

# Norse Care (Services) Limited

## Linden Court

### Inspection report

Church Walk, Watton, Norfolk, IP25 6ET  
Tel: 01953 881753

Date of inspection visit: 10 November 2014  
Date of publication: 12/01/2015

### 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

We inspected Linden Court on 10 November 2014. This was an unannounced inspection. Linden Court provides accommodation and support for up to 40 older people.

There was 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 and associated Regulations about how the service is run.

We received many positive comments about the home from people who lived there, their relatives and visiting health care professionals. People told us that staff treated them in a way that they liked and there were enough staff around to meet their needs. They stated that they

received good quality responsive care which had maintained their health and well-being. Medicines were stored correctly and records showed that people had received them as prescribed.

Family members told us staff were good at keeping them informed of events that affected their relative and involved them in important decisions. Five of the six health and social care professionals we spoke with told us they would recommend it as a place to live for their family member, and spoke highly of the staff and manager.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005

# Summary of findings

Deprivation of Liberty Safeguards, and to report on what we find. We found that staff had a good understanding of this legislation and how to use it effectively to protect people who could not make decisions for themselves.

Staff had the necessary skills and knowledge to care for people safely and competently. They received good supervision, training and appraisal of their working practices to ensure that people received quality care.

Leadership in the home was strong and created an open, positive and inclusive environment both for people living there, and staff working there. However, the type and frequency of activities available needed to be reviewed to better meet people's individual likes and hobbies, and information about raising complaints needed to be made more widely available to people.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People lived in a safe environment where risks to their welfare were identified and reduced, and any incidents or accidents they experienced were thoroughly investigated.

There were enough staff on duty to meet people's needs and recruitment procedures were robust to ensure that only suitable staff were employed to work in the home. People received their medication as prescribed by their GP.

Good



### Is the service effective?

The service was effective. Staff had a good understanding of people's needs and received relevant training and support to ensure they delivered good quality care to people.

People's mental capacity was assessed and appropriate action was taken to protect people who could not make decisions for themselves.

People were supported to maintain their health and had support from a range of healthcare services.

Good



### Is the service caring?

The service was caring. Staff consistently showed genuine warmth, respect and care towards the people they supported, and people's views were sought both in relation to their care, and also how the home was run.

People's representatives were actively involved in the delivery of their care and support where appropriate.

Good



### Is the service responsive?

The service was responsive. People actively contributed to the planning of their care, and their needs were regularly assessed and reviewed to ensure these could be met by staff.

The manager responded to people's concerns and complaints effectively.

Requires Improvement



### Is the service well-led?

The service was well-led. There was effective management in place which ensured people received good quality care and that staff were well trained and supported in their role.

People's views about the service they received were actively sought, and the manager had a number of ways to ensure the service was regularly monitored to ensure its quality for people.

Good



# Linden 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 checked whether the provider was 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.

The inspection took place on 10 November 2014 and was undertaken by one inspector.

Before our inspection we looked at all the information we had available about the home. This included information from notifications received by us and the findings from our last inspection. Notifications are changes, events or incidents that providers must legally inform us about. We used this information to plan what areas we were going to focus on during the inspection. The provider also sent us a provider information return (PIR) with information about

what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

During our inspection we observed how the staff interacted with people who used the service and how people were supported during their lunch. We spoke with six people who used the service and four visiting family members. We also spoke with the registered manager, the deputy manager, three members of care staff and a visiting pharmacist.

We also reviewed people's care records, staff training and recruitment records, and records relating to the management of the service such as audits and policies. Following our inspection we contacted a number health and social care professionals who knew the home well including social workers, a GP, a district nurse and a chiropodist to obtain their views about the service provided. We also conducted telephone interviews with a further four relatives.

# Is the service safe?

## Our findings

People we spoke with who lived at the home said that they felt secure there and did not have any concerns about maltreatment from staff, or other residents. The provider carried out an annual survey of people's views about the quality of its service. 97% of 10 respondents stated they felt secure and supported in the home. The relatives we spoke to also said that they were not concerned about their family member's safety at the home. There was good information about how to report any concerns people might have on notice boards around the home and bedrooms, making it easily access to people.

Staff told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and knew about the provider's reporting procedures. However, they were less certain about the external agencies involved in protecting people if they wished to report an incident out with the service. The manager was proactive in reporting concerns and told us of a recent incident she had reported in relation to the practice of a visiting health care professional. A local safeguarding lead told us that the home's manager was good at reporting potential safeguarding issues, and always took swift and robust actions if needed.

In a survey completed by 25 staff, 96% stated they were aware of the home's whistle blowing policy, and staff we spoke with told us they would feel confident about raising concerns in relation to their colleagues' practices if necessary, so that people could be protected.

We found that any potential risks to people had been assessed by staff and we viewed completed risk assessments in relation to medication administration, malnutrition, moving and handling, and evacuation during a fire. In addition to this, each person had a personal risk assessment that was used to identify specific risks to them. These risks had been reviewed regularly to ensure they gave an up to date picture of people's needs and so they could be protected from unnecessary harm. Staff we spoke with were aware of potential risks to people, and the measures to use to reduce them.

Where accidents or incidents had occurred we saw that they had been recorded in detail by staff and then reviewed by one of the management team who assessed if any investigation was required and who needed to be notified. Incident reports were also sent to the provider's head office for further analysis to ensure that themes could be identified and action taken as necessary. The manager had been rigorous in notifying us of incidents that have affected the well-being of people at the home.

We received mixed responses from people, about staffing levels in the home. Some people we spoke with told us that staff were always rushed off their feet. However they also told us that they personally had never had to wait an unreasonably long time for help, or that their needs had been neglected as a result. The manager told us she regularly reviewed staffing levels, which included checking the time it took staff to answer people's call bells. As a result of a recent organisational review, the timing and length of staff's shifts had been changed and additional staff provided to better meet the needs of people at busy times in the day. Staff reported that they welcomed these changes which ensured that people's needs could be met in a more timely way.

We spoke with one new member of staff who told us that their recruitment to the home had been thorough, and that they had received an induction to their role. Appropriate references and police checks had been obtained by the provider prior to them commencing employment to ensure that they were suitable to work with people.

People told us they received their medication when they needed and staff had never forgotten to give them it. We observed people being given their medication at breakfast time and noted this was done safely and correctly by staff. During our inspection, a pharmacist was at the home checking the medication procedures. She told us she knew the home well and had completed medication audits many times both as a pharmacist for Boots the Chemist, and also on behalf of the local Clinical Commissioning Group. She reported that medication was managed well by staff, and there were robust procedures in place to ensure that people got their medication as prescribed. She reported that

## Is the service safe?

she had only picked up two very minor issues during her audit that day: that hand written additions to the printed medication records had not been signed and checked by a second person to ensure their accuracy; and on some days the fridge temperature had not been recorded to ensure it was at the correct level. The pharmacist commented, “Staff are really on the ball with people’s meds, and the team leader checks them every day”.

Staff told us they had recently received a full day’s training in medication administration and had had their practice observed and assessed as part of this.

People were cared for in a safe, well maintained and clean environment. We checked eight bedrooms, two

bathrooms and three toilets. Levels of cleanliness in all were good. Surfaces, windows, furniture, skirting boards and flooring were visibly clean and dust free. Liquid soap and paper hand towels were available in bathrooms and toilets to reduce the risk of infection. The home’s kitchen had achieved four stars from the food standards agency meaning that food that people ate at the home was stored, prepared and cooked in a very clean, hygienic and safe environment.

We checked records in relation to fire safety, gas, and lifting equipment and asbestos which showed that equipment had been regularly serviced and maintained to ensure their safety for people.

# Is the service effective?

## Our findings

People told us, and records showed, that they had been supported to maintain good health, had access to appropriate healthcare support and that their health had been monitored. Health and social care professionals who knew the home well told us they had built up good relations with staff, and that staff regularly and appropriately sought their professional advice if needed. A GP told us he received appropriate referrals from staff and that staff were good at recognising the signs that people's health was deteriorating. Staff worked proactively to reduce the number of falls people experienced and we noted detailed records and follow up checks had been undertaken for one person who had fallen frequently, prior to our inspection.

Staff reported that they received good training and support from managers which equipped them for their role. One staff member told us she had particularly appreciated training she received from the home's dementia coach. She reported it had really helped her think about how she communicated with people with dementia and the body language she used. The home's training tracker was up to date and showed that staff had completed all training relevant for their role.

Each year staff received two 'one to one' sessions with their manager, two direct observations of their everyday working practices and two appraisals. This ensured that their practice was regularly assessed and monitored. We viewed a number of staff performance logs that showed that any poor practice by staff had been dealt with quickly and effectively by their managers.

Staff we spoke with had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards

(DoLS) and described to us how they supported people to make decisions. People's care records showed that their mental capacity had been fully assessed by staff, to ensure that people who could not make decisions for themselves were protected.

People were protected from the risk of inadequate nutrition and hydration. People's weight and any risk regarding their nutrition was monitored and reviewed monthly by staff. We checked the weight records for six people, all of which showed they had been supported to maintain a stable weight. People told us they enjoyed the food served at the home and they had a good choice of what to eat. For example, people had the choice of a cooked breakfast every morning. One person told us, "I always have porridge everyday as that's what I like but you only need to ask for something different and you'll get it". Snack trays were available around the home so that people could help themselves. We observed lunch being served to people and saw that people were offered genuine choice in what they ate and drank and staff sensitively supported those that needed help to eat their food.

We noted many aspects of the home's environment that were responsive to the needs of people. For example, there was good access for those with physical and mobility problems including wheelchair users. There was easy access to a well maintained and attractive courtyard area which people told us they enjoyed walking round. However, some aspects of home's environment were confusing with poor signage and orientation aids to help people find their way about. There were no signs to indicate where people's bedrooms were, or where key areas such as the main lounge, dining room or manager's office were.

# Is the service caring?

## Our findings

People living in the home told us that staff were exceptionally caring and respectful of their needs. One person reported, “Staff have no end of patience, I really couldn’t do their job”. Another commented, “We recently went on a boat trip and it rained the entire day. Staff didn’t complain or moan once and we still managed to have a fantastic time”.

We also received very many positive comments from relatives and visiting professionals about the caring and considerate nature of the staff who worked there. One relative reported, “They make mum feel good and make a real fuss of her. They were so caring when she had a fall”. Another said, “There’s real warmth to the home and the staff are really first class”. A visiting GP told us, “The building is a bit old and scruffy but the staff know patients so well and really, genuinely care. There are other homes with nicer buildings but not such as good care. I would be happy to have my mother live there”.

The quality of interaction we observed between people and staff throughout our visit was of a consistently high

standard, with staff showing warmth, respect and understanding of people. Staff worked hard to actively engage people in conversation and showed genuine delight in their achievements and humour. The atmosphere in the home’s main communal areas was busy, but people were relaxed and happy with lots going on for them to watch and enjoy.

Care plans we reviewed showed that people had been actively involved in planning their care and that these were then kept in their bedrooms, so that people had easy access to information written about them. One person told us they always read what staff had written about them to ensure it was accurate.

People told us their friends and families could visit whenever they wanted and relatives we spoke with told us they were always made to feel welcome by staff. Two relatives told us that staff had become like friends to them.

In the plans we reviewed, we saw that people had been given the opportunity to discuss their preferences about end of life issues and have these recorded to ensure their wishes were known and respected by staff.



# Is the service responsive?

## Our findings

People living at the home and their relatives told us that the home's activities co-ordinator had left and since her departure the level and frequency of events and activities had reduced significantly as a result. Trips to places of interest had been organised for people but these were infrequent. There had been a boat trip on the Norfolk Broads in the summer, and a trip to Thursford was planned for December 2014. There was also a weekly bingo and sing along session for people to enjoy. However it was not clear how activities had been tailored to meet people's specific hobbies and interests and one of the few male residents told us, "I wish there were more manly activities in the home". A relative told us, "I just wish there were more activities that mum liked, she is not the biggest fan of bingo".

People we spoke with were confident that their complaints would be listened to, taken seriously and acted upon. One relative reported, "I wouldn't feel at all intimidated to complain. I know the manager would respond well." A visiting social worker told us, "In my experience staff have never had a defensive or difficult attitude when I've raised issues. However, although people had been given information about the home's complaints procedure on admission, this did not give details of the stages and timescales for the process, or give external agencies that complaints could be reported to. There was also very little information actually on display around the home advising people how they could raise their concerns and not everyone we spoke with was aware of the procedure or how they could raise their concerns formally.

A record of complaints and compliments was kept by the manager and we viewed details of three recent complaints that had been received. We noted that each complaint had been recorded in detail regarding the action taken to investigate it and the outcome. The manager submitted details of all complaints received to the providers head office, so they could be monitored and any learning from them implemented.

We looked at the care plans and records for three people. We found that people's needs had been assessed and that these people and their representatives had been involved in writing their care plans. Care plans were individualised to the person and contained sections about people's health needs, personal care, mobility and communication, amongst others. We found that care plans contained sufficient guidance for staff to ensure that care was delivered to people in a way that met their needs, and daily records demonstrated that care had been delivered in accordance with people's care plans. We noted particularly good information about people's personal histories and significant events in their life so that staff could know what was important and mattered to people. In the home's latest survey completed by 10 people, 96% of them agreed that, "The staff care for me as agreed in my care plan".

We met a visiting social worker during our visit who told us they had been through two people's care plans and found the information about people's needs was comprehensive and easy to follow. They told us that both people's health had been deteriorating rapidly in the previous two weeks but that the home was, "Very much on top of their deterioration".

# Is the service well-led?

## Our findings

People were given the opportunity to influence the service they received and 'residents' meetings were held by the manager to gather people's views and concerns. One person told us she particularly enjoyed the meetings and stated, "We all get to have a say". However another person told us they never received the minutes of the meeting so couldn't remember what had been discussed. We viewed the minutes of a meeting held in October 2014 which had been attended by 15 relatives and residents, where issues such as the amenities fund, menus and changes to the home's environment had been discussed at length with people. We found that people's suggestions from the meetings had been actioned by the manager with their specific requests for certain types of food now included in the menu, and their request for song sheets to better enjoy the sing a longs, had been provided to people.

Our discussions with staff showed that the home had good leadership and staff told us they had no concerns about speaking to the manager, or her deputy, if they wanted to raise concerns about the delivery of care or running of the home. There were regular staff meetings and staff were encouraged to be involved in the development of the service. Staff told us they could air their views at these meetings, one stated, "If you've something to say you can say it"

Staff were motivated, well supported and knowledgeable about their job and received regular supervision and appraisal to develop their practice and address any performance issues. One staff member told us, "I love it here", and another stated, "Managers do listen to you, we requested more staff, and the manager did get them. We now have two extra casuals and two relief staff and often we now have five members of staff on duty during a shift."

Each year the provider undertook a survey about the service which included seeking the views of people living at the home, their advocates and staff. 25 staff had completed the latest survey. 100% felt that that managers helped them identify their training and development needs; 92% valued staff meetings and 96% felt supported by the management team.

Visiting health and social care professionals told us that the home was well managed, and staff worked closely with them to ensure people received good quality care. A visiting chiropodist who knew the home well told us. "There is good rapport between staff who really work as a team. They get good management from Nicola (the manager) and the deputy". We saw that staff worked well as a team throughout our day when serving lunch to people or arranging cover for each other so they could speak to us.

The home had a professionally qualified and experienced registered manager in place and had a good history of compliance with the regulations of the Health and Social Care Act. The provider held the ISO 9001, a nationally recognised quality management standard. The manager had implemented an effective quality assurance system which included frequent checks of the environment, medication, infection control and audits of accidents and incidents. In addition to these regular checks, there were a number of themed audits, which reviewed specific areas of the service, including the quality of staff daily handovers to ensure they were of a good standard.

We found that the manager was proactive, responsive and keen to improve her service. For example, we identified some areas for improvement during our visit. The next day, we had an email from her telling us the action she had taken to implement them.