

# Norse Care (Services) Limited

# Benjamin 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 ●

# Summary of findings

## Overall summary

This inspection took place on 17 and 18 May and was unannounced.

Benjamin Court is a Housing with Care scheme with 30 flats. Care and support is provided to the tenants who live in their own flats under a tenancy agreement with a housing association.

The service is required to have a registered manager in post. 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 had no concerns about their safety and staff had completed training to enable them to recognise and respond to any suspicion of abuse. Staff also understood their obligation to report any issues promptly. The service followed safe recruitment processes so that only staff, who were suitable to work in care, were employed. Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

There were enough staff to ensure people's safety and people's support needs were met, in accordance with what had been agreed in their 'care package'.

All staff who managed people's medicines had completed appropriate training. The service also had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people.

Staff received regular support and supervision and suitable training that was relevant to their role. Formal staff meetings were held and staff communicated regularly with each other and the management team.

CQC is required to monitor the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and report on what we find. The management team ensured the service operated in accordance with the MCA and DoLS procedures and staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

Where relevant to a person's 'care package', staff worked in accordance with people's care plans to ensure they had enough to eat and drink and people were supported to access other healthcare professionals as needed.

People were supported by caring staff and were involved in planning their own care. Staff were reliable and people knew the staff that supported them. People had thorough assessments completed before they started using the service and care packages were very person specific. The management team also regularly checked people's care records to ensure they were kept up to date and accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken seriously and that appropriate action would be taken. Staff had regular opportunities to discuss aspects of the service and make suggestions for improvements. People using the service also had regular tenants' meetings to express their views.

There were effective systems in place to monitor the quality of the service and these were used to develop the service further. Staff and people using the service were also involved in making decisions on how the service ran.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place. Administrative support for the service was an effective and valuable asset.

An open and inclusive culture was demonstrated in the service, with visible and positive leadership evident.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People had no concerns about their safety and staff knew how to recognise and respond to any suspicion of abuse.

There were enough staff to ensure people's safety and the service followed safe recruitment processes.

Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

Medicines were administered, stored and managed safely and appropriately. People received their medicines on time and in the manner the prescriber intended.

### Is the service effective?

Good ●

The service was effective.

Staff received regular support, supervision and suitable training that was relevant to their roles.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures. Staff demonstrated a clear understanding of the MCA, DoLS, capacity and consent.

Where relevant to a person's 'care package', staff worked in accordance with people's care plans to ensure they had enough to eat and drink.

People were supported to access other healthcare professionals if needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring staff and were involved in planning their own care.

Staff were reliable and people knew the staff well that supported them.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's care records were person centred, kept up to date and accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken seriously and that appropriate action would be taken.

### Is the service well-led?

Good ●

The service was well-led.

An open and inclusive culture was demonstrated in the service, with visible and positive leadership.

There were effective systems in place to monitor the quality of the service. Record keeping and management systems were in good order, with strong administrative support.

Staff and people using the service had regular opportunities to express their views and make suggestions for improvements.

People were happy with how the service was being run and would recommend it to others.

# Benjamin 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 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 unannounced inspection took place on 17 and 18 May 2016 and was carried out by one inspector.

Before our 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 also looked at other information we held about the service, including any statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

During our inspection, we met and spoke with six people who used the service and one person's relative. We carried out observations of how the service was operating during both days.

We also spoke with the registered manager, deputy manager, business support coordinator and four members of care staff, including a team leader.

We viewed the care records for four people who used the service and a sample of the medicines records. We tracked the care and support of three of these people. We also looked at records that related to the management of the service. These included staff recruitment files, staff training records, quality auditing systems, some health and safety records and minutes of meetings.

# Is the service safe?

## Our findings

People told us they had no concerns about their safety. One person told us, "I feel totally safe here; much safer than when I was living on my own. I've still got my independence but there are people around to check I'm alright." Another person said, "We're a proper community here and we keep an eye out for each other. The staff are all excellent and they're always there if anyone has a problem. Yes, it's a good safe place to be."

Staff had a good understanding of safeguarding and knew what constituted abuse. Staff said they would recognise signs that indicated when a person may be experiencing abuse and would report any issues of concern appropriately. The staff we spoke with told us that they had received effective training in respect of safeguarding people. Staff also confirmed that there was a whistleblowing policy in place, which they knew how to access and would follow if necessary.

Information was available for people living in the home, relatives and visitors, regarding the local safeguarding team, with details of how to contact them.

Risks to people's safety had been assessed upon moving to the service and these were reviewed regularly. Staff had clear and detailed guidance about any identified risks for people, which included specific courses of action required to promote their safety. For example, areas such as mobility, nutrition and hydration, medical conditions, pressure sores and personal care were recorded, where relevant to people's agreed care packages. Our observations showed that staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

One person using the service told us, "I think I've only used my call button once but, when I did, staff came straight away." Another person said, "I don't need as much help as some people but there's always staff around if you need them." A third person told us that the manager was, regularly on the floor, seeing to and helping people. They said, "[Manager] often helps the carers, especially if someone's off sick and they're a bit short."

We saw that staffing levels were sufficient to meet people's needs appropriately and in accordance with their individual care packages. The staff on duty demonstrated good knowledge and understanding of each person using the service, their individual needs and any issues that may compromise their personal safety.

Safe and appropriate recruitment practices were followed. The staff files we looked at and discussions with staff confirmed this. All staff were police checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained to make sure that new staff were safe to work with people who used the service.

Where people's care packages included a requirement for staff to manage and administer their medicines, this was done safely and people received their medicines as prescribed. A number of people managed their own medicines and assessments of risk had been completed and agreed with these people. A member of staff explained how they were reviewing one person's risk assessments with the person, their family and the

GP. This was to support the person to continue managing their medicines independently, in the safest way possible.

All staff who managed people's medicines had completed appropriate training. The service also had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people. We saw that effective recording systems were in place and people's records, including the medicine administration record (MAR) charts, were clear, up to date and completed appropriately. We noted that where any errors had occurred regarding people's medicines, these were identified promptly and appropriate action taken to minimise the risk of future occurrences.



# Is the service effective?

## Our findings

People who were using the service told us that their needs were met appropriately by well trained staff. One person told us, "They're all extremely competent, which is a sure sign that they've been trained well. I certainly have no doubts that they know what they're doing."

Staff confirmed that they received good support from each other as well as from senior staff and the management team. Staff received regular supervisions and annual appraisals as well as training that was effective and relevant to their roles.

For example, one person's personnel records showed that they had received a full induction on commencing work. This had included shadowing staff that were more experienced, observations and supervisions. We also saw that this member of staff had completed training in areas such as supporting mental health, safeguarding, moving and handling, first aid, safe management of medicines and food safety.

Staff were also regularly given detailed information updates, to help them maintain and enhance their knowledge and understanding of specific aspects of care. We saw that the manager compiled a lot of this information, which covered subjects such as pressure area care, equality and diversity and the Mental Capacity Act.

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 living in Housing with Care schemes are tenants in their own homes. This means that any restrictions to their liberty would need to be authorised by the Court of Protection. At the time of our inspection, everybody using the service was deemed to have capacity and nobody was subject to any applications to the Court of Protection. However, the staff and management team were still able to demonstrate a clear understanding of the MCA, restrictions to people's freedom and consent. We saw consistent evidence of people living their lives as independently as possible in their own flats and making their own choices and decisions.

People using the service confirmed that their consent was always sought before staff did anything. One person told us, "They [staff] always knock and check it's ok to come in. They [staff] don't need to do much for me, as I can do most things for myself. I might need a bit of a hand now and again but they never do anything for me without asking me first." Another person said that staff helped them put cream on their legs but, even though this was a regular occurrence, staff still always checked it was alright to do so with the person first.

Where relevant to a person's 'care package', staff worked in accordance with people's care plans to ensure

they had enough to eat and drink. Most people did not require assistance or support with regard to their nutritional needs. However, a few people did need support in this area, which was provided appropriately. Some people also required staff to deliver the meals they had pre-ordered from the independent on-site restaurant. One person we spoke with told us that they prepared light meals and snacks in their flat but enjoyed going to the restaurant with another tenant for their main meals.

If any concerns were identified regarding a person's weight or nutritional welfare, staff told us they followed these up with the most relevant person. For example, with the person themselves, the person's family, social worker or health professional.

The management team also confirmed that, whenever necessary or where it was part of a person's care package, people were supported to access other healthcare professionals as needed.

## Is the service caring?

### Our findings

Everyone we spoke with told us that the staff were very kind and caring. One person said, "They [staff] are all wonderful. They are all extremely good and there's none you can say aren't always cheerful."

We saw a copy of a letter that one person had dictated to the manager shortly before they passed away, which they wanted to be read to staff after they had gone. The person said in their letter that all the staff were wonderful and the care they gave was brilliant. They said that nothing was ever too much trouble and that staff were always caring and supportive and worked extremely hard. This person also wanted to express that they had never gone a day when they had felt lonely or not loved by all the staff. They said that none of the staff would ever know how much love they had brought into the person's life and wanted to thank them 'from the bottom of their heart'.

People using the service also told us how they were involved in decisions about their care. One person said, "I know I completed an assessment before I moved in and we agreed my care package. I don't need that much help with things at the moment but I know I can have more help if and when I need it. I am happy with the way things are; I feel as though I still have control of my life."

We reviewed two people's care plans, together with each person. Discussions with these people confirmed that they had been fully involved in planning their own care, with reviews and updates evident where necessary.

Everyone we spoke with confirmed that they were always treated with dignity and respect and told us their privacy was always upheld. We also saw that people were supported to enhance and maintain their independence.

One person told us how the staff really cared about people's welfare and acted promptly if there were any issues. For example, this person told us that they liked to shower themselves but had started to feel a bit unsteady. They said they asked for some handrails for their shower room and that these were provided and installed within three days. This had enabled the person to continue maintaining their own personal care independently.

## Is the service responsive?

### Our findings

The service provided different levels of care and support for people. We saw that each person's 'care package' was very person specific and centred on precisely what each person wanted or needed. For example, some people required only minimal levels of support, such as help with some domestic tasks or some elements of personal care. Other people had care needs that were more complex and required greater support. For example, one person was receiving full 'bed-care' and needed total support with all aspects of their personal care, including catheter care, skin care, moving and handling, nutrition, hydration and medication. Records and discussions with staff confirmed this person received all the care and support they required.

People completed thorough assessments before they started using the service, to ensure the service could meet their needs appropriately. We saw that these assessments involved the people who were considering using the service as well as their relatives or friends where required.

The management team explained that in many cases a social worker would make a referral after completing an initial assessment with a person to identify their needs. These would look at areas such as medication, personal care and cooking. The manager or deputy manager of the service would then complete a pre-admission assessment to determine the level of care required and agree a care package. The manager explained that once a person had moved to the service, reviews and assessments of their needs were ongoing. This meant that people could be assured that they would continue to receive care and support that was individually tailored to their needs.

Individual care and support plans were kept in each person's own home. Information included the initial needs assessment, risk assessments, a personal history and specific details of what assistance people required. We noted that each care plan was clearly indexed, so that staff and people using the service could easily locate any information when they required it.

The service also provided people with social support and encouragement to keep socially active, if they required. Many people followed independent lifestyles of their choice, although there were also some activities and entertainment available on site. For example, one person told us how they liked to go out on their own each Friday to meet a friend. This person said they also enjoyed going to the Tuesday bingo sessions held at the service.

Another person we spoke with told us how they preferred to stay within the service and didn't really like going out. This person said how they liked to sit outside their flat and have a chat with people or do word puzzles. They also told us how they enjoyed having regular visits from other tenants for a coffee.

A member of staff published a quarterly newsletter for the service. We saw that this person worked extremely hard, in much of their own time, compiling this as well as writing and gathering input, articles and features from people using the service. We noted that a number of tenants were actively involved in this. One particular person using the service also put a lot of time and effort into providing regular quizzes, jokes and

articles of local interest and historical facts. This person also regularly organised trips and outings for people using the service, hosted quizzes and chaired the tenants' meetings.

We saw that people using the service were provided with a complaints procedure. People told us that they knew how to make a complaint if needed and felt their concerns were listened to, taken seriously and that appropriate action was taken. We noted where any concerns had been raised, these were recorded appropriately in the office, with clear details of the actions taken to resolve them.

People we spoke with told us they had no complaints about how the service was run or any of the staff. One person said, "I honestly can't praise them [staff and management] enough; this is the best move I ever made." Another person told us, "I can't think of a thing to complain about; everything is outstanding." Two people did discuss some issues with us but these were acknowledged as not being directly related to the care service provided. However, the manager took note of the comments and said they would help as much as possible to find a resolution.

## Is the service well-led?

### Our findings

We received very positive comments from people using the service and everyone told us they would recommend the service to others, without hesitation.

One person told us, "It's an extremely well run service. The manager is always very hands on and he's always willing to have a chat or listen if I want to discuss anything." Another person using the service said, "I think we all work very well together here. All the staff are very hard working and nothing is ever too much trouble for them." A third person told us that they were very actively involved in the tenants' meetings and that minutes from these meetings were always written up afterwards and shared with everyone.

There was a registered manager in post and communications with staff were frequent and effective. Regular team meetings took place and detailed minutes were taken each time. These meetings covered all aspects of the service. For example, health and safety issues, staffing levels, staff training, areas of responsibility and the individual support requirements for people using the service.

A member of staff told us that there was good teamwork and effective communication and that Benjamin Court was a lovely service to work in. Staff and people using the service also told us that they could contribute to the planning and development of the service and make suggestions for improvements.

We noted that a member of staff working at the service had won the 'team leader of the year' at the Norse Care Awards in 2014. We also saw that the manager had nominated the entire team in August 2015 for the 'team of the year' award. This showed that staff were committed in their work and highly valued by the management of service.

We saw that record keeping and management systems were in good order, with effective auditing and follow up procedures in place. People using the service ran the tenants' meetings and people's views and feedback on the service were sought on an ongoing basis.

The management team regularly monitored the quality of the service as a whole. Appropriate responses were made to any issues or areas for improvement that were identified and remedial action was taken as quickly as possible. We saw that audits were carried out in respect of the establishment, covering health and safety aspects as well as administrative procedures, care provision and documents, medication and quality assurance.

The quality assurance feedback for 2015 from people using the service was very positive in respect of the overall management and care provision. Areas of feedback where improvements were noted as being required were mainly in respect of the independent on site catering facilities. However, we noted that the service's action plan stated that there would be on-going improvement work with the provider and the catering teams. The aim being to enhance the menu choices and the quality of food provided in the restaurant at Benjamin Court.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.