Norse Care (Services) Limited

Harriet 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:
•□Harriet Court is a Housing with Care scheme with 40 flats. Personal care and support is provided to tenants who live in their own flats under a tenancy agreement with a housing association.
•□At the time of inspection, 37 people were receiving personal care and support at Harriet Court.

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

People's experience of using this service:
•□People received person-centred care from a team of caring and dedicated staff
•□Staff took time to get to know people and responded well to their care needs. Where possible, people's preferences were met and they were encouraged to maintain their independence.
•□Staff managed potential risks to people's safety well.
•□Staff were recruited and trained effectively to ensure people's health and wellbeing was promoted.
•□The service was well led and the manager created a very positive culture.
•□People and relatives praised the staff who they said were friendly, attentive and supportive.
•□People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
•□We have made a recommendation to ensure full compliance with the requirements of the Mental Capacity Act 2005.

Rating at last inspection:
•□At the last inspection the service was rated Good. The report for this inspection was published on 14 September 2016.

Why we inspected:
•□This was a planned inspection to check that this service remained Good.

Follow up:
•□Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 remained safe Details are in our Safe findings below.	Good
Is the service effective? The service remained effective Details are in our Effective findings below.	Good
Is the service caring? The service remained good Details are in our Caring findings below.	Good
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service remained well led Details are in our Well Led findings below.	Good

Harriet 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
•□Our 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 housing. Housing with Care is purpose-built or adapted single household accommodation in a shared 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 housing with care; this inspection looked at people's personal care and support 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:
•□The inspection was unannounced.

What we did:
•□Our inspection was informed by evidence we already held about the service. We also checked feedback received from members of the public and local authorities.
•□We spoke with 12 people who used the service and eight visiting relatives and friends.
•□We spoke with the registered manager, deputy manager, a team leader and three care support workers.We reviewed four people's care records and medicine records. We also saw information on people's dietary needs and the minutes of a tenant's meeting.

Good

Is the service safe?

Our findings

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

•□People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•□Staff knew how to recognise safeguarding concerns and protect people from the risk of abuse.
•□Staff were trained in this area and knew where to find information about how to report safeguarding issues.
•□The registered manager readily sought advice from the local authority safeguarding team.
•□No safeguarding referrals had been made in the past 12 months.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
•□People we spoke with said they felt safe. One person told us, "I'm very safe living here; they're always checking to see I'm alright. I have a pendant and they come quickly if I press it." Another person said, "I fell onto the floor this morning when I tried to sit on my chair and I couldn't get up. I rang the buzzer and two carers came straight away and picked me up. They used something to help get me up off the floor. I felt perfectly safe with them when they were doing it. They know what they're doing." One relative told us, "[Person] is happy and they feel safe here which is the most important thing."
•□Potential risks to people's health, safety and wellbeing continued to be assessed. People's care files contained information for staff so they could support people to remain safe. Any changes in care needs were updated in people's care plans.
•□Staff were able to explain how they would reduce the likelihood of harm occurring, for example, if someone was prone to falls, or they were at risk of choking.
•□An incident record form, detailing any accident or incident was kept in people's care files. The registered manager and duty team leader monitored incidents arising and took action where needed to prevent problems from reoccurring.
•□The registered manager had oversight of accidents and falls and reported these on a regular basis to the provider. This enabled them to identify any trends or patterns.
•□Lessons were learnt if things went wrong and action was taken to keep people safe from avoidable harm. For example after a fire started in a person's flat, the registered manager implemented more in-depth health and safety and fire risk assessments for people who smoke. The registered manager also arranged for a representative from the housing provider to attend tenants meetings to discuss security and fire safety.

Staffing and recruitment

•□People and relatives were happy with the staff. One person told us, "All the carers are very good; you don't always get the same carer, but they're all very good."
•□Staffing levels were maintained at a level which ensured people's needs were met.
•□Permanent staff or staff from another provider-owned agency provided extra hours of care, if needed.

•Safe recruitment processes were followed and new members of staff followed a thorough induction process. This ensured that people were cared for by suitable individuals.

Using medicines safely

•Medicines continued to be managed safely
•People told us that staff ensured they took their medications correctly. We saw and heard that medicines were always stored securely. A person told us, "They give me my pills three times a day at the same time; morning, evening and late evening."
•Medicine administration records (MAR) showed that people received their medicines as prescribed.
•Staff who administered medicines demonstrated their competence through annual assessments.
•Staff supported people to self-administer their medicines where possible. One person said, "They give me the pills and check I've taken them because I forget."
•Medicines which were deemed to be 'high-risk' were administered safely.
•People had a separate medicines folder which contained clear, up to date information and risk assessments.
•There were very clear records relating to the administration of medicines which could be taken at variable doses and 'when required'. Staff sought to minimise the reliance on these medicines where possible.
•Staff checked the completion of MARs daily and a medicine audit was completed every three months by a team leader. This ensured documentation and stock levels were correct. In addition, the deputy manager randomly checked people's records on a monthly basis.

Preventing and controlling infection
•Staff used protective equipment, such as gloves and aprons, to reduce the risk of the spread of infection. They received regular training on infection control and food hygiene.
•Communal areas and residents rooms were clean.

Good

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

•□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
•□Assessments took place to ensure the service was suitable for the person. Staff assessed in detail people's health, care and emotional needs and this information formed the basis of care plans.
•□A member of staff from the local authority commissioning team told us, "[Registered manager] is very efficient in responding to any enquires and is always open to new applicants. They assess carefully and consider the needs of current tenants as well as the potential new tenant."
•□Staff encouraged people's involvement in decisions about their care and support. They provided person-centred care.

Staff support: induction, training, skills and experience

•□People and relatives we spoke with said that staff were appropriately trained and knew how to care for people's needs. One person commented, "The carers are very good; they know what they're doing." Their view was shared by other people we spoke with.
•□People were supported by staff who had benefitted from a thorough induction in their role. New staff were supported to undertake the Care Certificate, which is a recognised set of standards that a care worker should be working to.
•□The provider's online training system ensured that every member of staff remained up to date with their training. The programme of online training was accompanied by classroom training.
•□Staff told us they were encouraged to undertake additional training if they wanted to. For example, a team leader had undertaken training on blood borne diseases and the disposal of needles. The registered manager supported staff members to follow a programme aimed at self development and career progression.
•□Senior staff undertook work-based observations of care support workers and team leaders on a regular basis. Additional specialist training was organised when needed.
•□Team leaders and care support staff took a lead in different aspects of care delivery, for example there were leads for moving and handling, dementia and infection control. Their role involved providing advice and support to colleagues.
•□Staff told us they received supervisions and appraisals regularly and that these were constructive and helpful.

Supporting people to eat and drink enough to maintain a balanced diet
•□Where needed, staff provided support and encouragement to people so that they maintained a healthy weight and stayed hydrated. One person told us, "They come up regularly to make me a cup of tea." Another

person said, "They bring you your meals if you want and there's always a choice." People all said they liked the food cooked in the on-site restaurant.
•□Staff were aware of people's care needs. For example, one care support worker told us they knew to sit with one person in case they needed help to use their cutlery.
•□Staff completed food and fluid charts as needed and people at risk of weight loss were regularly weighed and monitored using the Malnutrition Universal Screening Tool (MUST).
•□Referrals to specialist clinics to support people to eat and drink were made. For example, we saw that the Speech and Language Therapy (SALT) team assessed one person who was was at risk of choking. Staff ensured the person was actively involved in the management of their condition.

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

•□Staff worked well with the local GP surgery and a range of health care professionals to promote people's wellbeing. An example of this was the close monitoring by the GP of anybody who had recently suffered an infection. A member of staff told us, "At the end end of every course of antibiotics, we ask the GP to come out and review the person. Just in case they need a further course."
•□Care files showed that the service worked closely with district nurses, the SALT team, dieticians and occupational therapists.
•□Staff members told us they could identify health needs early on because they knew people very well.
•□Staff co-operated with the housing provider and local authority to ensure the prompt admission of a person upon discharge from hospital. The person would have been at risk had they returned home.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
•□Staff had all received training on the MCA and they demonstrated some understanding of this piece of legislation.
•□People were encouraged to make decisions for themselves and there was a strong emphasis on involving people and enabling them to make choices wherever possible. For example, we heard how the registered manager ensured a person with capacity could go out when they wanted to. This required involving the person's social worker due to initial resistance from the person's designated power of attorney.
•□We saw that people had signed to say they read, understood and consented to their risk assessments and care plans.
•□Eight people lived in a extra care unit due to their medical conditions. This unit was secure and people were not given the keypad code to leave on their own. Relatives knew the code and people could leave with them if they wanted to.
•□Records were not available to show how decisions about the care and support for these eight people had been reached. It was unclear whether any of these people had consented to being housed in the secure area or whether a best interests decision to this effect had been made on their behalf. The registered manager told us that prior to admission, social workers had undertaken assessments for each person and that they considered that the secure unit was appropriate in each case.
•□Following the inspection, the registered manager promptly requested the relevant documentation from

social services. They also undertook their own mental capacity assessment for each of the people and completed best interests decisions in discussion with relatives. We had sight of this paperwork. With some further clarification, we established that the decision to house each person in this unit was appropriate. Each decision had been made in each person's best interests.

•□People received enhanced support in this unit and a relative of a person in the secure unit told us, "[Family member] is well cared for and happy here."

•□Whilst the care in the secure unit was good and appropriate, there ought to have been records readily available outlining each person's care needs. In addition, the service should have conducted it's own mental capacity assessment with appropriate medical professional(s). There was also a lack of awareness that mental capacity assessments, best interests decisions and care plans should be regularly reviewed.

•□We recommend that the service seek advice and guidance from a reputable source, to ensure that they are acting in accordance with the principles of the Mental Capacity Act 2005 at all times.

Good

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

•□People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

•□Staff showed a very caring attitude towards people. They were committed to providing a respectful, compassionate and empowering service which promoted people's wellbeing.
•□People we spoke with were full of praise for the staff. They all said that they were happy using the service and spoke of caring staff who were friendly and respectful. One person told us, "I love it here. I'm as happy as I've ever been. The staff are very friendly." Another person said, "It's like a little family, a little community around you here and you feel safe." A third person told us, "I like it here. I wouldn't want to go anywhere else. I get on well with all of them [the staff]; they're really lovely. One of them even pops in to me on [their] way home at the end of [their] shift to make me a cup of tea."
•□We observed that staff exuded warmth, patience and friendliness in their interactions with people. People were relaxed and at ease in their company. A member of care staff told us, "[Person] has a buggy and a wheely frame. I usually laugh with them and say 'don't run me over'. I like having a little laugh with them." We also observed care staff demonstrating patience and comfort to people. A person told us, "I'm getting well looked after here. I've had the flu for the last few days and the carers have looked after me, giving me paracetamol and I'm now much better." A relative said, "The staff are very compassionate," and another person told us, "The staff are very kind and caring."
•□The registered manager led by example and created an open and friendly atmosphere. It was clear that all the staff knew people very well. For example, as the registered manager arrived at the service, they passed a person leaving the building. Without asking where they were going, they greeted the person warmly and said that they hoped the person enjoyed their swim.
•□Staff told us how they spent time getting to know people so they could provide very personalised support. For example, a care support worker told us, "[Person] likes to have their cup of tea and their breakfast on a table in bed and then their medication and then after they've eaten their breakfast we return."
•□Another member of care staff commented on their ability to give personalised care. They told us, "The thing I like best about the service is that we're quite compact. I think the small service means that the people get what they should get and we can give them the attention they need."

•□Supporting people to express their views and be involved in making decisions about their care
•□People were supported to be involved in decisions about their care and were given choices.
•□Staff were able to explain how they assisted a person, who was unable to communicate verbally, to be involved. They told us that they initially used flash cards and photographs of family members to aide communication. However, the most effective mechanism was to speak clearly and slowly, repeating if need be and sometimes writing down what was being said. A care support worker told us, "We all know the signs that [person] gives." These signs showed if the person was happy or in agreement or whether they did not

want or like something.
•□The registered manager told us that they would provide information about advocacy services to assist people to communicate if it was likely to be useful.

Respecting and promoting people's privacy, dignity and independence

•□We saw and heard examples of staff promoting people's dignity and respecting their right to privacy. The service also supported people's independence.
•□One person told us, "They all talk to me properly and I can't fault them." Another person said, "It's good living here. I can come and go as I like."
•□The registered manager said that promoting people's independence was a key part of care planning. They told us, "It is about encouraging staff to help people to try to do things for themselves." The registered manager said that in most cases they reassured people upon admission that they would be able to go out whenever they wanted to.
•□A member of care staff gave us an example of how they promoted independence. They told us, "I'd say what shall we do today, would you like to help me wash up, you wash and I wipe or the other way?" Another member of staff explained that they would encourage and support a person with mobility difficulties to walk on occasion.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
•□People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□Staff provided individualised care which corresponded with the wishes and needs of people. We heard examples of people achieving positive outcomes thanks to the effective measures taken by staff to support their needs. For example, a relative's family member had a number of falls in her bungalow before moving in to the home. The relative told us, "Since coming in here they make sure [Family member] has their medications and hasn't had any fits."
•□People using the service and relatives spoke of the approachable and responsive attitude of staff. One person told us, "They're always saying to me let me know what you want and I'll get it for you and they do. They look after you very well." Another person said, "I'm very happy here. I get on well with all of them [the staff]; they're really lovely and will do anything for you. They make sure I have my tablets."
•□Relatives praised the open, friendly feel of the service and said they were kept well informed. A relative said, "[Family member] had a little fall in their room and staff rang me promptly to tell me they were ok."
•□A member of the local authority commissioning team praised the registered manager in their efforts to meet people's needs. They told us, "From my dealings with Harriet Court, [registered manager] has been very responsive and supportive when someone needed a placement at short notice. They have worked with agencies including Norwich City Council and Broadland Housing to effect a positive outcome. I hear positive feedback from practitioners who visit tenants at Harriet Court too."
•□Care records showed that people's needs were identified, including those related to protected equality characteristics such as age,disability, ethnicity and gender.
•□A care support worker gave an example of how a person's religious choices were met. They told us, "A [person]'s religion meant they weren't allowed to drink tea, coffee or fizzy drinks and some of their clothes could not be on the floor and we respected that."
•□Records showed that staff worked with various health care professionals to ensure people remained safe and comfortable. Occupational therapists had been involved in the provision of recliner chairs, profile beds and pressure mats. People and their relatives were involved in creating and reviewing their care plans. The registered manager saw this is an important part of care planning. They told us, "We want people to be involved." Individual risk assessments and care plans were updated and regularly reviewed by staff.
•□People's emotional wellbeing was supported by activities on offer. For example, in the afternoon, some people took part in a weekly "Still on the Ball" session, which involved reminiscing about the local football club and music. Some people wore their football shirts and everybody clearly enjoyed the activity. they looked forward to the event every week.

Improving care quality in response to complaints or concerns
•□There were systems and procedures in place to manage complaints. Information on how to complain was displayed in the front lobby and in people's care plans.
•□People and relatives said they could raise any concerns with management who they described as visible,

accessible and approachable. They were all happy with the service. One person told us, "I have no concerns. I really can't find any fault with them." A relative said,"The staff are lovely. They always talk to you and are very friendly. I've no concerns." Another relative told us, "I can't fault the staff at all."

•□The registered manager told us that people felt able to talk to them about any issues and these would be quickly resolved. For example, one person mentioned that a food item had not been covered in their fridge. This was documented, staff were told about it and the situation was quickly remedied.

•□No formal complaints had been received relating to the provision of personal care and support.

End of life care and support

•□Care records contained advanced care decisions which had been completed with the person. These included any spiritual or religious preferences and funeral wishes.

•□A person who had been on end of their life for some time was being supported sensitively by staff and in accordance with their wishes.

•□We heard from a member of staff who ensured a person without any family was comforted at the end of their life. The staff member sat with them and held their hand throughout the night. They also created a bouquet of flowers for the person's funeral using their favourite flowers and colours and attended the funeral service.

•□Staff received end of life care training.

Good

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

•□The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•□The registered manager was visible throughout the visit and was known to all the people we spoke with. One person told us, "[registered manager] is always talking to people living here. They are a very helpful person." We saw informal and caring interactions between people and the management team. The registered manager and deputy manager told us they both did a daily walk around so they were up-to-date and could speak to people.

•□All the people and relatives we spoke with were positive about the organisation and management of the service. They all appreciated the friendly and comfortable atmosphere. Staff were observed in friendly and supportive interaction with each other and with people and relatives. One person told us, "I came here because my [relative] recommended it. I think they do things very well here and it's a very, very good service."

•□The registered manager told us that they and the deputy manager had sought to change the culture of the service since coming into post a few years ago. They told us, "We encourage openness, we spend time with people and staff. It's important they feel they can spend time with us."

•□Staff felt they could speak with the managers openly and that they provided support and understanding. A member of staff told us, "Yes, if I want to know something I just knock on the door and they just help – they are very good." Care staff we spoke with felt the service was well managed. We heard that staff morale was good. A member of care staff told us, "We all get on, it's like one big happy family."

•□The registered manager spoke positively about the support received from the provider. They said that they benefitted from regular area meetings and that there was regular contact with registered managers of other services run by the provider. They were also a registered manager member of Skills For Care and able to access resources from this organisation.

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

•□The registered manager understood their regulatory and legal responsibilities. They demonstrated a good understanding of how to foster a working environment that maximised good performance. They created an open and trusting culture which supported a strong sense of team work. The registered manager also told us, "I want to encourage staff to grow professionally. I am keen to support them to succeed, remain interested and engaged." This was evident from the training courses the registered manager had supported staff members to undertake.

•□Staff meetings were held regularly. Staff members told us they could voice their opinions and that their input was valued.

•□Records in people's care files were generally good. However we found insufficient information relating to decisions relating to people's care needs in the extra care unit.
•□There were no concerns about the actions taken by staff in relation to input from other health care agencies. People's care records could reflect more clearly any follow up actions taken after a referral or discussion with the person's GP though.
•□There were governance systems in place. This gave assurance to the manager that any issues would be identified and followed up on.
•□Risk assessments were carried out frequently and we saw records which demonstrated how identified risks were reduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Continuous learning and improving care
•□People and relatives were encouraged to provide their views on the service. An annual survey was sent to relatives and people were able to feed back their views through surveys and meetings. The registered manager attended 'tenants meetings' and one set of minutes included a reminder for people to use the comments book to give any feedback.
•□The registered manager acted on feedback received and demonstrated a commitment to continuous service improvement. For example, they had organised for a representative of the housing association to talk to people about security following a request. The registered manager had also put in place additional health and safety risk assessments if a person who smoked was admitted to the service. This was as a result of an unexpected situation where a smoker had gas cylinders in their home.

Working in partnership with others
•□The service worked well with the local GP surgery. Referrals to other health care agencies were made via the GP and the service had good working relationships with district nurses and occupationa therapists.
•□The service collaborated with local schools and churches to facilitiate community-based activities.