

Norse Care (Services) Limited

# Robert Kett 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

### About the service

Robert Kett Court provides Housing with care. People have their own tenancies with Broadland Housing and Norse care provides care according to people's individual needs. There is a dedicated extra care unit for people living with dementia and a separate unit for older people. At the time of the inspection, there were 36 people using the service, including 9 people living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity such as personal care. This is help with tasks related to personal hygiene and eating.

### People's experience of using this service and what we found

There were systems in place to ensure staff knew how to report any safeguarding concerns, and how to mitigate risks to people.

There were enough staff to meet people's needs, and further improvements had been identified and planned for in staffing levels. The provider continued to implement safe recruitment practices to ensure suitable staff were employed.

Staff administered medicines safely and kept detailed records of this. Staff received enough training to be competent in their roles and meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to access healthcare and followed any recommendations in people's care from healthcare professionals.

People and staff developed positive relationships and staff were kind and compassionate, ensuring people's dignity, privacy and independence were upheld.

People received care that was individualised according to their needs and preferences, and families were kept involved and consulted. People knew how to raise concerns and felt the registered manager was approachable.

There was good leadership in place and a staff team who worked well together. Quality assurance systems ensured that the service identified any shortfalls and took action to improve the service. The registered

manager and provider kept up to date with current research and new approaches to improving care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Robert Kett Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection. This is in line with our methodology for domiciliary care services.

Inspection activity started on 19 July 2019 and ended on 23 July 2019. We visited the office location on 22 July 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at any notifications we had received from the service.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a team leader, three support workers, including a night support worker and a new staff member, and the provider's dementia lead. We also observed some interactions between staff and service users in communal areas of the housing scheme.

We reviewed a range of records. This included three people's care records and associated medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service, and a relative said, "I do feel that my mother is very safe here. I have no concerns as the staff always make sure that she is not at risk. "
- Staff had a good knowledge of safeguarding and reporting concerns if needed.

Assessing risk, safety monitoring and management

- There were risk assessments in place for individuals, with regard to their care support needs and health. For example, we saw that risks associated with pressure care, manual handling and falls were covered in an individualised way in people's care plans. Risks associated with people's health care needs including risks of choking or weight gain/unplanned weight loss, were also covered in these plans.
- The provider had systems in place to ensure people were supported to stay safe in their homes, for example by ensuring they had appropriate maintained lifting equipment if they required this to move around.

Staffing and recruitment

- The provider continued to maintain safe recruitment procedures and ensured the expected checks were carried out on new staff, to ensure suitable staff were employed. This included references and Disclosure and Barring Service (DBS) checks.
- People told us there were enough staff to meet their needs, but at times they had to wait longer than others. In addition one person told us, "I do feel safe here but I don't see the carers for long." A relative told us, "[Staff] always respond quickly if [family member] presses the alarm buzzer."
- Some staff reflected that they had enough staff to keep people safe, but they wished for a bit more time to spend with people, for example, one said, "I do feel sometimes that some people I would have liked to have given more time to."
- The provider had recently taken action to improve staffing levels to ensure additional staff cover at peak times. The staff we spoke with felt this would improve the support they could provide significantly.

Using medicines safely

- Medicines and associated records were stored safely in people's own flats. People and relatives told us staff supported them safely in taking their medicines, for example, one relative said, "[Family member] gets all the medication on time and is recorded in the book."
- Staff administered medicines as prescribed and they received training in this and had their competencies tested. For some people, they administered their own medicine and this was risk assessed appropriately.
- There were detailed protocols in place for medicines used 'as required' (PRN) and we saw these were used

only when needed.

- Medicines were reviewed effectively to ensure people were not taking any medicines unnecessarily.

Preventing and controlling infection

- Staff had access to equipment they needed to maintain hygiene during personal care. They also supported people to maintain their flats, and staff received appropriate training in infection control.

Learning lessons when things go wrong

- We saw that any incidents and accidents were reviewed effectively and any action taken if needed. For example, if a person sustained a fall, staff recorded this and any ongoing actions to further mitigate risks.
- In the event of any critical incidents, there were effective discussions within the staff team about these as well as effective provider-level support.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed, with appropriate health and social care professionals involved. This helped to ensure the service was able to meet people's needs. Staff worked with external bodies and professionals to ensure people's needs and risks were managed in line with best practice. This was reflected in their care records.
- The service continued to assess people after they moved into the service, to maintain an up to date care plan.
- Where the registered manager assessed people, they made appropriate decisions about accepting people, thus ensuring staff were competent and able to meet their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled in their roles, and everyone we spoke with reflected this. One person told us, "The staff are very professional and certainly know what they are doing." A relative said, "[Family member] has been bed bound for the last four years, and in that time she has never had a skin complaint because of the care."
- Staff training included pressure care, manual handling, first aid and dementia experience.
- One new member of staff told us, "The induction was really good, when I went in I had a lot of shadow shifts, they offered me more if I needed them but I settled in well."
- Staff told us they felt training was effective, and where further training was required this was recognised. The registered manager told us, for example, they had sourced further mental health training for staff to better meet different people's needs in future.

Supporting people to eat and drink enough to maintain a balanced diet

- Where appropriate, staff supported people with their meals either in their own homes or a communal dining area on the same site. Staff had knowledge of any special dietary needs and encouraged people to drink enough.

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

- The service worked well with healthcare professionals to ensure that people received continuous, consistent and effective care. This included dementia teams, speech and language therapy and nursing teams.
- Where needed, they worked closely with other care staffing agencies to ensure consistent cover.

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

- People had access to healthcare such as dentists, nurses and GPs as well as other teams, for example for dementia and mental health. One person said, "The access to the GP is good. She comes each week and if I want to see then I just have to mention it to the carers and they will call the GP for me." We saw that recommendations were recorded and used to inform care plans. This included detailed plans for oral health.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and relatives told us staff asked for consent before delivering care. One person said, "They always ask before they do anything for you."
- There were appropriate, decision specific mental capacity assessments in place for people who lacked capacity.
- We saw records of how decisions in people's best interests had been arrived at and who they involved. Staff supported people to maintain as much freedom as possible by implementing the MCA.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, we received highly positive feedback about the caring approach of staff. One person said, "The carers are first rate and are so helpful. They also take time to talk to you and always use my first name which I like."
- A relative said, "[Staff] do try to go out of their way to help with the anxiety by sitting and chatting to [person] when [person] gets lonely." Another said, "They are all warm and friendly and always take time to talk with [family member] not to them."
- A staff member told us how a care worker supported people sometimes in their spare time to go to the local pub café., " They described, "Even if [staff member's name]'s off she'll come and take tenants from here and take them out."
- Staff respected people's human rights, equality and diversity.

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

- People told us they were supported to have as much choice and control as possible over their care. One relative of a person living with dementia told us, "The care my relative gets is first rate and I cannot fault it. They give her choices all the time, such as what she would like to wear each day."
- People and relatives, where appropriate, were involved in the care planning and decision-making process around care. One relative confirmed, "I'm fully involved in my mother's care plan and the manager is always ready to make changes if they are needed."

Respecting and promoting people's privacy, dignity and independence

- Staff described how they supported people to maintain and increase their independence, as well as taking positive risks associated with keeping their independence. One relative told us, "[Family member] is very independent and values that she does what she wants to do."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care according to their needs and preferences. One person said, "[Staff] do know how I like things done and try to make sure that is what I get."
- Staff were available to support people when they needed. One relative said, "[Family member] is able to get up and go to bed when she wants which so nice."
- One staff member said, "Whatever [people] want, they're all individuals, whatever is requested, we'll do whatever we can to do it."
- Staff said the team communicated well about people's needs to ensure they remained up to date. One staff member said, "We talk to each other and tell each other what's been happening."
- Staff supported people to create and achieve goals in addition to providing personal care. This included supporting them to follow hobbies, interests and go out into the local community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff adapted their communication appropriately to meet people's needs and ensure they understood as much as possible. Staff listened to people; one relative said, "Everybody is so approachable and willing to listen."
- Care plans contained guidance for staff on how to support people with communication.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with said that any concerns they had raised had been promptly resolved. Information was available for people and relatives about how to make a complaint.

End of life care and support

- A staff member said, "[Staff] are really good at end of life care - they excel in the care they give the tenants. We always give them the choice whether or not they want to complete the end of life care plan as not all of them do."
- We saw that end of life care plans were discussed and where appropriate, put in place for people. These plans guided staff in respect of how to support people at this time. For example, information about family, important aspects to the individual such as having a beautician visit, continence care, eye care, mouth care, pain management and any spiritual needs,

- Staff undertook training in end of life care through an accredited program.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us, "The [service] is certainly well managed which makes it work for everyone." People, relatives and staff were complimentary about the registered manager. The registered manager was available to see people and talk with them, and was approachable and easily contactable.
- There was good leadership in place and a structure which included accountability from management to team leaders to care staff, who worked effectively together as a team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility around the duty of candour and ensured they kept close contact with families. In the event of an incident, they sensitively and appropriately communicated with families.

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

- A team leader told us, "We've got an open door policy so if we've got any concerns we can go to the manager, and staff can come to us as team leader."
- Staff were highly motivated within their roles and told us about their increased responsibilities in some champion roles. These roles included champions for dignity, dementia, continence, end of life care and wellbeing.

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

- People felt involved in the running of the service. One relative described the service as, "It is an excellent partnership of the [service] and its' users."
- Tenants held regular meetings in a communal area of the site so that they could discuss the service and any improvements they would like to see. A relative told us, "[Family member] likes to be involved in the tenant's meeting which is important."
- Staff told us they felt well supported at work, and included in the running of the service.
- The service kept strong links with the local community, such as a local pub which staff encouraged people to attend activities at.

### Continuous learning and improving care

- The provider had a positive approach to supporting initiatives in improving care. One staff member said, "I think we do strive to improve on everything - our manager is very person-centred and always looking at new ways of doing things."
- The provider had lead roles such as a dementia lead, who also worked closely with a dementia lead within the service. The provider undertook quality inspections which included the implementation of dementia mapping. This placed a strong emphasis on people's experience and included observation of staff practice, as well as looking at care plans, and speaking to staff and people.
- The service was innovative in its approach to improving care for people. A new strategy for dementia included 10 areas which would be measured over three years to measure achievements. The areas included leadership, staff training, and research. The service had recently implemented pledges as part of their dementia care, which had led to several people realising their dreams through support from staff.
- The provider had also implemented a wellbeing strategy for improvements in people's quality of life. This included evidence collection around increasing community input, such as access to intergenerational programmes and other areas of people's day to day care.
- The registered manager kept up to date with current research outcomes and used them as a way of improving the service. For example, they were aware of a recent study around oral healthcare in adult social care and had made a plan to improve these areas of care plans.

### Working in partnership with others

- The service worked closely in partnership with other staff within the provider's organisation, sharing ideas and innovations.
- The service worked in partnership with other organisations within the local community to support good outcomes for people, for example, a local café which people using the service accessed regularly.