

Norfolk County Council

Grays Fair 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

Grays Fair Court consists of 24 extra care housing flats, and 20 reablement beds in a separate unit. The reablement unit usually supported people discharged from hospital, requiring further rehabilitation for approximately six weeks, before returning home. The service provides the regulated activity of personal care at the extra care housing, and regulated activity of accommodation, personal and /or nursing care for the reablement beds. At the time of our inspection there were 39 people using the service.

Not everyone who lived in the housing with care flats received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to live meaningful lives, and /or develop the skills and abilities needed to enable them to return to living independently. People worked collaboratively with staff to set personal goals, and to ensure they continued to maintain their independence.

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.

The care environment was visibly clean, with arrangements in place to maintain the cleanliness and condition of the whole service 7-days a week. Some people received support with aspects of housekeeping to keep them safe while living independently.

We received consistently positive feedback on the staff skills, quality of care and responsiveness to people's needs, including when using their call bells. The service had an active recruitment programme in place to reduce the use of agency staff and ensure consistency and familiarity within the staff team.

Staff and the management team took pride in their work and were clear that caring for people was a privilege, and valued, responsible position. Staff recognised their own accountability and were comfortable to challenge or question any concerns relating to colleagues practices.

Where incidents or accidents occurred, there was evidence of analysis being completed to determine what measures could be put in place to improve people's safety and reduce the risk of reoccurrence.

We identified some examples of notifiable incidents that should have been referred to CQC, but had not been, we have made a recommendation about this in the report. However, we could see the actual situations had been dealt with appropriately. We received timely assurances from the management team on changes to practice being implemented to prevent this happening again, and were open to our feedback to

ensure safe service provision for people.

We identified environmental risks in relation to unrestricted windows, increasing the risk of people falling from a height, with no individualised risk assessments in place. We received timely assurances from the management team that changes were being made to the environment, and risk assessments were being implemented.

We identified some aspects of medicines management that would benefit from changes to documentation, to ensure greater levels of monitoring and oversight. The management team were responsive to our feedback, and implemented timely changes to practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 May 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 31 October 2018.

Why we inspected

We inspected as part of our routine monitoring of services. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Grays Fair 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Consisted of two CQC inspectors, with an Expert by Experience completing telephone calls with people living in the housing with care flats. 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 and support 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 and support service.

The reablement unit operated like a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The reablement unit is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post, in a job sharing arrangement. They are referred to as the management team for the purposes of the report.

Notice of inspection

We gave a short period notice of the inspection to ensure permission and consent was sourced from people living in the extra care housing, for home visits to be completed by an inspector. We needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2022 and ended on 17 May 2022. We visited the services on 16 May 2022

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sourced feedback from the local authority who work with the service. We reviewed information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with the two registered managers, three care co-ordinators, and two members of care staff. We reviewed eight people's care records and eight people's medicine administration records, as well as other people's records relating to the administration of topical medicines for the care of their skin. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with eight people who use the service and one relative. We spoke with a further two people by telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding practices and procedures, received training and refresher courses, and understood their role in keeping people safe.
- People told us they felt safe and well cared for living at the service. They were familiar with staff, and comfortable talking with them if they felt they needed to share any concerns.
- We identified safeguarding referrals correctly made to the local authority, that had not been notified to CQC. The situations had been appropriately dealt with. We received assurances from the management team on changes being implemented to practice to address this issue.

We recommend the service provider reviews our guidance on notifiable incidents, to ensure CQC is notified correctly and in line with their regulatory responsibilities.

Assessing risk, safety monitoring and management

- People had individualised care plans and risk assessments. This included guidance for staff in relation to specific risks and health conditions, such as the management of choking risks.
- People had access to equipment to support their safety and independence for example when mobilising or transferring in and out of bed.
- People's care records were regularly reviewed and amended following incidents such as falls.
- Staff assessed risk collaboratively with people and external health care professionals.
- We identified environmental risks in relation to unrestricted windows, with no individualised risk assessments in place. We received timely assurances from the management team that changes were being made in response to our feedback.
- We found some of the fire safety equipment checks were not being completed at the time intervals the documents stated. We encouraged the management team to review this. The management team confirmed actions relating to a fire risk assessment had been completed.

Staffing and recruitment

- We observed there to be sufficient staff on shift to respond to people's needs. Staffing levels were adjusted according to support changes in people's needs, risks and abilities.
- The service had reduced use of agency staff through an active recruitment programme, and had a stable, established core team of staff familiar with people's needs.
- There was an induction programme in place, to support new members of staff, including buddy shifts with experienced staff members to build confidence.

Using medicines safely

- We observed staff completing medicine audits on the reablement unit. This was a detailed process, with multiple audits completed across the week to reduce the risk of errors.
- Arrangements were in place to ensure medicines were stored safely, including the monitoring of environmental temperatures.
- People were assessed and reviewed to enable independent management of their medicines. This maximised people's independence where safe to do so.
- We identified some recording anomalies, however, from reviewing the audits in place, and liaising with the management team these were addressed. However, this did identify some areas of further development to ensure sufficient auditing and checks for the extra housing service. We received assurances changes were being made to practice as an outcome of our feedback.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. The provider had reviewed the current guidance, and staff no longer wore masks when in the offices. However, this relaxation in practice was observed to result in one staff member walking onto the reablement unit not wearing a mask, and other staff to walk from main reception to the management office without wearing masks. We also observed staff to not always be wearing their masks correctly.

Visiting in care homes

- People's friends and relatives were able to visit people regularly. Visitors had access to PPE, and were encouraged to wear masks.
- Policies were in place to support safe visiting practices for the reablement unit and extra care housing services.

Learning lessons when things go wrong

- Staff told us they met regularly as a team, to discuss the needs of people, and any incidents, accidents, safeguarding concerns or complaints to learn lessons and reduce the risk of reoccurrence.
- The management team had an open door policy which staff told us made them feel comfortable and able to share any concerns or in the event of making a mistake.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 thoroughly assessed, regularly reviewed with amendments made to their care records following incidents and accidents.
- People supported with personal care tasks were encouraged to be as independent as possible. Staff used reablement goal setting, and scoring to assess improvement.
- People worked collaboratively with staff, to ensure their needs and choices were at the centre of the care provided. This practice was reflected in care records and people's feedback.
- People's care records contained links to recognised best practice, for example food and fluid consistencies and thicknesses, localised guidance for falls management.

Staff support: induction, training, skills and experience

- Staff completed induction books which enabled their supervisor to review their progression, and identify any areas of further training or development.
- Staff demonstrated implementation of their training into practice, and spoke confidently about their roles and responsibilities.
- People gave positive feedback about the skills and expertise of staff.
- The staff team consisted of new and more experienced staff members. Staff told us they were confident to challenge and discuss each other's practice, learn from each other and seek support where required.
- Staff accessed regular supervision and performance appraisals. This enabled staff performance to be well monitored, and offered staff personal and professional development opportunities.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were referred to dieticians and speech and language therapists where risks relating to eating and drinking were identified. Guidance was implemented into staff practice.
- We observed people having meals. People were supported to make their own breakfast, and /or hot drinks in the morning, particularly where this was a reablement goal.
- People had the choice of eating in the communal dining room, or in their own rooms. We observed kind and encouraging interactions between staff and people. Staff ensured people had access to condiments and regular drinks.
- People gave positive feedback about the quality and choice of food. Staff felt people had benefited from returning to social eating following lockdowns and the COVID-19 pandemic where people had needed to eat alone.

- Some people's fluid intake was being monitored. These documents were well filled out, but would benefit from target levels, to ensure staff knew if people had consumed enough in a 24-hour period. We received assurances that a new form was being developed as a result of our inspection feedback.

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

- Staff told us they had good working relationships with the two local GP practices people accessed. They recognised the importance of partnership working to achieve good outcomes for people.
- Staff worked closely with health and social care professionals to facilitate admission and discharges from the service, back to their own homes, or alternative placements.
- Staff gave examples of joint working with health care professionals to support people's independence with aspects of their care such as medicines and diabetes management.

Adapting service, design, decoration to meet people's needs

- There was signposting in place to support people to orientate themselves within the care environment.
- People chose to add additional details such as their names, or welcome signs in the extra care unit, to their door and outside the flats.
- People had access to the stairs and lifts, depending on their abilities to move around the service. People had accessible bathrooms, with space to use equipment where needed.

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity, ability to consent to care treatment, as well as to maintain a tenancy were assessed and under regular review.
- The service was clear they were not able to meet people's needs if requiring a DoLS, as the service was designed to encourage people to regularly and freely access the community. However, they had contingency arrangements in place, if a person's risk presentation changed.
- Where people's relatives or friends held power of attorney, this was reflected in care records, with copies on file.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff took pride in their work, and recognised the importance of treating each person as an individual, recognising people's individual abilities and strengths.
- People set goals and worked collaboratively with staff and other healthcare professionals, to meet their full potential.
- People's equality, diversity and human rights were valued by staff. This was supported by the providers' values, set out in their statement of purpose which stated, "We have a commitment and passion to make improvements in the real-life experiences of people in Norfolk."

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

- Regular meetings were held with people and relatives to source regular feedback on the running of the service. There were also tenancy meetings with the landlord if anyone needed to raise concerns relating to their property.
- The service shared the results of their most recent survey completed in April 2022 for those living in the extra housing service. People's feedback reflected positive personal outcomes from living at Grays Fair Court. Feedback stated that 91% of respondents stated, "I am involved in all decisions made around my care and support needs."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to knock before entering people's flats or bedrooms. People were supported to maintain privacy and dignity, for example closing their curtains when changing, keeping people covered with a towel while completing personal care.
- People's personal values, beliefs and lifestyle choices were respected and reflected in their care records.
- The emphasis of the whole service was to ensure people lived as independently as possible, were confident to regain skills, and to try new things with the safety net of staff being available when needed.
- People gave examples of how proud they were to have regained their independence for example in their own medicine management, getting washed and dressed and making their own breakfast.
- The service shared the results of their most recent survey completed in April 2022 for those living in the extra housing service. People's feedback reflected positive personal outcomes from living at Grays Fair Court. Feedback stated that 100% of respondents felt, "I am treated with dignity and respect by NFS staff,"

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care was personalised, and people's individual wishes and preferences were recognised in their care records.
- People told us they had choice and control of their daily lives. People were encouraged to make their own decisions, with staff support available when needed. People gave feedback to influence the way the service ran, including the activity programme and menus.
- People were supported to take informed risks and live an independent life, whilst recognising that things do not always go to plan. People told us this was realistic to how they wished to live their lives, and supported them to be independent, and have freedom of choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were reflected throughout their care records, and staff were familiar with any specific techniques or approaches they needed to take to ensure information as effectively communicated.
- Information was available in different formats, to ensure it was accessible for everyone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the choice whether to socialise with others, or spend time in their own flats or rooms. People spent time with relatives and friends, as well as going out into the local community.
- Staff gave examples of socially distanced activities they had completed in lockdown, during the COVID-19 pandemic to prevent social isolation.
- People from the reablement unit and extra housing service mixed, for example at meal times, and in the completion of joint activities.
- People were encouraged to maintain hobbies and interests. For example people did gardening in their own areas of outdoor space, people maintained hobbies such as knitting they enjoyed, and had access to jigsaw puzzles and a library of books.

Improving care quality in response to complaints or concerns

- Information on how to make a complaint or raise concerns, was on posters throughout the service, including in the lift to make it visible for people and relatives.
- People told us they felt able to raise any concerns if required, and would speak with the staff or management team.
- People received a customer information pack when they moved into the extra care housing service, this included information on how to make a complaint, or raise any concerns.
- The service shared the results of their most recent survey completed in April 2022 for those living in the extra housing service. People's feedback reflected positive personal outcomes from living at Grays Fair Court. Feedback stated that 87% of respondents, "Had been given information on how to report any concerns or complaints about the service."

End of life care and support

- People's care records contained detailed information about their end of life care wishes and preferences.
- We found some very personalised examples of end of life care planning, which demonstrated involvement with people, their families and staff.
- Staff worked closely with the GP and healthcare professionals to ensure arrangements including medicines management was in place to ensure people received dignified and comfortable end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team drew on their own examples of working in the care sector to support staff to confidently work with people to provide personalised care.
- Staff told us the management team had an open-door policy, and encouraged feedback from staff to drive improvement at the service.
- The management team fostered an open and inclusive environment, sourcing feedback and suggestions from people, their relatives and staff.
- Staff told us they felt well supported, with access to management coverage 24-hours a day, seven days a week. They told us this made them feel valued, as they were not expected to make key decisions alone.
- Staff told us about development opportunities and new job roles they had been encouraged to train and apply for. They felt their strengths were recognised and nurtured.

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 management team were clear of their responsibilities under the duty of candour. This was reinforced in our review of documentation such as incidents and accidents, where apologies and information was shared with people and their relatives.

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

- We provided some additional guidance and support to the management team to ensure they were clear on what sorts of safeguarding incidents and accidents were notifiable to CQC, to further develop their regulatory responsibilities.
- Regular staff reviews through appraisals, practice audits and supervision sessions, as well as observed competency checks were in place to monitor staff performance, and address any shortfalls in timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Staff were encouraged to access training and development opportunities, as well as using reflective practice as a means of personal and professional learning and development.
- The staff team worked closely together, told us they had supported each other through challenging times such as during the COVID-19 pandemic. Overall, from feedback and our observations, staff worked well as a

team, and morale was good.

- Staff attended regular team meetings, and had the opportunity to contribute to the meeting agenda ahead of the meetings.
- People and their relatives were regularly asked for informal and formalised feedback. For example, staff checked people had enjoyed their meals, and surveys were sent out at regular intervals by the management team.