

# Norse Care (Services) Limited

## Lisbon Court

### Inspection report



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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Lisbon Court is a housing with care scheme. People live on site in their own flats and have secure tenancies with a housing provider. Norse Care provides care and support over a twenty-four-hour period. This was usually up to thirteen hours a week but if the care needed exceeded this the registered manager would negotiate additional hours, but these were provided by an external, regulated care agency. The service can accommodate up to thirty people and had two vacancies at the time of the inspection which were due to be filled.

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

People were supported to live well, and staff encouraged them to remain independent and to achieve what they wanted to in line with their personal goals. There was a strong person-centred culture which put people at the centre of the care provided which meant people received an outstanding service. Everyone we spoke with had high praise for the care provided and the exceptional ambience which enhanced people's well-being. Staff were motivated and worked in innovative ways to best benefit people they supported. They went above and beyond what was expected of them to help ensure people were not isolated and continued to be engaged in the service and wider community and take part in meaningful activity.

People benefited from security of tenancy and a service which was flexible around their assessed and changing care needs. Staff were quick to identify changes and supported people to either continue to live at Lisbon Court or move to a more appropriate setting. Staff gave people and their families time to transition and liaised regularly with multidisciplinary teams to help ensure change was managed effectively putting the person at the centre.

Care plans and assessments were comprehensive and focused on enabling people to live well and to take risks which were both proportionate and appropriate to need. The service facilitated people's independence and only intervened when people lacked capacity to make informed decisions. Many people continued to take their own medicines and received minimal support from staff. Where extra support was needed this was provided and support was flexible.

The service took into account people's background and interests and were able to adapt the service provided in line with people's needs. People were given regular opportunity to voice their views and preferences and staff received training around equality and diversity to help ensure they recognised people's individuality and did not discriminate.

Staff when providing care and support to people considered people emotional and physical health and encouraged people to undertake activities of daily living. Staff supported people to retain their existing skills and learn new ones by participating in their routines and taking part in planned activity or planning activities for others.

The registered manager was a good motivator and supported her staff to be the best they could be. Equally the registered manager told us how staff and the wider organisation had supported her well after a recent illness. The service was inclusive and caring which attributed to people receiving consistent and positive outcomes of care from well trained, considerate and cheerful staff.

Staff continued to be well recruited and well trained which contributed to people feeling safe. Two people told us how staff had saved their lives through quick and decisive actions. Staff said training had equipped them for their role and helped them to act instinctively. There was a strong culture of positive teamwork and accountability which helped ensure the care and support people received was seamless.

There continued to be robust audits which took into account the safety of the service and how effective the service was at meeting people's needs. This took into account people's views and experiences. Any known or potential risk was considered in line with people's individual needs and steps taken to reduce or eliminate risk. There were strong governance processes and evidence of lessons learnt to maximise people's safety.

Staff received medicines training and were assessed to ensure they were competent before being able to administer medicines. Audits also helped to determine people received their medicines as intended. Staff received support from other health care professionals to ensure people's needs were met in a holistic way.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was good, (published 24 August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Lisbon Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

##### Extra Care Housing:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Notice of inspection

We gave 24 hours' notice of our inspection to give the provider opportunity to inform people of our visit and arrange for people to speak with us if they wished.

Inspection activity started on 20 June 2019 and ended on 21 June 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information already known about the service. This included the previous inspection report, any notifications which are important events the service are required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

#### During the inspection

We spoke with seven people using the service, one relative, the registered manager, the deputy manager and two care staff. We spoke with a volunteer visiting the service. We also spoke with the provider's regional director.

#### After the inspection

We requested further information which was received in a timely way. We also spoke with two more relatives, a friend of a tenant, and the Norfolk County Council commissioning team. We sent various emails to health, social care and housing professionals and received seven responses back which are reflected in the report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had confidence in the staff who delivered the care and the operating management systems. They said the registered manager was visible and took action to address any concerns.
- Staff spoken with had a good understanding of their training and how to safeguard people in their care. They were able to describe concerns they might or had reported and knew which agencies they could contact.
- No formal safeguarding concerns had been reported recently but the registered manager clearly understood her responsibilities and had sought additional, advanced safeguarding training for managers.

Assessing risk, safety monitoring and management

- People told us they felt safe at the service. One person told us a staff member had saved their life by taking quick, decisive action when they recognised the person was going into septic shock. The person told us they had not recognised their condition could be life threatening. Another person who ate independently had recently choked, and staff took appropriate actions to dislodge the food. Staff told us the paramedics had praised them and told staff, 'You did our job for us.' The person had not previously been identified at risk of choking and since admission to hospital did not require their food modified in anyway.
- A visiting professional told us, "All staff have a positive attitude to health and safety and regularly consult and work collaboratively to ensure safety compliance, in conjunction with the consideration of the individual tenant's needs and how best to support them."
- People told us staff responded quickly to their call bell which assured them of their safety. Several people said their health was compromised by illness and it gave them peace of mind knowing they could call staff to assist 24 hours a day.
- People had the equipment they needed to promote their safety and independence. Accidents, and incidents records clearly showed actions taken to reduce the likelihood and severity of risk. For example, where people had two or more falls in six months referrals were made to the falls team. People had beds on the lowest settings and bedrails or crash mattresses where appropriate. Sensory equipment was also used where appropriate to reduce risks to people.

Staffing and recruitment

- Staff recruitment continued to be robust which ensured staff employment was based on the candidate's suitability as evidenced by interview notes. Interview questions were based around service specific issues and person-centred practice.
- Recruitment checks helped to assess staff's suitability for employment and considered if candidates were of good character and did not have criminal convictions which might make them unsuitable for care work.

- Bank staff and timely recruitment helped ensure staff vacancies were avoided and meant the service did not operate with less staff than it identified it needed.

#### Using medicines safely

- People were encouraged to be independent and continue to take their own medicines if this is what they wished to do. Medicines were managed within an appropriate risk assessed framework. People agreed to store their medicines safely and let staff check on their medicines to ensure these were being taken safely.

- Several medicine errors had been noted which had not impacted on the persons health. The service operated a no blame culture and supported staff to reflect of their practices to see how they could be improved. Reflective supervision and retraining were used effectively to address this.

- Some staff had been designated as medication champions and they had more responsibility and oversight for medicines and access to enhanced training.

#### Preventing and controlling infection

- Staff continued to have a good understanding of maintaining appropriate standards of hygiene and were supplied and used the right personal protective clothing to help reduce the risk of cross infection. People where identified were supported to maintain good standards of cleanliness in their private dwellings.

#### Learning lessons when things go wrong

- The service kept abreast of current guidance and safety advice and shared this with their staff. The service promoted a learning culture which reflected on incidents and accidents to see what lessons could be learnt and this shaped future practice. There was robust provider oversight with a regular team reviewing the services operating procedures and health and safety systems.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The expectations about what the service could deliver were made clear from the start of the contract and people were aware of this. Assessments were thorough, and the service acted on advice from other agencies and requested assessments which had already been completed.
- Staff and management kept their practices up to date to help ensure they were operating within current policy and guidance including: The National Institute for Health and Excellence, (NICE) and other expert professional bodies. This helped them achieve effective outcomes in care.
- A health care professional told us, "We have always found the staff to be positive and keen to learn more about aspects of health care in order to provide best care for their residents."

Staff support: induction, training, skills and experience

- Staff induction was robust as staff completed both an in-house induction and the care certificate which was a universal induction which covered all the key areas of practice considered mandatory for adult social care.
- Staff training was either complete or booked for completion. Staff had a wide selection of training and resources available to them to support their ongoing learning. Staff expressed confidence in their own learning and the learning materials available to them.
- Staff had opportunities for further study to develop their skills and confidence. Staff training, and development needs were identified through regular staff meetings, one to one supervision and observation of their practice. Staff also had annual reviews of their performance.

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

- People received support with their dietary needs where required and staff encouraged people to eat and drink in line with their needs. Staff were aware of people's allergies or any risks associated with people not eating or drinking enough and provided additional support where a risk had been identified or where a person had been unwell.
- People could continue to cook independently or choose to eat in the main dining room. An outside catering company provided a hot meal each day and Lisbon Court staff provided the necessary support to people as appropriate.

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

- Within the service agreement people were entitled up to thirteen hours support a week as part of their contract with Norse Care as the service provider. If people required additional support this had to be agreed through Norfolk County Council. The accommodation was considered inappropriate for people who were

deemed unsafe in their own homes or needed nursing care which meant their needs outweighed what the service could provide. The service worked in a multi-disciplinary way with other health care professionals to ensure unmet need was highlighted, recognised and funded for.

- Everyone was working to the same goal with very clearly established parameters about what the service could or could not offer and this was clearly communicated. Moves to and from the service were properly planned which helped to ensure transitions were as smooth as possible
- The service worked with outside agencies who also provided some of the care. Outside care companies had been commissioned to provide extra care, where it fell outside of the thirteen hours. The care provided by outside agencies was regulated and the agency had their own system of checks and reviews to ensure the care was provided as required. The registered manager of Lisbon court told us agency staff had to sign into the building and then sign to say they had read risk assessments in place before providing care. In an attempt to improve the service, the registered manager had recently invited agency staff to their team meeting and said this would be a regular thing. The registered manager met regularly with the manager of the agency.
- Supporting people to live healthier lives, access healthcare services and support
- People told us they were supported to access the services they needed. One person told us, "If I am unwell staff will support me and offer to call doctor and stay with me."
- People were enabled to live their lives as they chose and given support to access what they needed to make their own choices. If a person needed another service staff would either signpost them to it or provide them practical support as required.
- The service worked in conjunction with other health and social care agencies to plan for people's needs and ensure care delivery was appropriate. Staff anticipated people's needs and recognised any changes to people's health, so this could be addressed as appropriate.
- Some staff had received training and were assessed as competent to administer insulin and worked with district nurses. Other aspects of health care were managed appropriately by staff who had received the necessary training such as catheter and stoma care.
- The service used the red bag scheme a local authority initiative which involved information about the person being kept in one place and transferring with the person from one setting to another. This information helped ensure people's needs were known.
- The deputy manager said they tried to ensure smooth transition to hospital and discharge and said weekend discharges or late discharges were strongly discouraged.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments were carried out prior to admission and people's capacity and consent was clearly established. Where people lacked capacity to make certain decisions, other persons including relatives who

had the powers to act on their behalf were clearly identified by the service. The service regularly communicated with them and ensured any decision was taken in their best interest.

- People were signposted to relevant services and details were provided of advocacy services should these be necessary.

- People lived in the least restrictive way as independently as possible. Staff offered people support but it was up to them if they chose to accept it. For example, one person told us staff weighed them each month but explained it was up to them and explained why they thought it was important to have a copy of people's weight.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity was respected, and their individual needs were clearly documented so staff could provide support in line with people's preferences. Care plans reflected people's life style choices and what was important to them: their values, belief and family. They gave a life history which was important in terms of understanding people's backgrounds and influences.
- One person told us, "I settled straight away, it was like coming home. I like the company, staff are just wonderful. You can feel at home here, staff call in every day, a courtesy call, and they sit and chat. I look forwards to them coming. I have a pendent [alarm call bell] they come immediately day and night." They told us about a recent bereavement and how staff gave them support and comfort.
- Another person told us, "You won't find any better than here, it's like a hotel. If people knew how good it was here you wouldn't get in. Staff are all nice and they know what time I get up and don't disturb me until I'm ready. I leave the door open, they know to knock and come in. They are very respectful they make me tea, have a chat. I lost my husband so get upset, staff know this and take an interest in me."
- The registered manager gave clear examples of how they would support people of different cultures and faiths and respect people's sexuality. An example was ensuring appropriate diets and observed religious practices and calendar dates. People could access church services or other premises for their chosen faith and beliefs. Staff completed training on equality and diversity and person-centred care. Norse Care had policies to support staff working with people who were transgender.
- Staff shared their experiences with us and told us how they could relate their experiences to people they were supporting and how this helped them have empathy and understanding for people's situations. Staff said when they had needed support the registered manager and the wider organisation had been supportive and valued individuals which helped ensure the commitment of staff and promoted caring values.
- A visiting professional told us, "I always find the staff, including all on site management, care staff and cleaners to be patient, helpful and responsive to tenants and visitors. I regularly witness a caring, compassionate and inclusive culture towards tenants and their loved ones."
- Another professional told us. "The residents all seemed really happy and there was a fantastic atmosphere in the place, it felt really homely. I have visited a lot of schemes over the years and this is the only place that I have said I would feel confident and happy to put my own parents in." Another health professional told us the same and said it was good enough for their parents.
- The culture of the service was positive, and people treated well, by respectful staff. Staff told us they would challenge poor practice and discrimination. There was an open-door policy and management were visible, and people and staff told us they were not afraid to raise issues.

- Staff recognised their main role was as 'enablers'. They demonstrated their enthusiasm for their role and relished in seeing people improve with the right support whilst recognising people were often dealing with loss, disability and a huge period of adjustment. We asked people what staff did for them, most said they were independent but staff 'popped in,' People said, 'They are there when I need them', and 'They are my life line.' Some people had complex needs including cognitive impairment and were well supported. The service was inclusive, and we observed tolerance and patience with staff mindful of people's individual needs and included people in meaningful ways. One person said they needed support to eat their meal, and staff supported them to eat in the main dining room with others. It was a social occasion and we saw people comfortable and enjoying each other's company.

- A family member told us when their relative first moved in they hated it and found it difficult with staff popping in and asking them if they could support them. They told us since they have adjusted to living here and loved it having made lots of friends and really enjoyed the garden. They said when they had first moved in they would not allow staff to support them with their identified needs but now trusted staff enough and accepted the support they needed.

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

- People were fully involved in making decisions and choices about their care. They met regularly with staff to discuss their care needs and care plans were adapted accordingly. Monthly meetings were used to help people decide on issues important to themselves. A visiting professional told us, "Collaborative tenant meetings are held discussing with tenants what they wish to do and how they would prefer their environment, for example their choice of décor and outdoor facilities for their enjoyment.

- Family members said staff were inclusive and always notified them of any changes or incidents. This gave relatives confidence in the service and they said it's all honest and upfront. One person told us, "Nothing is hidden here, you always know what's going on, with staff, they tell you what they are up to." The registered manager told us one person was cared for in bed but still contributed to the meeting agenda and minutes were read out to them, so they were included.

- Annual surveys were circulated and forms at reception gave opportunities for people, family and visitors to give feedback when they chose about the care provided and quality of the service. Feedback/results were very complimentary. Minutes of meetings were available, and a newsletter helped people and their families keep up to date with any news.

- Staff supported people to make decisions. Information about community groups and advocacy was displayed around the service and staff helped people to access the services they needed.

- Staff knew what the organisational values were and strived to achieve these. They worked as a team providing consistency and continuity. Annual appraisals helped to identify how staff were meeting company and individual objectives. Staff were supported to give feedback about how their performance or the performance of others could be improved to benefit the service provided.

- People were able to feedback on staff's performance and nominate them for awards. We saw countless examples of positive feedback where staff had given up their time to spend with people and enhance their lives.

- People were asked their views on new staff or staff coming for interview, so the registered manager could firmly establish that people were satisfied with staff that provided the care. Observations of interaction with people was used as a basis for interviewing candidates and assessing their suitability.

Respecting and promoting people's privacy, dignity and independence

- People told us staff, without exception, were respectful and met their needs in accordance with their preferences and wishes. These were firmly recorded in people's care plans. One person said, "Staff assist me to shower; they are respectful. Staff have children, so they know what they are doing, new staff are introduced to me. I know when staff are sick or retiring, they always inform you."

- One person told how their health impacted on their ability to manage as independently but said staff came up with ideas about what they could help them with, so they could manage more effectively. The person said it was hard to be less independent but recognised the importance of accepting support and trusted staff to help them.
  - People told us when they needed support this was given without hesitation or delay. For example, one person was worried about escalating bills, staff reduced their anxiety by helping them determine how they could manage their bills more effectively and minimise their expenditure.
  - A relative told us, " Staff are absolutely beautiful, they are always available, their door is always open, and relatives are treated with respect. This is independent living, but staff go as far as they can go. They hold joint meeting and joint working, anything you ask for."
  - A health care professional told us, "Staff are always open to discussion about the best way to an optimum care path for their residents who are treated as individuals with the respect that they deserve. Every effort is always made to ensure residents dignity is preserved. "
  - A visitor wrote, " There's just the right amount of encouragement, empathy and humour."
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- Staff adapted their approach to each person and said some people were reluctant to ask or receive support. Staff felt confident that given time they could meet people's needs and develop a relationship which was meaningful and trusting which would enable them to provide the care necessary. A person's visitor told us how difficult the person could be and said staff took it in good humour and adapted their approach to ensure the person was well supported.
  - People thrived in this environment, for example by regaining their confidence, learning to mobilise again and through improved health with access to the right medication and health support. One person said, " I consider myself lucky to be here; it's a home for life as long as long as I can manage."
  - A family member told us the service was no longer suitable, but the person's experiences had been extremely positive, and staff continued to support the person well until alternative arrangements could be made.
  - People told us social isolation and loss had impacted on their lives but at Lisbon Court they had made new and lasting friendships. Staff helped people to manage and maintain their needs and access services to pursue their hobbies and relationships within the community.
  - Staff were dementia friends which was a scheme provided by the Alzheimer's Association. They provided training and resources to community groups to help raise awareness of the needs of people living with dementia and the potential impact this had on family life and access to the community. Increased awareness of dementia also helped to increase tolerance.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was carefully planned around each person's individual needs, with robust assessments and holistic care plans.
- Routines were flexible, for example some people liked to rise early, others later, staff knew people's routines and fitted in with them, often popping in to offer reassurance and then going back at a time of the person's choosing. Staff often spontaneously sat with people and clearly enjoyed and valued the company. For example, a relative reported on visiting their family member and found a member of staff sitting with them reminiscing and singing songs with them. People told us they have found renewed interest and friendships with the service.
- Care plans reflected people's goals. For example, one person had moved to Lisbon Court after a life changing stroke. Their goals had been to go on a cruise and to move back to a non-care setting in the community. Both goals were achieved, and staff worked closely with the person's personal assistant to help ensure they could support the person safely and manage their physical condition. The service now supports other people to take holidays should they wish.
- Another person whose health spiralled out of control whilst living independently ended up in hospital and moved to Lisbon Court. Whilst living there they required time in hospital and staff accessed the funding and support, so they could move back and have their care needs met in the least restrictive setting. Staff described the person's renewed confidence and acceptance of their condition and said they have formed friendships with other people and staff which has greatly improved their outlook on life. Staff had restored the family's confidence and helped them to be involved as much as they wished without impinging on the person's wishes.
- One person told us, "It's given me the strength to carry on and live each day. It's perfect. I know I might have to leave one day if my needs change, I would rate the service as outstanding."
- Staff worked closely with people, their family or representative and other professionals to ensure a smooth admission. Throughout people's tenancy there was regular engagement with other professionals in line with changing or unmet needs. Care plans were time specific and in place on admission and updated after any known or reported change.
- A health care professional told us, "I have always found the staff to be helpful and knowledgeable about the residents. Any information I need is always known or readily available from resident's care notes. Staff are always proactive in the care of the residents both medically and socially."
- The service was intended for people who could live independently with up to 13 hours of support a week.



This allocation was used creatively to ensure people were appropriately supported in a way that maximised their independence.

- Care and support plans were put in place in a timely way and regularly reviewed to identify any change in need, so the care could be adapted. Where a person's need outweighed what the service could provide staff supported people to move between services. This was carefully planned to minimise distress and everyone we spoke with were aware of what the service could and could not provide.
- In some instances where people required more than 13 hours support this was provided by an external care agency. Both agencies worked closely together to ensure people received continuity of care. Each service kept their own detailed records, and information was cascaded effectively. Regular staff had an in-depth knowledge of people's needs and preferences.
- People told us they continued to live well and had settled quickly when arriving because the service was homely and inclusive, and they had made life time friends.
- A health professional told us, "I have noted staff innovatively planning and hosting regular diverse activities to support tenant mental and physical wellbeing whether as groups or for individuals. For example, pertinent events, birthdays, food tasting, craft, hobby or games sessions; all conducted with a smile and genuine appearance of enjoyable interaction by both staff and tenants."
- People decided what activities they would like to do or repeat, and these were linked to positive physical and mental health. For example, visitors and pets to the service was a regular event and activities like knit and natter helped people feel less isolated. People could access dial a ride and some attended day centres. The service had volunteers and celebrated events which were open to the community to help increase people's engagement with a wide group of people and supporters. A mobile library visited the scheme and the service sometimes had guest speakers such as a planned visit from the RSPCA, and breast care.
- Two therapy dogs visited people in their own homes and the scheme was used as a resource to train new therapy dogs. The service also had a resident stray cat which people referred to fondly and reminisced of having animals earlier in their lives.
- The service had no funding for activities, but a collective effort had been made between staff and people to raise monies through fundraising for the benefit and enjoyment of people using the service. One person told us, " Staff show an interest in me and I am involved in making cards/ fundraising and giving to different charities." This person had spent their life doing charitable work and continued to do so. One person had organised a friend to come in and provide hand massage and reminiscence. Another person had been a successful artist and ran art classes which were popular.
- Regular activities helped to enhance people's daily living experiences, and these were in line with people's choices and interests and had a positive impact of people's well-being. For example, there was a baking station in place for staff to cook with people who loved cooking. There were food tasting sessions to help people reminisce about foods they enjoyed and would like to have again. Macmillan coffee mornings helped to raise money and engage with people they might not of had the opportunity to do before.
- Whenever possible people were encouraged to go out and access community resources. It was recognised that this was difficult for some people to do this, so the service founds ways to enable people to access the services they needed. By way of example a mobile clothing shop was on site and hairdressing was arranged
- The service embraced technology and used this as a means of achieving positive outcomes for people. For example, people had invested in a projector to watch films on a wide screen. The registered manager said the projector was also used in several people's rooms so films or programmes could be projected onto the ceiling where people were unable to sit up or get out of bed.
- The service had invested in smart speakers which were interconnected and were used to access information, news and entertainment. People could also use them to set reminders to help them remember when to do things. We observed one person listening to their preferred music play list.
- Staff confirmed that assisted technology was used when a need was identified including sensors which would alert staff when people were mobilising and at an increased risk of falls.



### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs and we observed staff communicating with people appropriately giving them the time they needed.
- Literature within the service could be adapted to people's individual communication needs.
- People had electronic devices, computers and mobile phones and the service had a computer station people could access.
- Literature around the service helped people know what was going on and who they could contact if they needed support and advice. In addition, all staff let people know what was happening in the service and supported them to keep up with their bills and any written correspondence. One family mentioned a white board in the flat which was used by staff, the tenant and family members to pass on key messages.

### Improving care quality in response to complaints or concerns

- The service had an established complaints procedure which was displayed in reception and people had copies off. The service had not received any formal complaints, but we saw compliments received. In reception were comment cards which anyone could complete and were encouraged to. These were reviewed each day and any concern addressed. There was a board, 'You said we did' which showed actions taken because of feedback received.
- In addition, people were consulted regularly about their care, took part in regular tenant meetings and were asked formally for their feedback annually.

### End of life care and support

- People were consulted about their wishes. Pre -admission assessments considered what people wanted for their future including any end of life considerations in regard to their beliefs, values, religion and culture. Where people had expressed their wishes, this was recorded.
- Staff told us how they respected people's wishes and tried to ensure people were as comfortable as possible and spent time with people in their last days. Staff said they were trained and supported to provide good end of life care and worked with other professionals as appropriate. One staff said, " It's the last thing we do for people and we need to do it well."
- The registered manager said people had a life book in which to share memories and photographs which would be passed onto family following the person's death.
- People where requested had a do not attempt pulmonary resuscitation form in place and these were clearly identified so staff would know what people's wishes were.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Lisbon Court provided a positive environment where people could live safely and, in the knowledge, that staff were on site and would respond quickly to any given situation. All staff worked in an accountable, responsive way and were motivated and cheerful and acted in the best interest of people using the service. They were skilled at identifying what resources people needed to maintain their independence and continue to live well with the support and engagement of their family, friends, and the wider community.
- Accountability was understood at every level from the registered provider to each member of staff which helped ensure people received high levels of care which was holistic and driven by the person themselves. One wrote, "All grades of staff are polite, willing to listen, respectful and make everyone feel at home. "
- Feedback from everyone we spoke with was positive and several people told us this was the best move they had ever made, recognising that within this environment they felt safe and had the company of others and support from the staff. One person said, "This is a really good, service which is well organised." They told us they went to regular clubs in the community and the service provided inclusive activities which were decided upon in tenants' meetings. They said, "You don't get lonely."
- The service enhanced people's lives by facilitating their independence and maximising their mental and physical health. Staff supported people to make their own decisions, take proportionate risks and control over their lives in a supportive environment where staff could step in if necessary. One person on arriving at the service had been unable to walk and the impact of their illness impaired their everyday experiences. Staff supported them to access the right healthcare resources and support with accessing the right medicines. Some months on they were mobile and taking an interest in their appearance and were engaging with others.
- A visiting professional told us, "Lisbon Court is a happy, safe and welcoming place where staff appear to genuinely respect and care about the tenants they support."
- Another professional told us, "From a management perspective they have good oversight of what is happening within the complex, they know the tenants and their current needs. Any issues raised by care staff or family members is acted on appropriately and the necessary referrals made to the appropriate services. I have always found them willing to work alongside myself and other professionals and always have the tenant's best interests at the forefront of everything they do. They have always been happy to sit with myself and family to discuss any issues raised and work out a way forward. They have always been prepared to put measures in place to monitor situations and report these back. They are the first to raise concerns when they feel that someone's situation/condition has deteriorated and raise issues when equipment etc is not working or is no longer appropriate."

- Staff were also equally passionate about their job role. One staff member told us, "I love it; we promote people's independence. Staff team work is brilliant. We all work together to cover shifts and don't have a regular turnover of staff. "Another staff member told us they had applied to work at the service because of its good reputation. They said the registered manager was so supportive and gave them time to build their confidence and they could take their time.

- A relative told us, "Staff are great very communicative, and they contact us regularly either by email or phone. There's lots of activity such as fundraising and meetings and they are always trying different things to motivate people and their families."

- Staff supervisions were used to identify both good and poor practice. Staff were rewarded for long service and acting instinctively and out of kindness. For example, by supporting people to do things they wanted to do, organising activities and acting on their own initiative to make people's lives better. Staff did not think of their job as nine to five but worked around the needs of people they were supporting and their families. Vouchers, thank you cards, and flowers were presented to staff who had been nominated by people using the service or relatives for their good practices. This helped to drive up performance and motivate staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Registered manager met regularly with her staff and people using the service so there were regular opportunity to have their say and have influence over the service. People decided what they would like to happen both in terms of activities and resources. There was joint working between care and housing provider to help ensure the safety and wellbeing of people using the service.

- There were robust processes in place for governance and oversight and this included duty of candour. For example, we saw records showing clear actions and lessons learnt where an incident had occurred. Managers met other managers regularly to discuss best practice and lessons learnt from incidents across sites, this included near misses. This information was cascaded to staff through senior meetings and staff meetings.

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

- Information was effectively communicated and cascaded and we saw relevant information was accessible to staff and staff could access an information portal to download relevant policies which reflected best practice and current guidance.

The service had a registered manager who had relevant and significant experience. They were supported by a professional staff team.

- The service was exceptionally well managed with a clear management structure and roles and responsibilities clearly understood at every level. Staff described how they were supported and provided seamless care because they worked as part of a team which was inclusive and one in which they all supported each other.

- The registered manager was visible throughout the service and had an open-door policy. They had a cheerful disposition and were described as honest and direct. They were well supported by the provider who completed a series of standardised audits some carried out by the night quality team who did infection control audits, night audits, health and safety audits, infection control audits, and monthly call bell audits.

- Audits were linked to outcomes to improve the performance of the service. Outcomes were relevant and measurable and completed regularly. Some were planned, some were thematic, and both took into account people's experiences.

- Staff worked within a clear regulatory framework and received the training and support necessary to provide safe, effective care. Staff were aware of people's needs and this was clearly recorded. Staff completed checklists to show how people's needs had been met and the hours of support they had

received. This was kept under review and would highlight if people's needs were increasing. Shifts were well organised with clear management oversight and planned breaks allocated by the senior to ensure staffing was always available as people needed it. Staff were clear about their duties and there were clear handover procedures with an emphasis on existing or emerging risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and links with the community.

- The provider had a proven reputation and invested heavily in its staff to create the right level of support and a culture of empowerment for people, relatives and staff. People and relatives were complimentary about the service and said they were asked for their views and able to shape the service and have ownership.
- People who used the service and those visiting were encouraged to share their views in confidence if they wished. Forms at reception called 'ticky boo or ticked off' captured feedback which was overseen by the registered manager. Comments viewed at the time of the inspection and since have all been very positive.
- Forums were held for tenants of Norse Care and each scheme and service were encouraged to support people to attend. The most recent event was on 'Wellbeing and technology.'

Continuous learning and improving care

- Norse Care had won awards including National care awards, Dementia award, Norfolk care awards and business awards. The company have an emerging talent programme in which they invest in their staff and help them achieve their goals and aspirations. Staff shared examples of where colleagues had stepped up to management roles when the company felt they were ready.
- Staff as a minimum complete the care certificate and then were encouraged to take additional qualifications in care and had a large pool of courses that they could complete. In addition, staff champions were developed for key areas of practice.
- The organisation had a three-year dementia strategy which had won a national award and linked to good outcomes and best practice around the provision of dementia care. This included upskilling staff through dementia courses and rolling out dementia friends a training and resource initiative run by the Alzheimer's association. The purpose of this was to promote awareness of dementia and change attitudes and practices. Dementia Excellence courses were made available to all staff to included administrators which helped to broaden the understanding off all office-based staff and to embed good practices when developing services and support.

Working in partnership with others

- People's needs were at the forefront and staff were strong advocates to ensure people received the right support and that housing with care continued to meet their assessed needs. In order for this to be successful staff worked widely with other agencies and accessed community resources to ensure they provided a holistic package of support. Examples included working with volunteers and members of the community including extended families.
- The registered manager said they linked with multiple GP practices and district nurses and linked with other health care professionals who supported staff with their professional practice. For example, staff were trained to administer insulin and assist with other procedures such as catheter care. They worked closely with district nurses and other health care professionals to upskill their staff and ensure they could deliver safe, effective care.
- Staff worked inclusively with people and staff knew their relatives who were welcome at the scheme in line with people's wishes. Staff told us their families would also attend events which were planned frequently by either the staff or by people themselves.
- Staff worked proactively with other care organisations within the Norse Care and there were opportunities

for staff to be seconded to different schemes in different roles as part of the emerging talent programme.

- Staff and people supported local charities such as Macmillan and did some active fundraising to help people stay connected and useful.

The registered manager worked closely with commissioning agencies who gave positive feedback about the service.