

Norse Care (Services) Limited

Dell Rose 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	

Overall summary

This was an announced inspection that took place on 21 July 2015.

Dell Rose Court is a 'housing with care' service that provides people with personal care in their own homes. The service is split into different living areas, one of which is for people living with dementia. At the time of the inspection, 47 people were receiving care.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service felt safe and the majority were very happy. There were systems in place to reduce the risk of people experiencing harm and to keep them safe.

Where staff gave people their medicines, these were received when they needed them.

Summary of findings

People were treated as individuals, listened to and their choices and opinions about how they wanted to spend their daily lives were respected. People were encouraged and supported to assist with the development of the service and to be involved in projects within the local community to enhance their well-being.

The staff were well trained and were kind, caring and compassionate. They knew what to do in an emergency situation and acted quickly when people became unwell. Staff asked for people's consent and where the person was unable to provide this consent, they worked within the law to ensure these people's rights were respected. They respected people and treated them with dignity and there were enough of them to provide assistance to people when they needed it.

People's care needs and preferences about how they wished to live their life had been fully assessed and were being met.

The registered manager had promoted a culture where the person was seen as an individual. People and staff felt able to raise concerns without any fear of recrimination. Staff were happy in their job and felt valued. The registered manager demonstrated good leadership.

Systems were in place to make sure that the care being provided was of good quality. The registered manager was pro-active in trying to improve the quality of care that was being provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to protect people from the risk of abuse and harm.

Risks to people's safety had been assessed but they were able to take informed risks if they wished to.

There were enough staff to provide people with assistance when it was required and to keep them safe.

People received their medicines when they needed them.

Good



Is the service effective?

The service was effective.

The staff were well trained to enable them to meet the needs of the people they cared for.

Staff asked for people's consent before providing them with care and understood their legal obligations when providing care to people who were unable to consent to it.

Where needed, people's risk of not eating and drinking was monitored and staff supported them to maintain good health.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness, compassion, dignity and respect.

People felt that they were listened to and they were involved in making decisions about their care.

People's records and important conversations they held with staff were kept confidential.

Good



Is the service responsive?

The service was responsive.

People's individual needs had been fully assessed and were being met.

There was a system in place to investigate into concerns and complaints.

Good



Is the service well-led?

The service was well led.

There was an open culture where people and staff could raise concerns without fear of recriminations and could feel confident that action would be taken.

The registered manager demonstrated good leadership. They were pro-active in forming links to community projects that complemented people's hobbies and interests and enhanced their well-being.

People were involved in the development of the service.

Good



Summary of findings

The quality of the service provided was regularly monitored and actions taken to improve the standard of care that people received.

Dell Rose Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 21 July 2015 and was announced. The provider was given 48 hours' notice because the location provides people with care in their own homes and we needed to be sure that people would be available for us to talk with. The inspection was carried out by two inspectors.

Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service,

what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and commissioning teams.

We spoke with seven people living at Dell Rose Court, two visiting relatives, four care staff, the deputy manager and the registered manager. We observed how care and support was provided to people.

We looked at four people's care records and four people's medicine records. We also reviewed three staff files and records associated with the quality and safety of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when staff were in their homes providing them with care. One person said, “I feel very safe.” Another person said, “I do feel safe.” A relative told us, “I have no issues with their [my family member] safety.”

All of the staff we spoke with understood how to protect people from the risk of abuse and who to speak with if they had any concerns. One member of staff told us how they had raised a concern and that this had been dealt with promptly. We saw that staff had received training in this subject. This demonstrated that the provider had systems in place to reduce the risk of people experiencing abuse.

Risks to people’s safety had been assessed. These had been tailored to each individual person and included areas such as when staff assisted people to move and people’s risk of falling. Where incidents had happened such as a person falling when care was being provided, we could see that the registered manager had thoroughly investigated this and reviewed the person’s care with them to see what steps could be taken to minimise the risk of this happening again. For example, we saw that a discussion had taken place with one person following a fall in their home. A suggestion had been made for them to consider moving a piece of furniture to reduce the risk of them tripping over it again.

Where food was provided as part of a person’s care package, the provider respected people’s decisions to take informed risks. One person who liked to eat sweet foods was a diabetic, but they understood the potential health implications from eating this type of food. Another person had been assessed as being at risk of choking but had decided that they wanted to eat normal foods.

The staff we spoke with knew what action to take in an emergency situation, such as finding someone unconscious within their home.

The people we spoke with told us there were enough staff to provide them with assistance when they needed it. One person said, “Oh yes, there is always someone around when I need them.” The staff we spoke told us that there were enough of them to meet people’s needs and that they often had time to spend with them when people wanted this.

The registered manager told us that each person was allocated a number of hours of care and that this was increased if and when needed. For example, one person had recently been receiving an extra 10 hours of care per week as their needs had changed. The registered manager told us they were able to provide this and that the provider was supportive when they needed to increase the number of hours that people needed. Staff absence due to sickness or holiday was covered by a bank of staff to make sure that people received the level of care that they required.

Thorough checks of the staff that were employed had been carried out before they started working at the service. This included a Disclosure and Barring Service (DBS) check and references from previous employers. This made sure that the staff were of good character to care for people.

People’s medicines were managed safely. Some people chose to manage their own medicines. However, for those that required assistance the care staff administered their medicines to them. We found that people received their medicines when they needed them. There was clear guidance in place for staff to tell them how people preferred to take their medicines and where they were under what circumstances PRN (when required) medicines, should be given. This was to make sure that they were given to people appropriately.

The staff had been trained on how to give people their medicines and regularly had their competency tested by senior staff to make sure that they were able to do this safely.

Is the service effective?

Our findings

The staff that we spoke with told us they had received enough training to provide the people they supported with good quality care. We saw that staff had received training in a number of different subjects and that their practice to provide people with care was regularly checked by the senior staff to make sure they were competent to assist people.

Some people using the service were living with dementia. The provider had recognised that staff required more enhanced training within this area to enable them to provide these people with good care. There were two dementia coaches working for the service who were responsible for the training of staff within this area. From conversations with staff and our observations of their interactions with people living with dementia, it was evident that they had a good understanding of dementia care.

New staff had an induction period which included them shadowing more senior staff. We spoke to a new staff member who told us they had found the training at Dell Rose Court very good and that the more experienced staff had been supportive. The registered manager and senior staff told us that new staff could not work on their own with people until they had been assessed as being competent to do so.

People told us that staff always asked for their consent before providing them with care. We saw staff asking people if they wanted to participate in some activities that were taking place and for consent to assist them with personal care.

Some people who used the service lacked the capacity to make some of their own decisions. This means that the provider has to comply with the principles of the Mental

Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This law was passed to protect people's rights where they lack capacity to make their own decisions.

The registered manager and the staff we spoke with demonstrated that they understood the key principles of the MCA and DoLS and told us how they supported people to make decisions. In the care records we read, we saw that capacity assessments had been completed where it was deemed necessary. Where significant decisions were required in people's best interests, meetings had been hosted to consult with the relevant people prior to decisions being taken.

The registered manager had assessed whether anyone using the service required a DoLS. They were working closely with the local authority regarding this. The provider understood their responsibilities in respect of DoLS and was therefore taking the appropriate steps to make sure that no one using the service was being deprived of their liberty unlawfully.

Where there were concerns, people's risk of not eating and drinking had been assessed. Those people who were deemed as being at risk were monitored closely with their permission or, if they were unable to give this, in their best interests. Specialist advice from GPs, dieticians and speech and language therapists had been sought to improve people's food intake and their advice was being followed by the staff.

At the persons request or if they were unable to arrange appointments themselves with healthcare professionals, we saw that the staff supported people to do this to help them maintain good health. This included appointments with GPs, chiropodists, district nurses and dentists. These professionals were contacted in a timely manner to visit people in their homes to ensure that their healthcare needs were met.

Is the service caring?

Our findings

The people we spoke with told us that the staff were kind and caring. One person said, “Everyone is very kind and will do anything for you.” Another person told us, “The staff are lovely.” A further person commented, “All the staff are pleasant. You can have a laugh and joke with them; it’s like a little family.”

When we observed staff interacting with people, this was done in a kind, polite and compassionate manner. Staff engaged people in conversation and were friendly towards them. People looked relaxed in the company of the staff and often, there was lots of laughter.

Staff we spoke with demonstrated that they knew the people they cared for well. This included their likes and dislikes and preferences such as what time they liked to get out of bed in the morning, their interests and their life history. The service was working closely with Age UK to help people develop life story books. Staff told us that this helped them develop a good rapport with people and that knowing their history, enabled them to have conversations with people that were meaningful to them.

People told us that they were supported by the staff to make decisions about their own care. One person said that they had asked for the carer to be of a specific gender and

that this had been respected. Another person told us that they could contact the staff and change the time that they received care if they were not going to be at home at the normal time.

People told us that they were treated with dignity and respect. One person said, “I am treated respectfully.” Another person told us, “Yes, I have no issues with that, the staff are very polite.” We saw that staff knocked on people’s front doors and waited to be asked in before they entered their property. Staff spoke to people in a respectful way, using their preferred way of being addressed. People said that their dignity was always respected and that they were able to have privacy when they wanted it.

People’s independence was encouraged. For one person, we saw that they had recently asked staff to give them their medicines, rather than doing it themselves. This has been fully discussed with the person and an agreement had been reached that the staff would administer some medicines but that the person would remain responsible for applying others.

People’s care records were locked away and staff had a good attitude towards ensuring that records were not left out on display. When we had finished looking at care records staff locked them away promptly. This meant that care records were kept confidential. We also saw that when people wanted to discuss issues with the registered manager, this was done in private so that the conversation was confidential.

Is the service responsive?

Our findings

A full assessment of people's individual needs took place with them and a relative if necessary before they started using the service. This included how people wanted to be cared for, their individual preferences, their social interests and religious or cultural needs. We saw that these assessments were thorough and went into great detail about the care that staff needed to provide to meet these needs. People told us that their individual needs were met. For example, one person said that they were assisted up in the morning at the time of their choice. Another person was visited three times each night as they had requested. The staff told us that there was enough guidance available within people's care records to enable them to understand what care people required.

The staff were responsive to people's changing needs and alerted the registered manager promptly when this occurred. For example, they had identified that one person needed more help with personal care and had raised this with the registered manager. The hours of care this person received had then been increased. Another person had been identified by staff as eating little. A discussion had been held with this person regarding this and with their permission, their weight was being monitored closely and other professional advice sought to assist them.

Where people's needs changed, their care records were updated promptly so that staff had guidance about

meeting their current needs. For example, we saw that one person had decided the day before our inspection that they wanted staff to administer some of their medicines for them. The care record had been updated and the staff were now giving the person the majority of their medicines.

Where it was identified as part of someone's care package, they were supported by the staff to take part in activities within their local community. Staff were also aware of people who used the service who did not have many visitors or family and therefore, were at risk of social isolation. Staff told us that in these circumstances, they made sure they spent time with these people and assisted them on visits into the community when they could.

The majority of people told us they did not have any complaints but that they felt confident to raise any issues with the staff if they were unhappy about anything and that their complaints were acted on. One person said, "I have no complaints. I did complain once and I was very happy with how it was resolved. I'd do that again."

Six formal complaints had been received. We saw that these had been fully investigated and that in some cases, meetings had been held with the person who was unhappy with the service in an attempt to reach a solution. Verbal complaints were also recorded and investigated. We were therefore satisfied that people's complaints would be responded to appropriately if they were raised.

Is the service well-led?

Our findings

The majority of people and relatives we spoke with were happy with the care that was being provided and told us that they thought the service was run well. One relative told us, "I'm impressed with the manager. She is approachable and always knows the important issues with my relative." One person commented that they were impressed with the registered manager and their attention to detail. The majority of people we spoke with said they would recommend Dell Rose Court. Staff all commented they would be happy for members of their own family to be cared for by the service.

All of the people and staff we spoke with stated they would feel confident to approach senior staff if they were concerned about anything and did not fear any recriminations. All of the staff and the majority of people had full confidence that appropriate action would be taken in these circumstances. The registered manager had an 'open door' policy where people or staff could go and speak to her when they wanted to. We saw people and staff regularly going to see the registered manager or other senior staff to have conversations with them. This demonstrated that the service had an open culture in which it welcomed feedback from people and staff to help them improve the quality of the service that was being provided.

The staff told us that they felt the morale at the service was good, that they were listened to by the managers and were happy working for the service. Some words they used to describe the service included; 'friendly' and 'open'. They said they had regular team meetings to discuss the care that was provided. They were passionate about providing people with care that met their individual needs and enhanced their well-being and were clear about their individual roles. Some staff had been given extra responsibilities such as being dignity or dementia coaches or responsible for monitoring people's nutrition. For example, the dementia coaches received extra training in the subject. They then cascaded to this knowledge to other staff working at the service to help them improve the care they provided to people living with dementia. The staff told us that having these extra responsibilities made them feel valued.

We saw that the people who used the service were encouraged to be involved in running and developing it.

Some people were involved in the recruitment of new staff. This had been developed in conjunction with them. Originally people had sat on the interview panel but they had fed back to the registered manager that they preferred to observe the interview instead and then comment afterwards. These changes had been implemented and some potential new staff had not been recruited based on the feedback given by people.

From conversations with the registered manager, it was clear that she knew the people the service provided care to well and valued them as individuals. We also found that the registered manager and staff were pro-active in looking for ways to help people access community services that were of interest to them and that complemented their own hobbies and interests to improve their well-being. One project that a number of people who used the service had been involved in recently, was to improve the garden at Dell Rose Court and of a local school where they worked with local school children.

On the day of our inspection, a representative from Age UK was meeting the senior managers to talk about other projects that could be introduced to help people with healthy living and encouraging their fitness. The representative from Age UK told us, "We have very strong links with Dell Rose Court. I know that they will be receptive to new ideas about how to improve people's lives and wellbeing and that they will be implemented and supported by the staff." The registered manager had also recognised that a number of people who used their service were living with dementia. Therefore she was looking to introduce a 'dementia café' for people who used the service and others who also lived within the community to raise the profile of dementia.

The quality of the care that was provided was monitored regularly. This was completed in a number of different ways including audits of areas such as medication, care record accuracy and from requesting feedback from the people who used the service and their relatives. We found that where shortfalls had been identified, action had been taken to improve the quality of the service provided. The completion of staff training was also reviewed regularly to make sure that staff had the required skills and knowledge to provide safe and effective care.

Staff performance was regularly monitored and any issues found regarding their practice were raised with them during

Is the service well-led?

supervision meetings. The re-training of staff occurred where it was felt necessary and the provider had clear procedures in place that were followed where there were any concerns about a staff member's conduct.

Accidents and incidents were recorded and monitored each month in an attempt to identify if any patterns were

occurring. This would enable the service to take action reduce the risk of the accidents happening again. We saw that although an analysis had taken place, no patterns had been identified and therefore no actions were necessary at this time.