

Norse Care (Services) Limited

Dell Rose Court

Inspection report

Northfields
Norwich
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Date of inspection visit:
15 January 2020

Date of publication:
19 February 2020

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

Dell Rose Court is an extra-care housing scheme that provides personal care and support to people living in their own flats. Not everyone who used the service received 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. At the time of our visit, 27 people were receiving support with their personal care needs.

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

Since our last inspection, improvements had been made to the administration of people's medicines. Systems were more robust and identified errors quickly, so they could be investigated and rectified. People had received their medicines when they needed them.

The provider and registered manager had robust systems in place to protect people from the risk of abuse and avoidable harm. Risks to people's safety had been assessed and managed well. There were enough staff to provide people with the care they required. Contingency plans were in place to cover last minute staff absence and these were utilised when needed. When things had gone wrong, the provider, registered manager and staff learnt from this to improve the quality of care people received.

People had been fully involved in the development of their care and support and the care they received met their needs. Staff had received enough training and supervision to ensure people received good quality care. Where required, people received support to eat and drink enough to help maintain their health. Staff also supported people with their healthcare needs and ensured they had access to the appropriate professionals if needed.

People's consent had been obtained in line with the relevant legislation. Staff had a good knowledge of how to support people if they were not able to consent to the care themselves. 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.

Staff were kind, caring and compassionate. They treated people with dignity and respect and valued their relationship with people. People felt listened to and able to express their views and opinions without fear. Staff encouraged people to be as independent as possible and supported them to participate in their hobbies and interests to enhance their wellbeing.

The provider and manager had instilled a person-centred culture within the service. People were respected and treated as individuals. Their opinions were valued and acted upon. Good leadership was in place. The staff were happy working at the service. The provider and registered manager demonstrated a drive to continually improve the quality of care people received. Good governance processes were in place to assist with this. Strong links with the community had been established and utilised to enhance people's wellbeing.

and feelings of inclusion.

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

Rating at last inspection

The last rating for this service was Good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Dell Rose 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 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.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We also spoke with a healthcare professional, one visitor and seven members of staff including the

regional director who represented the provider, the registered manager and five care staff.

We viewed a range of records. This included three people's care and medication records, two staff files in relation to their supervision and training and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received written feedback from a social professional and three further people using the service. We also viewed data from a recent quality assurance survey.

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.

Using medicines safely

- At the last inspection, we found the systems in place to monitor the safe administration of people's creams was not effective. At this inspection improvements had been made.
- The registered manager had implemented new systems and processes to monitor that people received their medicines correctly. Staff checked records daily to ensure they had been completed accurately. This helped to identify any errors quickly, so they could be investigated and rectified.
- There was clear information in place to guide staff on how to provide people with their medicines safely. For topical medicines such as creams, body maps were in place to show staff where they needed to apply these.
- The medicine records we checked indicated people had received their medicines when they needed them. People we spoke with confirmed this with one person who required medicines to be given at a specific time to aide their wellbeing saying, "They are usually on time, sometimes a few minutes late but that is not a problem. I always get my medicines."
- Staff had received training and supervision to ensure they knew how to give people their medicines safely.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe using the service. One person said, "Oh yes, I always feel safe. If I didn't I would speak to the staff or pull my bell cord." A relative told us, "Yes. The only time my [family member] gets anxious is at night and the staff are very good at giving reassurance."
- Staff demonstrated they understood how to safeguard people from the risk of abuse. The registered manager had reported and dealt with any safeguarding concerns appropriately.
- People had access to information regarding safeguarding to help them identify and report any concerns themselves, if they wished to do so.
- Risks to people's safety had been assessed and managed well. The staff we spoke with had a good knowledge of how to support people to manage risks. For example, one staff member told us how they were monitoring a person's food intake as they were at risk of not eating enough.

Staffing and recruitment

- People's gave us mixed views about staffing levels. One person said, "I cannot walk so, I was told to ring my bell if I needed anything or the toilet. The staff generally come pretty quickly." However other people said they felt the service was sometimes short of staff, although they told us this did not adversely impact on them.
- All the staff we spoke with told us there were enough of them to provide people with safe care that met

their needs. They added that occasionally due to last minute staff absence, they worked with less staff than was required. This meant they could not spend as much time with people as they would like. The registered manager confirmed they tried to cover last minute staff absence with either existing staff or agency staff. They said they monitored staff response times to ensure people received assistance within a reasonable timeframe.

- New staff told us they had been subject to several checks before they started working for the service. These included references from previous employers, a Disclosure and Barring Service check to ensure they were not barred from working within care and an identification check. The registered manager confirmed these processes were in place to ensure staff were of good character before they were employed.

Preventing and controlling infection

- People told us staff took precautions to reduce the risk of the spread of infection. One person said, "The staff always wash their hands, wear gloves and put aprons on when they're preparing food for me."

- Staff confirmed they had received training in infection control and demonstrated a good knowledge on how to reduce the risk of spreading infection.

Learning lessons when things go wrong

- Staff understood the importance of reporting accidents and incidents to the management team when they had occurred.

- The registered manager had investigated any accidents and incidents and acted to try to prevent them from re-occurring. For example, they had identified from their analysis of incidents, that one person was falling early in the morning. They discovered this was because the time the person woke up had changed. Therefore, they arranged for staff to support the person with personal care at this new time, which had reduced the number of falls they had experienced.

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 had been holistically assessed and included their physical, mental health, social and spiritual needs. People's protected characteristics were also included where appropriate.
- Care was being delivered in line with the relevant standards and legislation. People's needs had been regularly reviewed to ensure staff provided them with the care they required.
- Technology was used to enhance the delivery of safe and effective care. For example, the provider had recently invested in a new call bell system to help them monitor staff response times to people's requests for assistance.

Staff support: induction, training, skills and experience

- People told us they felt staff were well-trained and had the skills and knowledge to provide them with effective care. One person said, "The staff are well trained and very competent." A relative told us, "The staff are excellent. Well trained, very good."
- Staff said they had received enough training and support to provide people with effective care. Staff were able to complete training that related to people's specific needs for example, in Parkinson's disease or stroke.
- New staff told us their induction training was thorough and that they were completing the Care Certificate. This is a qualification that is recognised within the health and social care sector.
- Records showed staff had received appropriate training and that the provider had ensured they were competent before allowing them to work independently with people.

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

- People told us they received the support they needed to eat and drink enough to meet their needs. One person said, "Yes, the staff do my breakfast and tea okay." A relative said, "The staff know what he likes to eat, and the 'care' routine works well on the whole."
- Staff demonstrated a good understanding of how to support people with their eating and drinking needs. One staff member explained how they would monitor what people drank if they had any concerns.
- Records showed staff had involved the relevant professionals where there had been concerns about people's eating and drinking. Any risks associated with these areas had been managed well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us if they required assistance with their healthcare, that this was received. One person said, "I sometimes ring for the doctor or the staff ring. The dentist and optician come in as well as the chiroprapist."

A relative told us the staff had supported their family member to stabilise a health condition, which had resulted in them not requiring further invasive medical input. They said, "After moving to Dell Rose Court, [family member's] health improved. This was due to the staff supporting [family member] to eat properly and closely monitoring their blood sugar levels."

- The healthcare professional we spoke with told us staff were vigilant to people's health needs and worked well with them to help support people with their health. The registered manager said staff had worked closely with an occupational therapist to obtain a specialist bed for a person who became distressed whilst receiving personal care. The registered manager said the new bed had limited the amount of 'hands on' care the person needed, which had helped the person remain calm and accept help from staff when required.
- All staff told us they worked well as a team to ensure people received the care they needed. For example, one staff member said staff were always ensuring others were okay and offering to provide assistance where needed.
- Records showed that people's health needs had been assessed and staff supported people to access these services as required.

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 told us their consent was always sought before staff provided them with care. One person said, "I am always asked. The staff ask me if I'm going to do anything. You are never forced here."
- Staff had a good understanding of the MCA and its principles. They demonstrated they supported people to make decisions where this was needed.
- Some people had signed their care record to show they consented to its content. Where people lacked capacity and so could not do this, relatives had been consulted. This was to ensure the care provided represented the person's wishes and was in their best interests.

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

- Everyone we spoke with told us staff were kind, compassionate, polite and friendly. One person said, "The staff are kind and caring people. You can have a laugh with them and they're easy to chat to while they're helping me to get going in the morning or when they get me my breakfast and so on." A relative said, "Sometimes the staff change but whether they are the older staff or the newer staff, they are all excellent."
- People said they were treated with respect. One person said, "Staff show respect at all times. All the staff I've encountered have been excellent." A relative told us, "[Family member] has always been shown respect."
- People's life history had been captured where they were happy to discuss this. Staff demonstrated they understood this information and told us it helped them get to know people well. Staff demonstrated they knew people's likes, dislikes and routines.
- The registered manager told us about the staff's caring approach to people. They said one staff member had bought every female using the service flowers on Mother's Day. Other staff had knitted hand warmers and blankets for people. A relative said staff would go shopping for their family member in their own time, to ensure they were comfortable when they were on holiday.

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

- People told us they were offered choice and could freely express their views. They also said they were listened to. One person said, "Oh staff listen to me, very much so. They are there for you." Relatives agreed with this. One told us, "Staff listen to us. They are very understanding. Yes, we can easily speak to the staff."
- The staff told us they always offered people choice. They said they discussed people's care with them or their relatives, to ensure it was being delivered in line with people's needs.
- People were able to express their views in a variety of ways. This included at formal reviews of their care, regular 'tenants' meetings or writing their feedback in a 'suggestion' book.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were respected and their independence encouraged. One person said, "The staff are great here. I have my own private space. I do as much or as little as I can." Another person told us, "They help me to be as independent as possible for as long as possible. I like to keep everywhere clean, but the staff will come in and do the floor."
- Staff worked closely with other organisations to support people's independence. For example, staff had helped one person access a service to support them with the management of their finances. The registered manager told us this had led to the person being much more independent and regularly accessing the

community. This they said, had vastly improved the person's wellbeing.

- Staff understood how to promote people's privacy and dignity. One staff member told us how they always ensured doors and curtains were closed when providing personal care.

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 told us the care provided met their individual needs. One person said, "I have one carer who gets me up then helps me shower and get dressed." A relative said, "They meet [family member's] needs. The staff help them to get up, give personal care, prepare breakfast and organise drinks."
- In the main, people said their preferences regarding how they wanted to be supported were met. One person said, "I'm happy with the carer coming at 6am or 6:30am. I get help to get up, wash, dress and they do my breakfast and make me a cup of tea." However, two people said sometimes only male agency carers were available to provide them with personal care which they were uncomfortable with. One person told us, "The staff know I don't want a male stranger to get me to the toilet or to help me get undressed. I'm fine with the men who are employed here as I know them, but I don't like strange men."
- The registered manager told us they were aware of these concerns and said they were confident this would only happen in exceptional circumstances. For example, if a female carer was busy supporting another person. They added that people were always offered a choice to accept the care or not. They agreed however, to review this due to the feedback we had received. Shortly after our inspection visit, they confirmed they had taken further steps to reduce the risk of this happening as much as possible.
- People and their relatives if needed, had been involved in discussions about the care and support they/their family member required from the service. This had led to the development of a care record which provided staff with comprehensive guidance on how to support people in the way they wished. The care records we saw had been regularly reviewed to reflect people's current needs.

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

- The service encouraged relatives and friends to visit people to help reduce social isolation. Relatives told us they always felt welcomed and supported. We read a compliment that had recently been received from a relative in which they had stated, 'So many of you have shown not only [family member] but also myself and my sister such kindness, understanding and compassion. You have always had time to listen, support and give a hug and advice. The care and friendship shown to us all has meant everything.'
- The registered manager described how they had helped one person get back in touch with their estranged family. They said this had been very important to the person.
- People were supported by the staff to follow their hobbies and interests to aid their wellbeing. One relative told us how staff had arranged for animals to visit a person who had an interest in them. They added this and the other support staff had showed had helped 'bring the person out of themselves.' Another relative said their family member was encouraged to continue baking which was important to them. The registered manager said some people had taken part in a charitable event, filling shoeboxes full of items for

the local church who was sending them to people in other countries.

- Staff used technology to help people reminisce. The registered manager told us staff for example, used the internet to show people where they used to live and places that were special to them.
- The provider had engaged a volunteer to work with some people to compile music that was important to them and stimulated happy memories. The music was digitally stored so people and staff could access this at any time for example, to help people calm if they became distressed.

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.

- People's individual communication needs had been assessed and were being met. Staff demonstrated how they adapted their approach to help people's communication. For example, speaking clearly or using body language.
- The registered manager told us information was available to people in different formats such as large print or Braille if this was required.

Improving care quality in response to complaints or concerns

- People told us they did not have any complaints about the quality of care they received. They all said they knew how to complain and felt confident to do so if needed. One person said, "I have never had a problem, no. If there was a problem though, I would speak to the manager."
- The registered manager had a system in place to record and investigate complaints when they occurred.

End of life care and support

- People were able to express their wishes regarding end of life care and staff respected these.
- Staff told us they worked with a variety of professionals at this time to ensure people had a pain free and comfortable death.
- Some staff had completed a qualification in end of life care. The registered manager told us they planned for other staff working in the service to also complete this qualification. This would enable staff to enhance their knowledge further within this area.

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; 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

- Everyone we spoke with told us they were very happy with the standard of care and support they received. Everyone said they would recommend the service and felt it was managed well. One person said, "I'm very happy and have no regrets in coming here. I would definitely recommend it." Another person said, "I think everything is run well. I have no fault to find. The staff are nice people and very good. I would recommend it." A relative told us, "It (the service) appears to be (managed well) as far as I can tell. The place feels like it's in control. We have no concerns. We would definitely recommend it. It's been a lifeline for [family member] and our family."
- People and relatives told us there was an open culture at the service. They said they were treated fairly and respected as individuals. They found the management and staff approachable.
- Staff were happy working for the service and told us their morale was good. They gave us mixed views regarding the approachability of the management team. Some said they felt comfortable voicing concerns, but others did not. We fed this back to the registered manager. After the inspection visit, they told us they would obtain feedback from all staff anonymously and attempt to make improvements in this area.
- The provider and registered manager understood the duty of candour. They were open and honest with people when things had gone wrong and included them in any investigations when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Good governance systems were in place to monitor and improve the quality of care people received. These included regular audits that were conducted by the registered manager and provider.
- The provider and registered manager demonstrated a drive to continually improve the quality of care people received. Improvements had been made to medicines management since our last inspection. Other changes included forging strong relationships with community organisations, installing a new call bell system and enhancing staff knowledge in end of life care.
- The registered manager kept up to date with good practice by accessing information such as the CQC bulletin, reviewing serious case reviews and subscribing to trade journals.
- The provider and registered manager understood their regulatory responsibilities. The staff we spoke with were clear about their roles and what was expected of them.

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

characteristics; Working in partnership with others

- People were involved in the running of the service. Their opinion was sought regularly regarding the quality of care provided for example, at regular meetings. People were also involved in the recruitment of new staff. During this process, they spent time with the potential new staff member and fed back thoughts about their suitability to the registered manager.
- Strong links with the local community and outside organisations had been established for the benefit of people using the service. This included working with charitable organisations on an intergenerational project where local school children regularly visited the service. The provider had engaged with an external volunteer to enhance staff knowledge on how to help people use music in reminiscence.
- The professionals we received feedback from told us they had good relationships with the service. Systems were in place to share information with professionals when necessary, to help people receive the care and support they required.