

# Norse Care (Services) Limited

## Redmayne View

### Inspection report

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Date of inspection visit:  
07 April 2016

Date of publication:  
29 April 2016

### 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

The inspection took place on 7 April 2016 and we contacted the service before we visited to announce the inspection.

Redmayne View is a 'housing with care' scheme. It provides support to older people who have their own tenancies. People receive care in their own flats by staff employed by the provider Norse. Some people were living with dementia or long term conditions.

There was a registered manager. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run.'

People were supported by staff who were knowledgeable in their roles and demonstrated the skills required. They had been safely recruited and well-trained. They told us they felt supported and happy in their roles. Staff showed passion and enthusiasm for the people they cared for and the service they provided.

Staff demonstrated they understood how to safeguard people from harm and protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns they may have and staff understood these. Staff had knowledge of other agencies they could go to report incidents of suspected abuse. People and staff were protected from harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. Risk assessments were individual to the person and their environment.

Medicines were administered in a consistently safe manner. Medicines administration records were clear and accurate and contained relevant information. Staff understood safe procedures for administering medicines.

Staff received training; regular support and encouragement to further improve their skills and knowledge. Staff were undertaking qualifications and were given regular opportunities to discuss their performance with the management team. The competencies of staff were regularly assessed and recorded to ensure an appropriate standard of care was delivered.

People benefited from staff who felt valued by the service and were happy in their work. They felt listened to and involved in the development of the service. They had confidence in the management team.

People were treated in a respectful, compassionate and caring manner. They told us they felt in control of their lives. Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave examples of a caring and empathetic approach to the people they supported.

Staff had received training in the Mental Capacity Act 2005 and demonstrated they understood the importance of gaining people's consent before assisting them.

Care and support was delivered in a person-centred way as the service had completed thorough assessments of people's needs. People received individualised care as their care plans had been developed in collaboration with them. The service regularly reviewed people's needs and made changes as required.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs and demonstrated they had the knowledge to manage emergency situations should they arise.

Where required, staff supported people to maintain their interests and avoid social isolation. The service arranged events for people who used the service and responded positively to their social needs. The service was making links with the community and had worked jointly with other professionals to maintain people's well-being.

The management team demonstrated an inclusive approach to the management of the service and people had confidence in them. They were supportive, accessible and actively encouraged people to comment on the service they provided.

Complaints were taken seriously and responded to in good time. Although people had not felt the need to complain they would feel comfortable in doing this. Effective systems were in place to monitor the quality of the service.

## 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.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and were confident in raising these.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people and their staff.

Medicines were managed safely and audits identified any shortfalls which were actioned appropriately.

### Is the service effective?

Good ●

The service was effective.

The training, support and development the staff received contributed to the effective support people experienced.

The service ensured staff had training to meet people's diverse and changing needs.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

People were supported to have their choice of food and drink whilst having their nutritional needs met.

### Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control and that promoted their independence and choice.

People had been fully involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs and these had been reviewed on a regular basis.

People were supported and encouraged to maintain relationships and avoid social isolation.

The service listened to people's concerns and addressed them appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible, visible and approachable.

People benefited from a service that had effective systems in place to monitor the quality of the service people received. These were used to make further developments and improvements.

Good links had been established with the local community, health, housing, and social care professionals to ensure people received the care and support they needed.

# Redmayne View

## **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 was planned to check whether the provider is 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 7 April 2016 and was announced. The provider was given 48 hours' notice because the management team sometimes spends time away from the office. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by two inspectors.

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local safeguarding team and the local quality assurance team in Norfolk County Council to gain their views and experience of the service.

During the inspection we spoke with six people who used the service and three relatives. We also spoke with the registered manager and the deputy manager, and three care staff. We observed staff talking to clients.

We looked at the care records for four people who used the service and medicines administration records for three people. These records covered periods within the last 12 months. We also viewed records relating to the management of the service. These included risk assessments, three staff recruitment files, training records and complaints.

# Is the service safe?

## Our findings

People living at Redmayne View and receiving support with personal care were safe. All the people we spoke with said they felt very safe. One person told us that when the alarm on their patio door was activated, "Staff were with me very quickly." Another person said, "I feel safe." People's relatives also told us they felt their relatives were, "Very safe."

The staff we spoke with said they had received training on how to protect people from the risk of potential abuse. The service had a safeguarding lead and had produced a training booklet for staff to complete. This gave information about what abuse looked like and how to report it. There was a question and answer section for staff to complete, to evidence they had completed the booklet. The manager told us the booklet would be completed in staff supervisions. Staff spoke with real knowledge and confidence about safeguarding issues. One member of staff said, "I haven't come across it here, but I would know it if I did, and I would report it." All the staff we spoke with said they would report concerns to the registered manager or their team leader. Another member of staff said, "I would have no hesitation, to address it immediately."

The staff we spoke with said they were aware of equality and diversity issues. All staff said they treated everyone they supported as individuals. The manager said, "They [staff] get to know people, and they respond to their needs." We could see different church groups visited Redmayne View. The staff we spoke with and the manager told us, if someone came to live at the service who, had a faith or cultural needs outside of their knowledge, they would carry out some research to ensure, they met this person's diverse needs.

We could see the service had assessed and reviewed the risks to people's safety in a robust way. Risk assessments were detailed and individual to the person being supported. These included detailed information about people's health needs. If people had current health professionals involved this was also recorded.

There was evidence staff were aware of changes in people's needs. We could also see staff responded to these changes. Clear guidance and information was given to staff about how to meet people's moving and handling needs, people's mobility needs, and their needs with eating and drinking. Some people were at risk of their skin breaking down and developing press sores. There were plans in place which were actioned daily, to monitor and prevent this from happening.

The management of people's risks did not restrict people's freedoms. People made independent decisions about the management of their health needs, and some people were supported to maintain lifestyle choices which were important to them, even though there were risks associated with these. The service protected people's freedoms by completing risk assessments and by putting measures in place to monitor these risks.

The service had systems in place to respond to accidents and incidents. From the records we looked at and from speaking with staff, we could see information regarding accidents and incidents were recorded and passed to a team leader or manager. The service monitored and responded to falls. The manager told us

how they managed a recent situation relating to a piece of faulty equipment a person used to support their mobility. We looked at this person's records and could see appropriate action was taken.

Personnel records for members of staff showed appropriate safety checks were being followed. These records had copies of two staff references for each person we looked at. Staff had details of their full employment histories. Staff told us they had full criminal checks before they could start working at Redmayne View. This was confirmed in the records we looked at.

There were plans in place to respond to emergencies or events which could affect the running of the service. The manager had a list of members of staff who had agreed to, "Drop everything" and come to work outside their shifts, in response to an emergency. Some relatives had agreed to accommodate their relatives for a period of time. There were maintenance details for staff to contact if there was a sudden loss of power for example.

People told us there was enough staff to meet their needs. One person said, "They're helpful, nothing is too much trouble." Another person said, "All my needs are met." People spoke of staff having a "chat" with them and responding to their wellbeing as well as their personal care needs. People said staff visited them when needed and the correct number of staff attended. We spoke with staff who said they felt there were enough staff employed, although some said they did not feel they had enough time to talk to people as much as they would like to. Relatives told us there was always staff available to answer their questions and support their relatives.

People told us they had no concerns with how staff administered their medication. Staff told us they received medication training and those who supported with medication said they felt confident and able to do so. The service had produced 'medication booklets' to refresh staff on the safe administration of medication. The booklet would have questions at the end to check staff were competent in giving medication. These booklets were completed in supervision. Staff also received training on applying creams and gels. Staff said they had been trained to check the Medication Administration Record (MAR). If they discovered an error they were to take the MAR to a team leader or the manager who will then address the issue.

The manager told us that in total no more than 14 members of staff administered medication. The manager said this meant they could closely monitor and audit the administration of medication. The manager completed monthly medication audits. The manager told us there had been a recent error in giving one person their medication. From speaking with the manager about this, we felt the manager had taken swift and appropriate action. We were shown documents and informed of a cause of action, which confirmed to us, the manager had taken steps to prevent this from happening again.

We looked at three people's MARs who used the service. We could see these had been completed correctly. The recordings were very clear. Individual staff members who had signed the MARs could be easily identified.



## Is the service effective?

### Our findings

The people we spoke with were extremely positive and complimentary about the skills and knowledge of the staff. One person said, "The staff are well trained, they are excellent." Another person said, "The staff are brilliant, I would recommend the service." A relative told us, "I can't speak highly enough of the staff."

The staff we spoke with said they had enough training and felt competent in their role. We were shown records demonstrating most staff had completed formal qualifications in health and social care. We could see from staff records that staff had been trained on the safe administration of medication, first aid, moving and handling, safeguarding, and how to prevent the skin from breaking down.

Staff were encouraged to undertake further learning and development. The service had created a library and staff were actively encouraged to take books and DVD's to further improve their knowledge, on a care related subject. The manager said when the material was returned they engaged with the member of staff to further promote the particular subject. The manager also said questions would be asked in supervision to check staff had increased their understanding on a particular subject. Staff told us and we could see from staff supervision notes that discussions were had about material hired from the library. Staff told us they found this way of learning helpful to their development.

Most permanent staff were eventually hired from the service's internal causal bank of staff. The manager said often these members of staff had worked for the service for some years, before gaining permanent employment at the service. So the manager felt confident in their abilities to perform well in their roles. New non-permanent staff (casual staff) would complete three shadow shifts before they started working. The manager said they would check how the member of staff performed to ensure they had the skills to perform well in this role. They would make this decision from observing them and seeking feedback from staff. If they were not confident, the manager said they would not be given further work. If successful, training would begin, this would include completing the 'care certificate' (minimum set of standards of care).

When we spoke with people who used the service and asked them about the staff, it was obvious to us these people had good relationships with the staff, who supported them. We could see from people's records that they had regular members of staff who supported them. When we spoke with staff about the people they supported, staff spoke with real enthusiasm and knowledge about them. This told us that people who used the service and staff were well matched.

In order to monitor the quality of care all staff were observed by the manager or team leaders and feedback would be given to staff, to address any issues. Staff told us sometimes they would know they were being observed and sometimes they didn't, until they received the feedback. Staff said they received regular supervision and yearly appraisals. All staff said they raised any issues on the day they occurred with their team leader or the manager.

Staff communicated effectively with one another and with the people who used the service. One relative told us, "They are good at communicating with [their relative]." We observed staff having full conversations

with the people they were supporting. Staff spoke with people at their eye level. Staff shared information with one another at handover. Members of staff showed us prompt sheets they were given at the start of each new shift. These would contain concise information relevant to the people they supported, including changes to their needs. Staff showed us they wrote what they had done and if there were changes to people's needs, on the prompt sheet. We observed one member of staff updating a team leader about this information before they finished their shift.

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

The staff we spoke with were knowledgeable about the MCA. Staff including the manager told us what capacity meant, and how people who may appear to lack capacity, can still make decisions about their life. Staff said they spent time supporting people to make their own decisions. Staff said they always gain a person's consent before providing assistance with personal care. The records we looked at contained people's consent for the service to share information with relevant health professionals. One person lacked capacity; a relative's details were included to consult with regarding best interests decisions. We spoke with this relative who said, "They consult with me in everything that is needed."

Most people provided their own meals, and families supported their relatives with food shopping. However, some people did receive support with meals and drinks. One relative told us how staff had suggested different foods that his relative may enjoy eating, to encourage their appetite. The relative said they found this very helpful.

We observed people eating and drinking in the communal dining room. On people's care plans there was information whether people were independent with their meals and what food and drinks people liked. We spoke with one member of staff who did support someone with their meals. The member of staff told us they know the person well and they always offer them food they liked. They said they know the person is happy with the food choice when they are presented with the meal, as they, "Start singing."

Staff also told us how they supported some people who have swallowing difficulties. They explained how they supported the person with eating and drinking; making sure the person is upright, taking their time, and providing fluids. We looked at one person's record who had swallowing issues. We could see staff had recorded daily what this person had eaten and had to drink. One member of staff told us about one person who is at risk of being under weight. They told us how they monitored this person's weight, and what they would do if they lost more weight. They also told us how they encouraged and monitored this person's food intake.

People were supported to maintain their health and have access to health care services. One relative told us, "They [staff] arrange all the hospital appointments, they are fully aware of everything going on... They make all GP appointments... They pursue things with the GP and hospital." Staff told us people they supported would often ask them to call their GP. Staff said they would often pass the phone back to the person to speak with the surgery themselves. They said they would wait (with the person's permission) in

case support was needed.

Staff also told us they had contacted the community health team, with the person's permission when they were concerned about a person's health. The manager gave examples of making health referrals on people's behalf such as the occupational therapist team and the falls clinic. We could see from looking at people's daily records that staff had a detailed understanding of people's health needs including areas they needed to closely monitor.

## Is the service caring?

### Our findings

All the people we spoke with said staff were very caring towards them. One person said, "My door bell rings, the door opens and I am greeted with a smile." Another person said, "The carers are lovely." A relative we spoke with said, "They [staff] have been wonderful." Another relative said, "I can go away knowing [relative] is being well looked after."

Staff spoke compassionately about all the people they supported. One member of staff told us about one person, who can get distressed. This staff member said when the person becomes upset or anxious "I sing to her." The member of staff said this seems to calm the person and relieve their distress.

We observed staff behaving in a caring manner. One member of staff was guiding someone back to their flat; they had their hand on their shoulder, and they were smiling at one another. Staff walked past people in the corridors acknowledging people with warm smiles and saying "Hello". Staff were also observed talking and laughing with people. People's responses appeared natural, indicating this interaction was very common place. One person explained to us how comforting staff have been to them during a difficult time in their life, they told us, "We're like a family...A hug says a thousand words."

Staff had a very good knowledge of the people they supported. People's care records gave in-depth information about the people's life histories, their interests, and their likes and dislikes. The staff we spoke with were able to tell us, with ease, about the people they supported. What was important to them and what gave them meaning in their day.

People told us they felt staff listened to them. One person said, "She [the manager] listens to me, all the staff are brilliant." When talking with one person in their flat a staff member entered. We observed the conversation to be interactive, and professional. People told us staff, "chat to them." We saw many examples of this type of interaction throughout the day.

People told us they attended a weekly forum with the manager to raise their views and they completed questionnaires about the service. People also told us if they wanted to raise anything they would speak with a member of staff or the manager. People told us they were very involved in their care planning. This was confirmed by the level of information in people's care records, and how individual the care plans were. People were asked if they wanted to be part of their annual review and if they wanted other people involved.

Staff promoted and protected people's dignity and privacy. One person told us that if someone goes into hospital staff are generally asked why. However they said, "Staff, won't tell you, they're very confidential." We could see in staff personnel records that staff had signed a confidentiality agreement. Another person said the staff handled a personal health issue with great respect and they were, "Very discreet about it."

A relative we spoke with said, "This place is the benchmark on how to be respectful to people." One member of staff said, "Dignity, we get it right here." All the staff we spoke with said they maintained people's dignity

when supporting people with personal care. One member of staff said they cover parts of the person when they are supporting them. Another said they ensure windows and curtains are closed. Staff said when they are supporting a person they talk to them and explain to them what they are doing. Staff also said they ask for the person's consent throughout the time they are supporting them. One person told us, "Staff here are very respectful."

People were encouraged to be independent. Some people who received support with personal care maintained their independence with tasks they could complete themselves. Most people prepared their own meals. One person told us they had additional needs when they were unwell, but when their health improved, they returned to their previous level of support. We could see from people's care records some people completed elements of their personal care. People were also supported to maintain life style choices which were individual and important to them.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs. One person said, "The staff work around me." This person told us sometimes they want to go out early so the staff provided an earlier call. Another person said, "Everyone is so helpful." A relative told us, "They couldn't do anything more." Another relative said, "They know her so well."

The service assessed people's needs before they came to Redmayne View. The assessments and care plans were very detailed and person centred. People's personal histories were recorded; their interests, hobbies, and contact details of people who were important to them were also recorded. The plans included multiple elements of a person's life. Information was recorded under headings such as... "All about me." "What I would like support with." "Things which may frustrate me." "My Life so far." Information gathered was individual to that person. It gave a clear picture of who that person was and how they wanted to live their life.

People told us and it was evident by the degree of information obtained, that people were involved in the planning of their care. One person told us they wrote part of their care plan with a member of staff. One member of staff said, "We try and find out about people, as much as possible, so we know how they would like to be looked after."

People were supported to follow their interests. There were different church services for people to attend if they wanted to. People told us there were various activities held within Redmayne View. Staff were also very responsive and creative when assisting people with their interests. One person told us they were interested in an upcoming eclipse of the moon. The night staff supported the person to get up in the early hours of the morning and they watched it together outside. This person told us, "This made me very happy."

The manager told us people's care plans were reviewed on a regular basis. People's needs were monitored and reviewed daily at handover. Staff told us they would discuss changes to people's needs at handover or they would speak with their team leader or the manager if more urgent action was needed. When we looked at people's care plans we could see these were updated as people's needs changed. We could also see staff were responding in a proactive way to manage these new needs.

People were given the care and support they needed in order to meet their 'diverse' needs. Staff told us how they supported some people with visual impairments. One member of staff told us, "[person] is very particular about their presentation... [Person] likes to look lovely." The member of staff talked about how they worked together to choose an outfit that the person was happy with.

The service was also responding to the needs of people who are living with dementia. A member of staff was designated as a 'dementia lead,' and had specific training on dementia care. This member of staff worked with other members of staff, to meet the needs of people who have dementia. The service promoted a greater understanding of the challenges people living with dementia faced, to the wider people who live at Redmayne View. The service had given a talk on the subject and produced a newsletter. The dementia lead

told us this will be an on going programme.

The service routinely listened and learned from people's experiences. People at the service and the manager told us, there was a weekly tenant's forum. One person said, "We have a tenant's forum with the manager every Friday." There were also quarterly provider meetings held by the provider. Two people receiving support from the service would attend with the manager. This gave people the opportunity to raise questions to the provider. We spoke with relatives who told us they felt comfortable raising issues and approaching the staff and manager. One relative said, "I wouldn't worry about raising issues with the manager and deputy manager."

From speaking with people and looking at records of complaints we could see people did raise concerns directly with the registered manager. We were told by the manager and we could see from these records the manager did respond directly to the person raising the concern. Everyone we spoke with said they felt comfortable in raising concerns/issues.

People were supported to move onto different services. We were told by the manager about one person who needs changed. The manager said the service could no longer keep this person safe. The manager contacted social services and arranged for a re-assessment of need. In the mean time staff closely monitored this person's needs, until an appropriate placement was found. This was confirmed by a social care professional we spoke with on the day of our visit.

## Is the service well-led?

### Our findings

There was a registered manager in post. We knew from the information held about the service that the service had reported events in the past as required. When we spoke with the manager about the types of events that needed to be reported, they knew what events to report and to whom.

People were very positive and complimentary about the manager. One person came to find us on the day of our visit, they told us, "This place is outstanding...because of the manager and how she trains the staff." Another person said, "The manager is wonderful." A relative told us, "The team is very stable; this is down to excellent management."

People and staff were actively involved in the development of the service. People told us they are consulted with on a regular basis. There are weekly meetings for tenants and provider meetings which people attended. The staff we spoke with said they felt comfortable approaching the manager. Records showed staff had regular meetings with the manager and the deputy manager.

There was an open and transparent culture at Redmayne View. The manager told us they have, "An open door policy...My door is never shut." The manager said this applies to people who used the service, relatives, and staff. Everyone we spoke with confirmed this.

On the day of our visit there was a panel meeting including professionals from the city council and county council and social services. We spoke with the social care professional who spoke positively about the service and told us, "[The manager] always goes the extra mile for people who live here." We could see from looking at people's records and speaking with staff health professionals visited and were consulted with on a regular basis.

The service had links with the local community. The manager told us about a scheme the service was involved in called 'grow your own community.' The service is working with this scheme to develop greater wider community involvement. The service is also working with a local housing department to establish a 'dementia café.' The manager said they did not want to call it a 'dementia café' because they want the café to be, "Open to everyone." To attract a whole range of people to Redmayne View.

One member of staff told us, "[the manager] has it right; there is a good balance between being approachable and having a professional line." Staff told us they are encouraged to question practice and raise concerns/issues about the quality of care. Staff told us if they discovered an issue when supporting someone, they record this on their 'prompt sheets' and tell the team leader at the handover session. The manager showed us their 'performance slips,' which are passed to staff to compliment them on good performance and identify shortfalls. We were shown two forms which identified an issue raised by a member of staff, about their colleague's practice. On the form the other member of staff would then respond to the issue raised. Staff told us they felt very confident in raising issues.

The service had a clear vision and values of the service they provided. The manager told us, "We are one



family...I promote the idea, people are to be treated, as we would want our loved ones treated....We are only a few years behind the people we support." One member of staff said, "[The manager's] values do filter down." Staff spoke about the importance of promoting people's dignity, their independence, about being respectful, and treating everyone as individuals. The people we spoke with told us this is how they were treated. We found that the manager's vision was shared by the service as a whole.

The manager told us they were very involved in the day to day running of the service. The staff we spoke with and people who received support confirmed this. The manager said both they and the deputy are always observing the practice of staff. We concluded the manager was visible and inspired staff to provide a quality service.