortfalls had been identified, action had been taken to improve the quality of the service provided.